

Senoff & Enis



- Attorneys At Law -

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Welcome to Senoff & Enis

Family Law Firm



As a law firm, we are dedicated to helping clients with our wealth of experience and knowledge. Therefore, we strive to provide you with dedication and commitment, making sure you never settle for anything beneath what you deserve.

So, we are knowledgeable in all aspects of family law, as we guarantee that each process will be as streamlined and as painless as possible for all our clients. Our attorneys utilize a proven strategy to achieve results for their clients. We work diligently to resolve legal disputes in an efficient and positive manner.

Please complete and submit the form below so that we may begin to work on your case. Thank you

Matrimonial Interview Sheet

Date: _____ / _____ / _____

Referred By: _____

Client Information

Your Full Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

(City)

(State)

(Zip)

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Business Phone #: () _____ - _____

How many years have you been a NJ Resident? _____

Spouse's Information

Spouse's Full Name: _____

Spouse's Date of Birth: _____ Spouse's Age: _____

_____ / _____ / _____

Spouse's Home Address: _____

(City)

(State)

(Zip)

Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Business Phone #: () _____ - _____

How many years has a spouse been a NJ Resident? _____

Marriage Information

Date of Marriage: _____ / _____ / _____

Place of Marriage: _____

(City)

(State)

(Zip)

Prior Marriage Information**Client:**

Previously Married: Yes () No ()

How did marriage end? Widowed () Divorce () State _____

Spouse:

Previously Married: Yes () No ()

How did marriage end? Widowed () Divorce () State _____

Children: Yes () No ()

If Yes, Please Complete:

Your Child's Full Name:
Your Child's Birthdate:
Who is the Child Currently living with?
Does your child have any medical issues? If yes, please list.
What school does your child attend?
What grade is your child in?

Date of Separation: _____ / _____ / _____

Client's Employment Information

Name of Employer: _____

Address of Employer: _____

(City)_____
(State)_____
(Zip)

Job Title: _____ Month / Year Hired: _____ / _____

Duties: _____

Prior Calendar Year:

Salary: \$ _____ Bonus? \$ _____ Commission? \$ _____

Current Calendar Year:

Salary: \$ _____ Bonus? \$ _____ Commission? \$ _____

Perquisites: _____

Prior Employment Information

Employer	Address	Year Started / Finished	Annual Salary

Joint Assets and Liabilities

First Mortgage:

Address	Mortgage Company	Loan Number	Date Acquired

Source of Money to Acquire Loan: _____

Second Mortgage:

Address	Mortgage Company	Loan Number	Date Acquired

Source of Money to Acquire Loan: _____

Please list all Bank Accounts, CD's and Money Market Funds:

Bank Accounts	CD's	Money Market Funds
Bank: Acct No. Savings () Checking ()		
Bank: Acct No. Savings () Checking ()		
Bank: Acct No. Savings () Checking ()		
Bank: Acct No. Savings () Checking ()		

Please List all Securities and Cash Value:

Securities
Type: Acct No.
Type: Acct No.
Type: Acct No.
Type: Acct No.
Type: Acct No.
Type: Acct No.

Please List all Life Insurance Policies and Cash Value:

Policy and Number: Cash Value:
Policy and Number: Cash Value:
Policy and Number: Cash Value:

Personal Effects

Furniture:

Autos:

Collections:

Other:

Pension, Profit Sharing, Deferred Comp, Keoghs or IRA's

Pension:

Profit Sharing:

Deferred Comp:

Keoghs:

IRA's:

Do you own your own business? Yes () No ()

If Yes, Please List:

Name of Business	Location	Years Owned

Liabilities:

1. _____
2. _____
3. _____
4. _____
5. _____

Other Information:

Should creditors be notified? Yes () No ()

Do you have a Will? Yes () No ()

If Yes, will your will have to be revised? Yes () No ()

Do you have access to Savings Account books/documents and other pertinent documents and records? Yes () No ()

If No, Please Explain:

Is there a custody dispute? Yes () No ()

Client's Story:

Fee Arrangement: _____

Spouse's Attorney: _____

Attorney's Address: _____

(City)

(State)

(Zip)

Attorney's Telephone No: () _____ - _____

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____ / _____ / _____

Signature: _____

Additional Notes:

Senoff & Eris Family Law Firm