



CLIENT QUESTIONNAIRE

MATRIMONIAL CASES

CLIENT'S NAME: _____

ADDRESS: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

TEL.# (H) _____ **(W)** _____

(C) _____

CLIENT IS THE PETITIONER **RESPONDENT**

CLIENT IS THE HUSBAND **WIFE**

DATE OF BIRTH (DD/MM/YR): _____

PLACE OF BIRTH: _____



NAME OF OTHER PARTY: _____

ADDRESS OF OTHER PARY: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

TEL.# (H) _____ **(W)** _____

(C) _____

DATE OF BIRTH (DD/MM/YR): _____

PLACE OF BIRTH: _____

NAME OF MARRIAGE OFFICER: _____

PLACE OF MARRIAGE: _____

PLACES COUPLE HAVE LIVED TOGETHER DURING THE MARRIAGE:

DATE OF SEPARATION: _____

REASON FOR SEPARATION: _____

WAS COUNSELLING ATTEMPTED/GIVE DETAILS:

CHILDREN OF THE FAMILY

<u>NAME</u>				
<u>D.O.B</u>				
<u>ADDRESS</u>				
<u>SCHOOL/GRADE</u>				
<u>RELIGION/ CHURCH</u>				
<u>DISABILITY</u>				

CHILDREN OF THE FAMILY

<u>NAME</u>				
<u>D.O.B</u>				
<u>ADDRESS</u>				
<u>SCHOOL/GRADE</u>				
<u>RELIGION/ CHURCH</u>				
<u>DISABILITY</u>				

WHO MAINTAINS CHILDREN/DETAILS:

RELIEF BEING CLAIMED: (Strike out the one that does not apply)

SOLE/JOINT CUSTODY

CARE AND CONTROL

MAINTENANCE FOR CLIENT/CHILDREN

DECLARATION OF INTEREST IN PROPERTY

DOCUMENTS SUBMITTED: (Document Receipts to be given to client)

(Tick the appropriate box)	<u>ORIGINAL</u>	<u>COPY</u>
<u>MARRIAGE CERTIFICATE</u>		
<u>BIRTH CERTIFICATE</u> (List names of children below)		

SIGNATURE OF CLIENT: _____

DATE: _____