

Client Name: _____

Client Questionnaire - Divorce

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY PERSON OR PERSON WITH A DISABILITY AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS

A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE OR THAT THE ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

REQUIRED INFORMATION

ABOUT YOU:

1. Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

3. Who else lives in your household? _____

4. At what address do you wish to receive mail from this office? _____

5. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Pager: _____ Mobile phone: _____

E-mail: _____

(e-mail communications may not be confidential)

6. Who referred you to this office? _____

7. Have you consulted or retained any other attorneys on this matter before coming to this

office? _____

Is so, please state who and when: _____

8. Please give the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

ABOUT YOUR SPOUSE:

9. Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

10. Where is your spouse living now, and what is his or her phone number and e-mail address?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home e-mail: _____

11. Who else lives in your spouse's household? _____

12. Please give the following information concerning your spouse's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

ABOUT YOUR CHILDREN:

13. Please give the following information for each child.

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

14. Is private health insurance in effect for the children? _____

If so, please give the following information.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

15. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? _____

If so, what is the cost of the premium? _____

Do you have access to private health insurance at reasonable cost to you?

Does the other parent of your children have access to private health insurance at reasonable cost to him/her?

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

16. Will there be an agreement on custody of the children? _____

Who will the children live with primarily? _____

17. Where and with whom are the children living now? _____

18. List all property (other than furniture and clothing) owned by the children:

ABOUT YOUR MARRIAGE AND SEPARATION:

19. Please give the date and place of your marriage.

Date: _____ Place: _____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

20. Have you seen a marriage counselor? _____

If so, please state name: _____

21. Have you and your spouse attempted reconciliation? _____

If not, would you like to attempt reconciliation? _____

22. What is your religious preference? _____

23. What is your spouse's religious preference? _____

24. Check as appropriate if your marital difficulties involve any of the following:

____ drugs/alcohol ____ financial dispute ____ physical violence

____ emotional abuse ____ your infidelity ____ religion

____ confinement in ____ noncohabitation ____ your spouse's
mental institution for at least 3 years infidelity

____ other: _____

25. How long have you lived in Texas? _____

How long have you lived in the county where you now reside? _____

26. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

27. Does your spouse have an attorney? _____

If so, who? _____

28. Have you ever been married before? _____

If so, how many times? _____

29. Do you or your spouse have any other children for whom a duty of support is owed?

If so, please give the following information for each such child.

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

30. Where and with whom do these children live? _____

31. Do you pay/receive child support? _____

If so, how much? \$_____ per _____

32. Does your spouse pay/receive child support? _____

If so, how much? \$_____ per _____

33. If a divorce is granted, should the names of the parties be restored to prior names? _____

If so, what name should be used? _____

34. Have you or your spouse ever sought or been subject to a protective order? _____

35. Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? _____

36. Have you or your spouse ever contacted or been contacted by child protective services?

37. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

ABOUT WEAPONS AND AMMUNITION:

38. Are there firearms or ammunition in your possession or subject to your control? _____

If so, please describe the items and state their location. _____

39. Are there firearms or ammunition in your spouse's possession or subject to your spouse's control? _____

If so, please describe the items and state their location. _____

ABOUT TRANSFER ON DEATH DEEDS:

40. Have you executed a transfer on death deed in favor of your spouse? If so, please provide us a true and correct copy of the deed.

Other:

Please provide any additional information necessary to represent this matter:

