

## ***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. Please give your full name, sex, age, date and place of birth, social security number and driver's license.

Full name: \_\_\_\_\_  
                    First    Middle    Last  
Maiden Name (if applicable): \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
City and State where born: \_\_\_\_\_ Race (Bureau of Vital Statistics purposes): \_\_\_\_\_  
Driver's license number and State issued: \_\_\_\_\_ SSN: \_\_\_\_\_

2. How did you learn about our office?

Internet \_\_\_\_\_ Greensheet \_\_\_\_\_ La Subasta \_\_\_\_\_ Indo American News \_\_\_\_\_ Business Card \_\_\_\_\_  
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 \_\_\_\_\_

6. List an emergency number of someone who can always reach you and we may contact:

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

7. Previous Cases:

a.) Please state whether you have an existing bankruptcy case? \_\_\_\_\_

If so, please state whether your spouse filed with you: \_\_\_\_\_

b.) Please state whether or not you have an existing family law case i.e. divorce, custody, child support, etc.? \_\_\_\_\_

If so, please state the cause number: \_\_\_\_\_

c.) Please state whether or not you have an active criminal case?

If so, please state the cause number: \_\_\_\_\_

d.) Have you ever consulted or retained another attorney on the matter you are here for today? \_\_\_\_\_ If yes, who? \_\_\_\_\_

## EMPLOYMENT INFORMATION

8. Please state your current employer's information:

Name of Employer: \_\_\_\_\_ Job title: \_\_\_\_\_

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

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

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

**SPOUSE'S INFORMATION**

**10. Please provide your spouse's full name, date and place of birth, and SSN.** If you are not married, please provide the other party's name and all the requested information below.

Full name: \_\_\_\_\_  
                    First                                    Middle                                    Last  
Maiden Name (if applicable): \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
City and State where born: \_\_\_\_\_ Race (Bureau of Vital Statistics purposes): \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ SSN: \_\_\_\_\_

**11. Where is your spouse living now, and what is his/her phone number?**

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

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

**12. Please complete the following information concerning your spouse's employment:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Gross salary per month or annually: \$ \_\_\_\_\_

**MARRIAGE AND SEPARATION INFORMATION**

**13. 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: \_\_\_\_\_

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

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

**15. How long have you lived in Texas?** \_\_\_\_\_

How long have you lived in your current county? \_\_\_\_\_

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

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

**17. Does your spouse have an attorney?** \_\_\_\_\_

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

**CHILD(REN)'S INFORMATION**

**19. Are you (or your spouse) pregnant this time?** No \_\_\_\_\_ Yes \_\_\_\_\_

**20. How many children do you have with your spouse?** \_\_\_\_\_

Please provide 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: \_\_\_\_\_

**21. Do you have any other children born during the marriage with someone, not your spouse?** No \_\_\_\_\_ Yes \_\_\_\_\_

Please provide the full name, sex, age, date and place of birth and SSN of each child fathered by someone other than your current spouse during this marriage:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

Who is the biological parent? Please provide his/her information:

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

                    First                    Middle                    Last

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Home/Mobile phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

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

Who is the biological parent? Please provide his/her information:

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

                    First                    Middle                    Last

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Home/Mobile phone: \_\_\_\_\_

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

**22. IS THERE ANY EXISTING COURT ORDER REGARDING YOUR**

**CHILD(REN):** NO \_\_\_\_\_ YES \_\_\_\_\_ Explain: (Child Support Order, Attorney General Order, Suit Affecting the Parent-Child Relationship, Paternity) If yes, please provide the cause number: \_\_\_\_\_

**23. Does your spouse have any other children born during your marriage but fathered with someone else?**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Who is the biological parent? Please provide his/her information:

Full name: \_\_\_\_\_  
First Middle Last  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Home/Mobile phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Who is the biological parent? Please provide his/her information:

Full name: \_\_\_\_\_  
First Middle Last  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Home/Mobile phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

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

**26. Do you or your spouse have any other children for whom a duty support is owed? Yes / No**

**27. Do you pay/ receive court ordered child support?** \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

Does your spouse or spouse pay/ receive court ordered child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

**28. If a divorce is granted, should the wife's maiden name be restored? Yes / No**

If yes, what is the Full Name that should be used?

\_\_\_\_\_  
First Middle Last

## 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\_\_\_\_\_.

## 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? \_\_\_\_\_  
\_\_\_\_\_