

Prospective Client Questionnaire: Dependency

Welcome to Good Legal Firm. Please fill out this questionnaire to the best of your knowledge. Do not worry if you are unable to answer any question as we will follow up with you on it.

Name:	
Telephone Number(s): Home	Work:
ellular:Can you receive text messages? Yes/No.	
What time of day are you ava	ailable to speak?
Are you available to meet in	the next five (5) business days?
Employer Name and your po	sition:
Days and Hours of Work Wee	ek:
Marital Status:	Name of Spouse/Partner:
Employment of Spouse/Parts	ner:
Days and Hours of Spouse/P	artner Employment:
Where is your case? (County)
	/children:
-	ed you:
Do you or did you have a Saf	fety Plan, if so, when was it signed and who signed it:
Was/Were your child/childre	en removed, if so, what date?
Is there an open juvenile cou	urt case?
	f Your Case (First Hearing, Pre-Adjudication/Trial, ion, Post-Disposition, Appeal):
Do you have a Case Plan? If	so, have you completed it?

Was anyone arrested in your case? If so, who, relation to you or the case, when, the charges and has the criminal case been resolved?

Parties and Attorneys in your case: Judge:		
Spouse/Partner Attorney:	SAAG (DFCS Attorney):	
CPS/DFACS Case Manager and Supervisor:		
Child/Children's Attorney:		
Guardian Ad Litem (If different from Child/Children's Attorney)		
CASA (If one was appointed):		

****Along with this completed questionnaire, Please email the following documents if in your possession: any juvenile court orders, your case plan, the Petition for Dependency, and the Complaint for Dependency.

Brief Summary and Important Information Regarding your Case: