



CLIENT INFORMATION FORM

Your Name: _____

Date: _____

Please fill out this questionnaire. It is important that you answer each question fully. It is imperative that you be candid!

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. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

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

Type of Case: ☐ Divorce ☐ Modification of Child Custody
 ☐ Child Support ☐ Modification of Child Support

____ Paternity/Child Custody ____ Enforcement Contempt
____ Other

About you:

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

Full name: _____

Maiden name: _____

Birth date: _____ Current Age: _____

County / State where born: _____ Social

Security number: _____

Driver's license number: _____

Do you want a name change? If so, to what? _____

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

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email

Address: _____

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

4. How do you prefer that I contact you? List all applicable contact information.

Address: _____

Phone: _____

Fax: _____

Cell Phone: _____

Email: _____

5. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your spouse (or ex-spouse):

6. Please give your spouse's *full* name, date and place of birth, and Social Security number.

Full name: _____

Birth date: _____ Current Age: _____ Race: _____

County where born: State where born: _____

Social Security #: _____

Driver's license #: _____

Email : _____

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

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Cell Phone: _____

8. Please complete the following information concerning your spouse's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your children:

9. 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: _____

10. Will there be a dispute over the children? _____ If *not*, with whom will custody be? _____

11. List health insurance information on each child, including which party covers/pays for the insurance, whether or not it is individual coverage or through an employer, the costs of insurance for child and/or children, and which party's employer provides said insurance:

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

About your marriage and separation:

13. Please give the date and place of your marriage: _____

City, County & State of Marriage: _____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

14. Have you seen a marriage counselor? _____

If so, please state name: _____

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

_____ drugs/alcohol

_____ sexual disappointment

_____ infidelity

_____ financial dispute

_____ physical violence

_____ living apart

_____ incompatibility

_____ cruelty

_____ 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 have an attorney? _____

If so, who?

19. Have you ever been married before? _____

If so, how many times? _____

Are there any children outside of the marriage _____

Real Property:

20. Please state the following about any real property owned:

a. Address: _____

b. Mortgage Company: _____

c. Estimated fair market value: _____

d. Year bought: _____

e. Mortgage balance: \$ _____

f. Monthly payments: \$ _____

g. How is the property titled: _____

a. Address: _____

b. Mortgage Company: _____

c. Estimated fair market value: _____

d. Year bought: _____

e. Mortgage balance: \$ _____

f. Monthly payments: \$ _____

g. How is the property titled: _____

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

21. a. Year: Model: _____

b. Vehicle Identification Number: _____

c. Who drives?: _____

d. Loan with: _____

e. Monthly payments: \$ _____

f. Name on Title: _____

g. Current Balance: _____

a. Year: Model: _____

b. Vehicle Identification Number: _____

c. Who drives?: _____

d. Loan with: _____

e. Monthly payments: \$ _____

f. Name on Title: _____

g. Current Balance: _____

a. Year: Model: _____

b. Vehicle Identification Number: _____

c. Who drives?: _____

d. Loan with: _____

e. Monthly payments: \$ _____

f. Name on Title: _____

g. Current Balance: _____

a. Year: Model: _____

b. Vehicle Identification Number: _____

c. Who drives?: _____

d. Loan with: _____

e. Monthly payments: \$ _____

f. Name on Title: _____

g. Current Balance: _____

Year: Model: _____

a. Vehicle Identification Number: _____

b. Who drives?: _____

c. Loan with: _____

d. Monthly payments: \$ _____

e. Name on Title: _____

f. Current Balance: _____

Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds (please indicate what type of account):

22 a. Name of bank/Account No.: _____

b. Account name: _____

c. Amount on deposit: \$ _____

d. Names on withdrawal card: _____

Name of bank/Account No.: _____

a. Account name: _____

b. Amount on deposit: \$ _____

c. Names on withdrawal card: _____

Name of bank/Account No.: _____

a. Account name: _____

b. Amount on deposit: \$ _____

c. Names on withdrawal card: _____

a. Name of bank/Account No.: _____

b. Account name: _____

c. Amount on deposit: \$ _____

d. Names on withdrawal card: _____

e. **Life Insurance:**

23. a. Name of company: _____

b. Insuring Life of: _____

a. Name of company: _____

a. Insuring life of: _____

c. Policy Type: _____

a. Name of company: _____

b. Insuring life of: _____

c. Policy Type: _____

Stocks, Mutual Funds:

24. a. Name of stock: _____

b. Estimated amount invested: \$ _____

Name of stock: _____

a. Estimated amount invested: \$ _____

Retirement, Pensions, Other Company Benefits:

25. Do you participate in any retirement plan?: _____

Does your spouse participate in any plan?: _____

26. Do you participate in any company savings plan? _____

If so, how much do you have in that savings plan? \$ _____

27. Does your spouse participate in any company savings plan? _____

If so, how much does your spouse have in that savings plan? _____

28. Does anyone owe you or your spouse any money? _____

If so, how much? \$ _____

Owed by whom? _____

29. Are you involved in any lawsuits? _____

If so, explain _____

Debts: (Other than house and/or automobiles)

a. \$ _____

b. \$ _____

c. \$ _____

d. \$ _____

e. \$ _____

Income Tax:

31. Have you filed for all previous years? _____

32. Have you filed for this year? _____

32. Refund received? _____

If so, how much? \$ _____

Separate Property:

33. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? _____

If so, detail your separate property: _____

34. Does your spouse own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? _____

If so, detail your separate property: _____

Enforcements / Contempt, if Applicable:

35. Please list the following:

- The cause number for the prior Order to be modified: _____
- The county where the above cause is filed: _____
- The title of the Order sought to be modified: _____
- The date the Order was signed by the Judge: _____

36. Please give a brief description of why you are seeking to modify, or enforce, the current Order of the Court:

37. Any Additional Information/Notes:

REFERRAL

38. Who referred you to this office? _____

39. I understand that there will be an initial **\$450.00** consultation fee regardless of whether I decide to take any legal action or not.

CLIENT