

Name: _____

FAMILY LAW CLIENT INFORMATION SHEET

Please fill out this questionnaire. It is important that you answer each question fully. It is imperative that you be candid! Since your answer are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

You should answer all questions relevant to your case. If a question does not apply to you particular situation, please indicate by marking the question “N/A”. If the answer to any question requires more space than had 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 response 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.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENT OF THIS DOCUMENT 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.

Date: _____

Personal

About you:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name: _____

Age: _____ Birth date: _____ City and State where born: _____

Social Security number: _____

Driver's license number: _____

Race: (For Bureau of Vital Statistics form) _____

Maiden Name (if applicable) _____

2. How did you learn about our office? Client referral ___ Greensheet ___ Subasta ___

Case Post ___ Letter ___ Internet ___ Other ___

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

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone: _____

Mobile phone: _____

Work Phone and extension: _____

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

5. How do you prefer that we contact you? Home _____ Work _____

List an emergency number of someone who can always reach you:

Name(s): _____ Telephone No (s). _____

6. Have you consulted or retained any other attorney on this matter before coming to this office? _____ If so, please state who and when: _____.

Please complete the following information concerning your employment.

Your Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Do you have a checking account? No ___ Yes ___ Where _____

About how much credit card debt and medical bills do you have? Just estimate

_____ Do you owe money on to Conn's __, Circuit City __ Furniture card __, Jewelry card __ Automobile payment __ House purchase payment _____

About your spouse or ex-spouse (Please give your spouse's or ex-spouse's full name, date and place of birth, and Social Security number).

Full name: _____

Age: _____ **Birth date:** _____ **City and State where born:** _____

Social Security #: _____

Driver's license #: _____

Race: (For Bureau of Vital Statistics form): _____

Maiden Name (if applicable) _____

7. Where is your spouse or ex-spouse living now, and what is his or her phone number?

Address: _____

8. City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ work phone: _____

mobile phone _____

9. Please complete the following information concerning your spouse's or ex-spouse's employment.

10. Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your children:

How many children do you have with your spouse: _____ Are you (or your spouse) pregnant this time? No__ Yes__

Do you have any other children born during the marriage? No__ Yes ____ Names and ages

Who is the biological parent? _____

IS THERE ANY EXISTING COURT ORDER REGARDING YOUR CHILD (REN):

NO _____

YES _____ **Explain: (Attorney General Order, Suit Affecting the Parent Child Relationship, Paternity)** _____

11. Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage:

Name: _____

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

Place of birth: _____

Social Security number: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

12. Will there be a dispute over the children? _____

If not, with whom will custody be? _____

13. Where and with whom are the children living now?

About your marriage and separation:

14. Please give the date and place of your marriage:

Date: _____ Place _____ Are you now separated from your spouse? No__ If Yes, so, please state **date of separation:** _____

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

__ drugs/alcohol __ sexual disappointment __ infidelity
__ financial dispute __ physical violence __ religion
__ incompatibility __ other: _____

16. How long have you lived in Texas? _____

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

If so, when and where? _____

18. Does your spouse or ex-spouse have an attorney? _____

19. Have you ever been married before? _____

If so, how many times? _____

20. Do you or your spouse or ex-spouse have any other children for whom a duty support

is owed? _____

Please give the full name, date and place of birth, sex, and Social Security number of each such child:

Name: _____

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

Place of birth: _____

Social Security number: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Where and with whom so these children live? _____

21. Do you pay/ receive child support? _____

If so, how much? \$ _____ per _____

Does your spouse or ex- spouse pay/ receive child support? _____

If so, how much? \$ _____ per _____

22. If a divorce is granted, should the wife's maiden name be restored?

No _____, **If yes, what is the Full Name that should be used?**
