

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 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 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.

**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.

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 \_\_\_\_\_ Other \_\_\_\_\_

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

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

City: \_\_\_\_\_

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

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

Mobile (Cell) phone: \_\_\_\_\_

Work Phone and extension: \_\_\_\_\_

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

\_\_\_\_\_

4. 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): \_\_\_\_\_

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

Please complete the following information concerning your employment.

6. **Your Employer:** \_\_\_\_\_

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

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

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

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

Length of employment: \_\_\_\_\_

7. **Do you have a checking/debit account?** No \_\_\_ Yes \_\_\_ **Where** \_\_\_\_\_

About how many years have you been married? \_\_\_\_\_

About how many years/months since you last stopped living together? \_\_\_\_\_

How many children do you have from your present relationship? \_\_\_\_\_ Their ages \_\_\_\_\_

How many children do you have from any other relationship? \_\_\_\_\_ Their ages? \_\_\_\_\_

Has there been any domestic violence in your present relationship? No \_\_\_ Yes \_\_\_ If yes, any convictions? \_\_\_\_\_ any police reports? \_\_\_\_\_

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

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

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

Social Security #: \_\_\_\_\_ Driver's license #: \_\_\_\_\_ Maiden Name \_\_\_\_\_

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

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

10. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ work phone: \_\_\_\_\_ mobile phone \_\_\_\_\_

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

12. 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: \_\_\_\_\_ None \_\_\_\_\_ Are you/other party pregnant at this time? No \_\_\_ Yes \_\_\_

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

**NO \_\_\_\_\_ YES \_\_\_\_\_ EXPLAIN: (Attorney General Order, Suit Affecting the Parent Child**

**Relationship, Paternity) \_\_\_\_\_**

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

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

If *not*, with whom will custody be? \_\_\_\_\_

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

**About your marriage and separation:**

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

**Date:**\_\_\_\_\_ **Place/city/state:**\_\_\_\_\_ Are you now separated

from your spouse? No\_\_ if Yes, so, please state **date of separation:**\_\_\_\_\_

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

\_\_\_drugs/alcohol

\_\_\_sexual disappointment

\_\_\_infidelity

\_\_\_financial dispute

\_\_\_physical violence

\_\_\_religion

\_\_\_incompatibility

\_\_\_other:\_\_\_\_\_

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

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

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

20. Does your spouse or ex-spouse have an attorney?  
\_\_\_\_\_

If so, who?\_\_\_\_\_

21. Have you ever been married before?\_\_\_\_\_

If so, how many times?\_\_\_\_\_

22. Do you or your spouse or ex-spouse have any other children for whom a duty of 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 do these children live? \_\_\_\_\_

23. 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 \_\_\_\_\_

24. 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?

\_\_\_\_\_  
(First Name)                      (Middle Name)                      (Last Name)