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DOMESTIC PARTNERSHIP INTAKE QUESTIONNAIRE

Today's Date: _____

YOUR PERSONAL INFORMATION

Your Complete Legal Name: _____

Your Present Address: _____

City: _____ State: _____ Zip: _____

How Long?: _____ Part of Town: _____

Your Preferred Mailing Address: _____

Religious Affiliation: _____ Citizenship: _____

Your Place of Birth: _____

Your Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Fax: _____ Is call needed before fax sent?: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Date of Hire: _____

Have you discussed your case with another attorney?: _____

If yes, state name of Attorney and when: _____

Have you ever filed Bankruptcy?: _____

If yes, state name of Attorney, when, and where: _____

Do you have any other claims against anyone?: _____

If yes, who?: _____

Does anyone have any claims against you?: _____

If yes, who?: _____

Are you presently involved in any other pending litigation?: _____

If yes, state details: _____

YOUR PARTNER'S INFORMATION

Partner's Complete Legal Name: _____

Name of Partner's Current Partner (if any): _____

Partner's Present Address: _____

City: _____ State: _____ Zip: _____

Partner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Race: _____ Partner's Date of Birth: _____

Partner's Social Security Number: _____

Partner's Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Duties: _____

Hours: _____ Gross pay: _____ Net pay: _____

Has your Partner ever filed Bankruptcy? _____

If so, state name of Attorney, when, and where?: _____

Does your Partner have any claims against anyone?: _____

If yes, who?: _____

Does anyone have any claims against your Partner?: _____

If yes, who?: _____

Is your Partner presently involved in any other pending litigation?: _____

If yes, state details: _____

CHILDREN

Child of this Relationship	Date of Birth	Social Security Number	Current Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INSURANCE COVERAGE

Are you covered under a medical insurance policy?: _____

Is your Partner covered under a medical insurance policy?: _____

Does your employer provide this coverage?: _____

If yes, what is the name of the insurance company?: _____

Policy Number: _____ Group Number: _____

What is the cost for your children to be covered above the cost for you?: _____

Does your Partner's employer provide coverage for you?: _____

If yes, what is the name of the insurance company?: _____

Policy Number: _____ Group Number: _____

What is the cost for your children to be covered above the cost for your Partner?: _____