



CITIZENSHIP STATUS

I am a citizen of the United States.

Signature _____

Date _____

We may be able to assist you if you are not a U.S. citizen. Please talk to an LLA staff person about eligibility.

CLIENT INFORMATION

Print First Name _____ Middle _____ Last _____ Date of Birth _____

What other names have you been known by: _____

Phone #: _____ **SAFE TO:** Call: ☐ Yes ☐ No

May we leave Message: ☐ Yes ☐ No May we send you a text: ☐ Yes ☐ No

Street Address: _____

City, State: _____ Zip Code: _____

Safe to Mail: ☐ Yes ☐ No Email: _____

Gender: _____ Ethnicity: _____ Sexual Orientation: _____

Primary language: ☐ English: ☐ Other: _____

Do you: ☐ Own or ☐ Rent

Type of Housing: ☐ Home ☐ Apt. ☐ Mobile Home ☐ Friend/Family ☐ Shelter ☐ Condo

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Partnered

Disabled? ☐ Yes ☐ No If yes, type of disability: _____

Veteran in household? ☐ Yes ☐ No Has your family been affected by opioid abuse? ☐ Yes ☐ No

Domestic Violence (DV)? ☐ Yes ☐ No Elder Abuse ☐ Yes ☐ No

If yes, type: ☐ Physical ☐ Sexual ☐ Emotional ☐ Verbal ☐ Stalking ☐ Financial Abuse

LEGAL ISSUE

Legal Problem: _____

Court: _____ Case # _____

Has your family experienced a COVID Hardship: ☐ Yes ☐ No

Other Party's Name: _____
First Middle Last

What other names has the other person been known by:

Other Party's Date of Birth: _____

Other Party's Address: _____

ELIGIBILITY INFORMATION

Your Income: \$ _____ ☐ p/wk ☐ p/mo ☐ p/yr
Source(s): _____

Other Income: \$ _____ ☐ p/wk ☐ p/mo ☐ p/yr
Source(s): _____

# of People in Your Household:	Adults: _____	Children: _____	
Name(s) of Other Adults Living in Home:	Relationship(s) to You:		Income included above
_____	_____		_____
_____	_____		_____

Value of Your Current Assets (\$0 if none – don't leave blank)

Checking/Savings: \$ _____ Stocks/Bonds/CDs/Life Ins: \$ _____

Personal Property/Extra Car: \$ _____

Real Property: Not primary residence): \$ _____

Public Benefits: ☐ Medicaid ☐ Food Assistance ☐ Cash Assistance Amount: \$ _____

Expenses (type and monthly amount, ex. work uniform, medical ins. premiums or co-pays)

Rent/Mortgage: \$ _____	
Employment Related: \$ _____	For: _____
Medical: \$ _____	For: _____
Fixed Debts (garnishment): \$ _____	For: _____
Current Taxes: \$ _____	For: _____
Non-medical age/health: \$ _____	For: _____
Other: \$ _____	For: _____

Is your income likely to change in the near future? ☐ No ☐ Likely to Increase ☐ Likely to Decrease

If Increase, why? _____

FAMILY LAW ASSISTANCE PROJECT
CLIENT QUESTIONNAIRE

Your Full Name: _____

How did you hear about us: _____

Section A. JURISDICTION and LITIGATION QUESTIONS

How long have you lived in Michigan? _____

What county do you live in: _____ and how long have you lived there: _____

Have you and the other party ever had a court case together? ☐ YES ☐ NO

If "yes" answer the following questions:

What type of case (circle all that apply)

☐ DIVORCE ☐ CUSTODY ☐ PARENTING TIME ☐ PATERNITY GUARDIANSHIP OF A MINOR

☐ CHILD SUPPORT ☐ SPOUSAL SUPPORT ☐ PERSONAL PROTECTION ORDER

☐ ENFORCEMENT OF ORDER OR JUDGMENT OTHER: _____

What county and judge: _____

Have you **recently** received or sent court papers for this case? ☐ YES ☐ NO

When did you receive these papers? _____

How did you receive these papers? Circle one Personally handed to me/Mail/Other: _____

Is there an upcoming court date? ☐ YES ☐ NO

When: _____

What's the purpose of the hearing? _____

**Section B. ARE YOU HERE TO TALK ABOUT DIVORCE, ANNULMENT, or
LEGAL SEPARATION?**

☐ YES ☐ NO If "yes" answer the following questions. If "no" go to section C.

Date of marriage: _____

Date separated: _____

What is your spouse's source of income? (circle one) ☐ Work ☐ Disability ☐ None ☐ Other _____

How much money does **your spouse** receive monthly? _____

How much money do **you** receive monthly? _____

Do you have any pension benefits? ☐ YES ☐ NO

If "yes" answer the following question:

When did you start earning pension benefits? _____

Have you taken any loans against these benefits? ☐ YES ☐ NO

Does your spouse have any pension benefits? ☐ YES ☐ NO

If "yes" answer the following question:

When did you start earning pension benefits? _____

Have you taken any loans against these benefits? ☐ YES ☐ NO

Do you own real property? ☐ YES ☐ NO

If "yes" answer the following questions:

When did you buy the property? _____

Do you own the property with anyone else? ☐ YES ☐ NO

If "yes" who owns the property with you? _____

How much did you pay for the property? _____

How much is it worth? _____ and how much is owed? _____

Does your spouse own real property not listed above? ☐ YES ☐ NO

If "yes" answer the following questions:

When did your spouse buy the property? _____

Does your spouse own the property with anyone else? ☐ YES ☐ NO

If "yes" who owns the property with your spouse? _____

How much did your spouse pay for the property? _____

How much is it worth? _____ and how much is owed? _____

Do you have any other financial assets (IRA, 401k, US Savings Bonds, Coin Collection, etc.)?

