



WALTERS & GALLOWAY, PLLC  
ATTORNEYS AT LAW

# Intake Questionnaire

## Client

## Client #2

Name	Name
Marital Status	Marital Status
Prior Marriages	Prior Marriages
Date of Birth	Date of Birth
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone	Phone
Email	Email
Last four of SSN	Last four of SSN
Veteran	Veteran

## Child #1

## Child #2

Name	Name
Relationship to Client	Relationship to Client
Marital Status	Marital Status
Date of Birth	Date of Birth
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Email Address	Email Address

**Child #3****Child #4**

Name	Name
Relationship to Client	Relationship to Client
Marital Status	Marital Status
Date of Birth	Date of Birth
Address	Address
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Email Address	Email Address