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CLIENT INFORMATION FORM

INSTRUCTIONS: Please fill out this questionnaire as completely and truthfully as you can. It is important that you answer each question fully. If a question does not apply to your particular situation, please indicate by marking the question "N/A." **As your lawyer, I will rely on the information provided.** 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. The information you provide in this questionnaire is confidential and protected by **Attorney-Client Privilege**. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CASE INFORMATION:

Type of Case [] Divorce [] Modification

How did you hear about our office? _____

ACKNOWLEDGMENT: (Please Initial Below)

_____ I acknowledge and understand that there is a fee for the initial consultation and I hereby agree to pay for all legal fees for the initial consultation.

Date of Marriage: _____

CLIENT INFORMATION

YOUR FULL NAME: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

How long have you lived at this address? _____

Home Phone: _____

Cell Phone No: _____

Confidential E-mail Address: _____

Last three digits of Driver's License No: XXXXX __ __ __

Last three digits of Soc. Sec. No: XXX-XX-X __ __ __

Date of Birth: _____

State/Country of Birth: _____

Maiden Name or other names you have been known by: _____

Do you want to change your name? _____

NAME OF YOUR EMPLOYER: _____

Full Work Address: _____

Work Phone: _____

How long have you worked at this employer? _____

Position: _____

Annual Salary/Earnings: \$ _____

Education/Training: _____

OTHER PARTY INFORMATION

Circle One: **SPOUSE, EX- SPOUSE, BIRTH PARENT**

Full Name: _____

Date of Birth: _____

Last three digits of Driver's License No: XXXXX __ __ __

Last three digits of Soc. Sec. No: XXX-XX-X ____

State/Country of Birth: _____

Other names this person has been known by: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

Lived here since: _____

Home Phone: _____

Cell Phone No: _____

E-mail Address: _____

NAME OF EMPLOYER: _____

Full Work Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Work Phone: _____

How long has other party worked at this employer? _____

Position: _____ Education/Training: _____

Annual Salary/Earnings: \$ _____

GENERAL INFORMATION:

Place of Marriage (City and State) _____

Are you and your spouse still living together? ____ If not, approximate Date of Separation _____

Name of **Emergency Contact**, and Relation to You: _____

What is the best way to contact this person: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Cell or Home Phone: _____

Work Phone: _____

PRIOR & CURRENT LEGAL INFORMATION

If you consulted or retained any other lawyers on this matter before coming to this office, please state with whom you consulted and when:

Have you filed for Divorce before? _____

If yes, when? _____

Date of Separation: _____

If the other party ever filed before, when did he/she file? _____

Where were prior proceedings filed? _____

Who were the lawyers involved in the prior proceedings?

If this is an **enforcement or modification** matter, on what date and in what court was the prior order entered?

(Please provide a copy of the decree or order to the office.)

Is other party represented by an ATTORNEY in this matter? ____

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this attorney has:

Represented the other party in other matters (besides this case)? Yes No

Provided advice or other services to **you** regarding this case? Yes No

Provided advice or other services to **you** regarding other matters? Yes No

Talked with **you** in person or by telephone regarding this case? Yes No

Sent a letter or other written communications to **you** related to this case? Yes No

Served papers (by a sheriff or process server) upon **you** in this case? Yes No

CHILD(REN) OF THE MARRIAGE/RELATIONSHIP

Are there any children of the marriage/relationship?

Ages of children **over the age of 18** and no longer in high school:

Please give the following information for each child of this marriage/relationship **under 18 or over 18 but still in high school**:

FULL NAME	Sex	Age	DATE OF BIRTH	PLACE OF BIRTH	GRADE	Last 3 digits of SOC. SEC. #

If there is an agreement about the child or children, please state what you understand

the terms of the agreement are:

Where and with whom is the child or children living now?

If any child has a physical or mental health problem or any special needs, please describe briefly:

If there is any property or accounts held by or for the benefit of any child, please describe briefly:

Do you have children from a previous marriage or relationship? If yes, please tell us about them:

Where and with whom do the children live for whom you are paying child support?

If you are receiving child support, how much are **you receiving**?

If you paying child support, how much are **you paying**?

HEALTH INSURANCE

Are the child(ren) covered by health insurance? _____

If so, provide the following information on the plan:

Private or group? _____

Through whose employment? _____

Name of insurance company: _____

Policy number: _____

Person responsible for premium: _____

Cost of premium: \$ _____/monthly

Portion of cost for child(ren)'s coverage: \$ _____/monthly

Any Medicaid benefits? _____

Any coverage under the Children's Health Insurance Program (CHIP)? _____

If so, the cost of the CHIP premium: \$ _____

Are you covered on the other party's health insurance? _____

Is the other party covered on your health insurance? _____

Is there a need for continuation of benefits? _____

If you have had joint counseling, please state name(s) of counselor(s) and date(s) of joint personal counseling:

If you have had personal/individual counseling, please state name(s) of counselor(s) and date(s) of joint personal counseling

If your spouse knows you are considering divorce, how long has he/she known?

Do you see divorce as the only solution? _____

Do you want a reconciliation? _____

Is your spouse in favor of this divorce? _____

Describe the condition of your mental and physical health

Describe the condition of the other party's mental and physical health

If you have ever been married before, how many times?

PARTICIPATION IN SOCIAL MEDIA WEBSITES:

If you are a participant in any social media networking sites (i.e. Twitter, Facebook, My

Space, My Life, etc.), please list all names or pseudonyms that you use on these sites:

<u>Name of Social Media Website</u>	<u>Name or Pseudonym Used</u>

Has the other party ever physically hurt or threatened to hurt you? _____

Have you ever physically hurt or threatened to hurt the other party? _____

Has the other party ever deliberately destroyed things that you care about you? _____

Have you ever deliberately destroyed things that the other party cared about? _____

Has the other party ever abused or threatened to abuse the child(ren)? _____

Have you ever abused or threatened to abuse the child(ren)? _____

Has the other party abused or threatened to abuse pets? _____

Have you ever abused or threatened to abuse pets? _____

Do you or the other party possess any firearms? _____

If you have answered any of the foregoing questions affirmatively, please provide details: _____

PROPERTY INFORMATION

If you and the other party ever signed a premarital agreement, a contract relating to your relationship and/or a post-marital property or partition agreement, please state when and where the agreement(s) were signed. (Please provide a copy of the agreement(s) to this office.)

Your separate property is property that you owned prior to marriage; property that you