☐ YES ☐ NO If yes, please tell us what kind of asset it is and its value:

Does your spouse have any other financial assets (IRA, 401k, US Savings Bonds, Coin Collection, etc.)?

☐ YES ☐ NO If yes, please tell us what kind of asset it is and its value:

Is there anything else you want us to know about your divorce? _____

Section C. HAS THERE EVER BEEN DOMESTIC VIOLENCE IN YOUR RELATIONSHIP WITH THE OTHER PERSON IN THIS CASE?

☐ YES ☐ NO If "yes" answer the following questions. If "no" go to section D.

Please circle all that apply:

- ☐ YES ☐ NO Has there been any physical confrontation between the two of you (have you ever been struck, hit, strangled, choked, shoved, pushed, restrained)?
- ☐ YES ☐ NO Are you afraid of him/her?
- ☐ YES ☐ NO Has he/she ever used or threatened to use a weapon to harm you?
- ☐ YES ☐ NO Has he/she ever threatened to kill or injure you? A family member? A co-worker?
- ☐ YES ☐ NO Has he/she ever damaged or destroyed your property? Your children's property?
- ☐ YES ☐ NO Has he/she ever threatened to harm your pets? Your children's pets?
- ☐ YES ☐ NO Have you or any family members ever sought medical treatment as a result of an injury caused by him/her?
- ☐ YES ☐ NO Has he/she stalked you, interfered with your work or education, made repeated phone calls, or sent numerous emails, unwanted letters or gifts?
- ☐ YES ☐ NO Has he/she ever prevented you from having contact with family or friends?
- ☐ YES ☐ NO Has he/she ever denied you access to money for food, shelter, medical needs, or clothing?
- ☐ YES ☐ NO Has he/she ever threatened to hurt or kill him/herself?

When did the first incident happen? _____

When did the most recent incident happen? _____

When and what happened during the worst incident? _____

Have you or the other party ever applied for a Personal Protection Order against the each other?

☐ YES ☐ NO. If "yes" answer the following questions:

Who filed? _____

What court was it filed in? _____, was it granted? ☐ YES ☐ NO

When does/did it expire? _____

Have you or the other party ever been found in contempt of court for violating the PPO? ☐ YES ☐ NO.

When? _____

Have you or the other party ever been charged criminally with domestic violence against the each other?

☐ YES ☐ NO. If "yes" answer the following questions:

Who was charged? _____

When where they charged? _____

Is the case still pending? ☐ YES ☐ NO

Is there a no contact order? ☐ YES ☐ NO

Is there anything else you want us to know about the domestic violence in your relationship with the other party?

Section D. ARE YOU HERE TO TALK ABOUT CUSTODY, PARENTING TIME AND/OR CHLD SUPPORT?

☐ YES ☐ NO If "yes" answer the following questions. If "no" go to section E.

Is there a court order regarding custody, parenting time and/or child support? ☐ YES ☐ NO

If yes does it include all the children? ☐ YES ☐ NO

When and where was it entered? _____

Please list the minor children you have with the other party OR children born during your marriage.

<u>Name</u>	<u>Date of Birth</u>	<u>Who does child live with?</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

What is the current parenting time arrangement (whether court ordered or not)?

Do you have any concerns about the safety of your children? If yes, please explain why:

Has the other person ever threatened to stop, or stopped, you from seeing the children?

☐ YES ☐ NO If yes, please describe when and what happened: _____

Do YOU have minor children not with the other party? ☐ YES ☐ NO If yes, complete following:

<u>Name</u>	<u>Date of Birth</u>	<u>What is the other parent's full name</u>

Does the OTHER PERSON have minor children with someone else? ☐ YES ☐ NO If yes, complete following:
Name Date of Birth What is the other parent's name

Has Child Protective Services (CPS) been involved with your family? ☐ YES ☐ NO
If yes, please provide **why was CPS involved, when this occurred and what was the outcome:**

Do either you or the other party use or abuse drugs or alcohol? ☐ YES ☐ NO
If yes, please list **who is involved with what substance and whether there has been involvement with the police or treatment** in relation to the substance use or abuse.

Have you or the other party ever been arrested for, or convicted of any crime? ☐ YES ☐ NO
If yes, please **explain who was charged with what, when:**

Is there any other legal issue that you are experiencing that may impact custody and/or parenting time?

Section E. ARE YOU HERE TO TALK ABOUT ENFORCING or CHANGING A COURT ORDER FOR SOMETHING OTHER THAN CUSTODY, PARENTING TIME, and/or CHILD SUPPORT?

☐ YES ☐ NO

If “yes” answer the following questions. If no, please bring your completed questionnaire to the check in table.

When and in what court was the Order entered? _____

If you do not have a copy of the Order, we will not be able to provide you with advice specific to your problem. If the Order was entered in Oakland County Circuit Court you can get a copy from the court clerk located on the ground floor of the main court house which is across the circular drive from the building we are currently in.

Are you trying to make the other party follow the court Order? ☐ YES ☐ NO

What was he/she supposed to do that is not being done? _____

Are you trying to change the court Order? ☐ YES ☐ NO

What do you want to change and why? _____
