

Contact Information – About You – We will collect the information about your spouse and children by telephone. Please complete questions if applicable to your situation. This form can either be printed or completed by hand, or the information can be typed in directly by using your computer and then print the questionnaire. Please mail to:

**John Walker Attorney
The Divorce Clinic
PO Box 222111
Charlotte, NC 28222**

First Name: _____

Middle Name at Birth: _____

Middle Name on Drivers License: _____

Maiden Name: _____

Last Name: _____

Home Telephone Number: _____ Cell Telephone Number: _____

Work Telephone Number: _____ E-Mail Address: _____

Spouse's Name (First, Middle and Last): _____

Best Way to Contact You Email: _____ Phone: _____

Marriage Information:

When Did You Marry- Please Provide Month/Day/Year (2 digit month, 2 digit day and 4 digit year – Example 02/21/1966): _____

Please Provide the City and County of Where You Were Married: _____

Please provide Date of Separation (2 digit month, 2 digit day and 4 digit year – Example 02/21/1966)

Do You Want to Return to Your Maiden Name? Yes No

Please List the First Name and Age of all Children with Your Spouse:

Additional Comments:

