



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: _____

Email: _____

Address, including County: _____

Telephone Number(s): Home: _____ Work: _____

Cellular: _____ Can you receive text messages? Yes/No.

What time of day are you available to speak? _____

Are you available to meet in the next five (5) business days? _____

Employer Name and your position: _____

Days and Hours of Work Week: _____

Marital Status: _____ Name of Spouse/Partner: _____

Employment of Spouse/Partner: _____

Days and Hours of Spouse/Partner Employment: _____

Where is your case? (County) _____

Name and DOB of your child/children: _____

Date CPS/DFCS first contacted you: _____

Do you or did you have a Safety Plan, if so, when was it signed and who signed it: _____

Was/Were your child/children removed, if so, what date? _____

Is there an open juvenile court case? _____

If so, current Stage of Your Case (First Hearing, Pre-Adjudication/Trial, Adjudication/Trial, Disposition, Post-Disposition, Appeal): _____

Do you have a Case Plan? If so, have you completed it? _____

