

Law Offices

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## Family Law Matters (Divorce) **SUGGESTIONS TO CLIENTS FOR PENDING DIVORCE**

1. You should be very selective in choosing persons with whom you discuss your case, such as family members or close friends.
2. Save all documents, correspondence, memoranda, bills or records relating to your case and forward them to us as soon as possible.
3. Notify us at once of any change of employment, raises or reductions in salary, or loss of job.
4. If you were not working at the time you contacted us, notify us when you return to, or commence, work.
5. Notify us at once in writing of any change of address or phone number.
6. If you are going out of town for more than three days, please advise us as to how to reach you in the event of an emergency.
7. Notify us immediately in writing if you learn, from any source, of anything that may affect your case, and contact us immediately in the event of any new developments.
8. Please retain all documents and all other relevant information relating to your divorce action in one file, which you should bring with you every time you come to this office or when you attend depositions or when you go to trial.

### **CLIENT QUESTIONNAIRE**

Client's name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Maiden or former name to be resumed after the divorce: Yes/ No

Residence: \_\_\_\_\_

How long at present residence: \_\_\_\_\_

With whom residing: \_\_\_\_\_

Age at marriage: \_\_\_\_\_

Present age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Maiden or former name to be resumed by client: Yes / No

Spouse's Residence: \_\_\_\_\_

How long at present residence (Spouse): \_\_\_\_\_

With whom residing: \_\_\_\_\_

Age at marriage: \_\_\_\_\_

Spouse's Present age: \_\_\_\_\_

Spouse's Date of birth: \_\_\_\_\_

Has spouse contacted an attorney: \_\_\_\_\_

Name, address And phone number of Spouse's attorney: \_\_\_\_\_

Does spouse know client is here today: Yes / No \_\_\_\_\_

Spouse Social Security No. \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Where married?; \_\_\_\_\_

Marriage certificate available: Yes / No

Date of present separation: \_\_\_\_\_

Address last lived together: \_\_\_\_\_

Any previous separations: Yes / No

When For How Long Details

Names of Date Living Natural

Children Age of Birth with Whom Children lives now: \_\_\_\_\_

Any financial concerns: \_\_\_\_\_

\_\_\_\_\_

Any Child Custody concerns: \_\_\_\_\_

\_\_\_\_\_

Any Child Visitation concerns: \_\_\_\_\_

\_\_\_\_\_