

## **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 answers 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 your 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 CONTENTS 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.

### **NOTICE OF WAIVER OF CONFLICT**

YOU HEREBY AGREE THAT, BY MEETING WITH A MEMBER OF THE FIRM OF BUSBY & ASSOCIATES TO CONDUCT A CONSULTATION OF THE FACTS OF YOUR CASE, IF YOU DO NOT RETAIN THE FIRM, NO ATTORNEY CLIENT RELATIONSHIP HAS BEEN ESTABLISHED. WITHOUT THIS RELATIONSHIP, BUSBY & ASSOCIATES IS NOT CONFLICTED FROM REPRESENTING ANOTHER PERSON IN THE SAME LEGAL MATTER OR SOME OTHER LEGAL MATTER WHICH MAY BE ADVERSE TO YOUR INTERESTS.

**I have read the above notices and my signing below agree to them:**

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Date: \_\_\_\_\_

### PERSONAL INFORMATION

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

Full name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Race (For Bureau of Vital Statistics form): \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

2. How did you learn about our office? Letter \_\_\_\_\_ La Subasta \_\_\_\_\_ Greensheet \_\_\_\_\_

Internet \_\_\_\_\_ Prepaid Legal Services \_\_\_\_\_ State Bar Referral Service \_\_\_\_\_ Billboard \_\_\_\_\_

Referral of a Previous Client \_\_\_\_\_ Other \_\_\_\_\_

3. Do you have an account on any of the following social media websites?

Facebook \_\_\_\_\_ MySpace \_\_\_\_\_ Twitter \_\_\_\_\_ Other (specify) \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

\_\_\_\_\_

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How would you like your documents sent to you? U.S. Mail \_\_\_\_\_ or E-mail \_\_\_\_\_

List your email address: \_\_\_\_\_

6. How do you prefer that we contact you? Home \_\_\_\_\_ Work \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**EMPLOYMENT INFORMATION**

8. Your Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, and zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \$ \_\_\_\_\_ Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

9. Do you have a checking account? No \_\_\_ Yes \_\_\_ Where? \_\_\_\_\_

About how much credit card debt and medical bills do (estimate) you have? \$ \_\_\_\_\_

**(EX-) SPOUSE'S INFORMATION**

10. Please give your (ex-) spouse's full name, date and place of birth, and SSN.

Full name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Race (For Bureau of Vital Statistics form): \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

12. Please complete the following information concerning your (ex-) spouse's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \$ \_\_\_\_\_ Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

### CHILD(REN)'S INFORMATION

13. 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 \_\_\_\_\_

Name(s) and age(s) of child(ren) fathered by someone other than your current spouse during this marriage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)** \_\_\_\_\_

14. Please give the full name, date and place of birth, sex, and SSN of each child of this marriage:

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

15. Will there be a dispute over the children? \_\_\_\_\_

If not, with whom will the children live? \_\_\_\_\_

16. Where and with whom are the children living now? \_\_\_\_\_

### **MARRIAGE AND SEPARATION INFORMATION**

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

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Are you currently separated from your spouse? No \_\_\_\_\_ If Yes, please state the date of separation: \_\_\_\_\_

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

_____ drugs/alcohol	_____ sexual disappointment	_____ infidelity
_____ financial dispute	_____ physical violence	_____ religion

\_\_\_\_\_ incompatibility \_\_\_\_\_ other: \_\_\_\_\_

19. How long have you lived in Texas? \_\_\_\_\_

20. Have you or your spouse ever filed for divorce? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

21. Does your (ex-) spouse have an attorney?

\_\_\_\_\_

22. Have you ever been married before? \_\_\_\_\_ If so, how many? \_\_\_\_\_

23. Do you or your (ex-) spouse have any other children for whom a duty support is owed?

\_\_\_\_\_

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24. Please give the full name, date and place of birth, sex, and SSN of each such child:

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

25. 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 \_\_\_\_\_

26. 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? \_\_\_\_\_

**WILLS AND ESTATE PLANNING**

27. Do you currently have a will or other estate planning documents?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what documents do you have? \_\_\_\_\_

\_\_\_\_\_

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28. Have you gone through, or are you currently going through, a life-changing event, such as a divorce or birth of a child, that is not currently contemplated in your will or other estate planning documents?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please briefly explain that event

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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29. Would you like more information on obtaining a will or other estate planning documents?

Yes \_\_\_\_\_ No \_\_\_\_\_

30. Would you like to set up another appointment to speak to an attorney regarding wills and estate planning? Yes\_\_\_\_\_ No\_\_\_\_\_

### IMMIGRATION QUESTIONNAIRE

1. Do you or your family member have the legal status problem?  
Yes, it is

\_\_\_\_\_ . No.\_\_\_\_

2. If you answer yes to the above question, what is your current legal status? I am \_\_\_\_\_.

3. Do you or your family member need to apply for green card? Yes\_\_\_\_\_.  
No.\_\_\_\_\_

4. Do you or your family member need work permit or advance parole?  
Yes\_\_\_\_\_,No\_\_\_\_\_.

5. Do you or your family member need to file naturalization recently?  
Yes\_\_\_\_\_, No\_\_\_\_\_.

6. Would you like to talk to our immigration attorney today? Yes\_\_\_\_\_,  
No\_\_\_\_\_.

7. Would you like to set up another appointment to speak to our immigration attorney?  
Your available date is\_\_\_\_\_, 2010, time\_\_\_\_\_.