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PARALEGAL

The information used in this form will be kept in the strictest confidence. Please answer **ALL** of the questions completely. We cannot prepare documents for filing with the court system if we do not have this **COMPLETED** questionnaire

## YOU:

Your Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Your Physical Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_

Please list your address(es) for the last 5 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your gross monthly income: \_\_\_\_\_

Who is your health insurance provider: \_\_\_\_\_

What is your monthly premium: \_\_\_\_\_

Is/are the child(ren) covered by your policy: \_\_\_ Y/ \_\_\_ N

What is the total number of people covered by this policy: \_\_\_\_\_

## OPPOSING PARTY:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

