

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:

Signature

Date:

PERSONAL INFORMATION

1. Give your full name, sex, age, date and place of birth, social security number and driver's license.

Full name: _____ Sex: _____

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 _____ Internet _____ Greensheet _____ La Subasta _____ Prepaid Legal Services _____ State Bar Referral Service _____ Referral _____ Other _____

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

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home/Mobile phone: _____ Work Phone: _____

E-mail address: _____

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

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

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

Name: _____ Telephone: _____

6. 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

7. Your Employer: _____ Job title: _____

Address: _____

Telephone number: _____ Length of employment: _____

Gross salary per month or annually: \$ _____

8. Do you have a checking account? No _____ Yes _____ Where? _____

(EX-) SPOUSE'S INFORMATION

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

Full name: _____ Sex: _____

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

SSN: _____ Driver's license number: _____

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

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

Address: _____

Home/Mobile phone: _____ Work phone: _____

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

Employer: _____ Job Title: _____

Address: _____

Telephone number: _____ Length of employment: _____

Gross salary per month or annually: \$ _____

MARRIAGE AND SEPARATION INFORMATION

12. 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: _____

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

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

14. How long have you lived in Texas? _____

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

If so, when and where? _____

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

17. Have you ever been married before? _____ If so, how many? _____

CHILD(REN)'S INFORMATION

18. 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 (outside) 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) _____

19. The full name, sex, age, date and place of birth and SSN of each child of this marriage.

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

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

If not, with whom will the children live? _____

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

22. Do you or your (ex-) spouse have any other children for whom a duty support is owed? Yes / No

23. The full name, sex, age, date and place of birth and SSN of each such child.

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Place of birth: _____ SSN: _____

24. 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 _____

25. 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? _____

IMMIGRATION QUESTIONNAIRE

2. Do you or your family member have the legal status problem?

Yes, it is

. No. _____

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

_____.

4. Do you or your family member need to apply for green card? Yes _____.

No. _____

5. Do you or your family member need work permit or advance parole?

Yes _____, No _____.

6. Do you or your family member need to file naturalization recently?

Yes _____, No _____.

7. Would you like to talk to our immigration attorney today? Yes _____,

No _____.

8. Would you like to set up another appointment to speak to our immigration attorney?

Your available date is _____, 2014, time _____.

Criminal Case Questionnaire

1. Do you or your family member have criminal charges pending against you?

Yes/No

2. If yes, who are the charge(s) filed against: _____

3. What are the charge(s): _____

4. Where are the charge(s) filed (including the County):

5. What happened? _____

6. Do you have an old case that you or your family member need expunged or sealed?

Yes/No

7. If yes, explain: _____

8. Is your or your family member's driver's license suspended?

Yes/No

9. If yes, why is it suspended? _____

10. Are you or your family member interested in getting a temporary license that will allow you to legally drive?

Yes/No

11. Do you or your family member have any open traffic ticket violations?

Yes/No

12. Would you like to have one of your criminal attorneys call you or your family member?

Yes/No

13. If yes, what is the best contact number and email address? _____
