

FAMILY LAW INFORMATION FORM

Client Name: _____

Date: _____

Office Use Only

Fees Paid: _____

File No.: _____

Is there a hearing set for your case? _____ If so, when? _____

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

You should answer all questions. 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 the back of the preceding page and refer to the question number to which your answer applies.

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. Your responses will also assist the attorney in your initial consultation to determine what information needs to be discussed.

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

THE 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.

CLIENT:

Full Name: _____

Nick Name: _____

Residence Address: _____

City: _____ County: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Pager: _____ Mobile Phone: _____

E-mail Address: _____

Mailing Address (if different): _____

City: _____ County: _____ Zip: _____

Birth Date: _____ State of Birth: _____

Social Security No.: _____ Drivers License Number: _____

Employer: _____

Employer's Address: _____

Position: _____ Monthly Take-Home Pay: _____

SPOUSE:

Full Name: _____

Nick Name: _____

Residence Address: _____

City: _____ County: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Pager: _____ Mobile Phone: _____

E-mail Address: _____

Mailing Address (if different): _____

City: _____ County: _____ Zip: _____

Birth Date: _____ State of Birth: _____

Social Security No.: _____ Drivers License Number: _____

Employer: _____

Employer's Address: _____

Position: _____ Monthly Take-Home Pay: _____

Wife Pregnant? _____ Wife's Maiden Name: _____

Does wife wish to have her maiden name or a previous name restored? _____

RESIDENCE:

Have you lived in Texas for the past 6 months? _____

Have you lived in this County for the past 90 days? _____

MARRIAGE AND SEPARATION:

Date of Marriage: _____ City: _____ State: _____

Date of Last Separation: _____

ATTORNEYS:

If you have consulted with another attorney on this matter, please give attorney's name:

If your spouse has consulted an attorney on this matter, please give attorney's name:

How were you referred to our office?

CHILDREN:

1. Full Name _____ Sex _____

Birth date _____ Birthplace _____

Lives With _____ Social Security Number _____

2. Full Name _____ Sex _____

Birth date _____ Birthplace _____

Lives With _____ Social Security Number _____

3. Full Name _____ Sex _____

Birth date _____ Birthplace _____

Lives With _____ Social Security Number _____

4. Full Name _____ Sex _____

Birth date _____ Birthplace _____

Lives With _____ Social Security Number _____

5. Full Name _____ Sex _____

Birth date _____ Birthplace _____

Lives With _____ Social Security Number _____

If any of the children have physical or mental disabilities to the point that he or she requires special care, give the child's name, disability, and current arrangements for care: _____

Which parent(s) desire(s) custody of the children? _____

Is any property owned by the children? _____

Do you or your spouse or ex-spouse have other children for whom a duty of support is owed? _____

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child:

Where and with whom do these children live? _____

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 _____.

BRIEF PROPERTY OUTLINE:

Are you renting or buying your home? _____

If buying, estimate its value if sold today: _____

Estimate the mortgage balance: _____

Monthly payment: _____

Estimate value of cash assets (bank accounts, certificates of deposit): _____

Do you own stocks, bonds, or other securities? _____

If so, estimate their present value: _____

OTHER INVESTMENTS:

Item

Estimated Value

What amount of retirement, profit-sharing, or other employee benefits would you and your spouse receive if you left employment today?

Client: Lump Sum \$ _____

Amount per time period \$ _____

Spouse: Lump Sum \$ _____

Amount per time period \$ _____

OTHER MAJOR ASSETS (CARS, BOATS, ETC.):

Item

Estimated Value

Estimate the total of all your debts, excluding mortgage loan balance: \$ _____

COUNSELING:

If you have ever sought marriage counseling, give dates and counselor: _____

Would counseling help now? _____

Is your spouse willing to participate in counseling? _____

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

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

COMMENTS:
