



FAMILY LAW CLIENT INFORMATION

Date: _____

Please complete this questionnaire. The information is necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in the strictest confidence. *Please print.*

_____ Divorce _____ SAPCR _____ Protective Order _____ Modification/Enforcement

1. Yourself:

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Place of Birth: _____

Driver's License #/State: _____ Social Security Number: _____

Home Address/City/State/Zip: _____

Billing Address (if different): _____

2. Contact Information:

Home: _____ Work: _____

Fax: _____ Pager: _____

Mobile: _____ Email: _____

3. Employment:

Employer: _____ Job Title: _____

Address/City/State/Zip: _____

Telephone Numbers: Work: _____ Fax: _____

Gross Salary per month or annually: \$ _____ Length of Employment: _____

Education: _____

4. Spouse/Partner:

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Place of Birth: _____

Driver's License #/State: _____ Social Security Number: _____

Home Address/City/State/Zip: _____



Contact Information:

Home: _____ Work: _____
Fax: _____ Pager: _____
Mobile: _____ Email: _____

Employment:

Employer: _____ Job Title: _____
Address/City/State/Zip: _____
Telephone Numbers: Work: _____ Fax: _____
Gross Salary per month or annually: \$ _____ Length of Employment: _____
Education: _____

5. Marriage/ Common-Law Marriage:

Were you legally married? YES / NO
Date of Marriage: ____/____/____ City, County, State: _____
If Common-Law Marriage: Was the marriage registered? YES / NO
Date Agreed to be Married: ____/____/____ City, County, State: _____
Did you reside together? YES / NO For how long? _____
Did you present yourselves to the public as spouses or a married couple? YES / NO

6. Property

Do you own any separate or community property? YES / NO
Vehicles:
Yours: _____

Who currently makes the payments on this/these vehicles? YOU / SPOUSE/PARTNER
What is the amount of the payment? \$ _____
Spouse/Partner: _____

Who currently makes the payments on this/these vehicles? YOU / SPOUSE/PARTNER
What is the amount of the payment? \$ _____

Homes/Property:

Yours: _____

Who currently makes the payments on this/these home/property?

YOU/SPOUSE/PARTNER

What is the amount of the payment? \$ _____

Spouse/Partner: _____

Who currently makes the payments on this/these home/property?

YOU / SPOUSE/PARTNER

What is the amount of the payment? \$ _____

Please list any additional property owned: _____

7. Children of Marriage:

1. Name: _____ MALE / FEMALE
Date of Birth: _____ Social Security Number: _____
Place of Birth (City, State): _____

2. Name: _____ MALE / FEMALE
Date of Birth: _____ Social Security Number: _____
Place of Birth (City, State): _____

3. Name: _____ MALE / FEMALE
Date of Birth: _____ Social Security Number: _____
Place of Birth (City, State): _____

4. Name: _____ MALE / FEMALE
Date of Birth: _____ Social Security Number: _____
Place of Birth (City, State): _____

8. Child Custody

Will there be a dispute over custody of the children? YES / NO

If NOT, who will be the custodian to designate residence of the children? _____

9. Children's Residence

Where do the children currently reside?

Home Address/City/State/Zip: _____

List all property (other than furniture and clothing) owned by the children: _____

10. Separation

Are you currently separated from your spouse/partner? YES / NO

Date of Separation: ____/____/____

11. Causes of Action

Do any of your marital/separation difficulties involve any of the following:

- _____ Drugs: What kind/How long? _____ Alcohol
- _____ Physical Violence - Finding of Family Violence YES / NO Protective Order YES/NO
- _____ Sexual disappointment / inability _____ Sexual Infidelity
- _____ Sexually Transmitted Disease _____ Felony Conviction
- _____ Financial / Economic disputes _____ Confinement in Mental Hospital
- _____ Abandonment _____ Other: _____

12. Residence Status

How long have you lived in Texas? _____

What county do you reside in? _____ How long? _____

13. Previous Court Action/Divorce

Have you or your spouse/partner ever filed for divorce? YES / NO

Date of filing: ____/____/____ County of filing: _____

Does any court have continuing jurisdiction of the children? YES / NO

Court: _____ County: _____ Case Type: _____

14. Opposing Counsel

Does your spouse/partner have an attorney? YES / NO

Name of attorney: _____

15. Name Change

If a divorce is granted, will the wife request her maiden name be restored? YES / NO

Maiden name: _____

