

Jerry W. Melton
Attorney at Law
Millennium Tower
15455 Dallas Parkway, Suite 600
Addison, Texas 75001

(972) 980-8000
jerrymelton@jerrymelton.com
jerrymelton.com

CONFIDENTIAL FAMILY LAW QUESTIONNAIRE

Date Prepared: _____

Please complete this questionnaire as fully and accurately as possible. All information provided herein will be held in strict confidence. **(NOTE: I WILL NEED TO HAVE A COPY OF EACH COURT ORDER.)**

INFORMATION ON YOURSELF:

Name _____

Maiden name: _____

Home Address _____

City _____ State _____ Zip Code _____

County of Residence _____ How Long? _____

How long have you lived in Texas? _____

If you want mail from this office sent to a different address, please furnish an address:

Home Phone _____ Cell Phone _____

E-Mail Address _____

Date of Birth _____ Birthplace _____

What is your mental and physical health? _____

Drivers License Number/State _____ Social Security Number _____

Employer _____

Employer's Address _____

Employer's City _____ State _____ Zip Code _____

Employer's Phone Number _____ Business Fax Number _____

Call before faxing? Yes _____ No _____

Position/Title _____ Gross Salary/Month _____

Date of hire: _____ Length of time with current employer _____

Hours at work: _____ May we contact you at work? _____

Leave a message? _____

Please provide the following information about your former spouse or former significant other.

Name _____

Maiden name: _____

Home Address _____

City _____ State _____ Zip Code _____

County of Residence: _____ How long? _____

How long has the person lived in Texas? _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Birthplace _____

What is the person's mental and physical health? _____

Drivers License Number/State _____ Social Security Number _____

Employer _____

Employer's Address _____

City _____ State _____ Zip Code _____

Employer's Phone Number _____ Business Fax Number _____

Call before faxing? Yes _____ No _____

Position/Title _____ Gross Salary/Month _____

Date of Hire _____

Length of time with current employer _____

Hours at work: _____ May we contact him/her at work? _____

Leave a message? _____

Address where the person is to be served:

Times when the person is at this address: _____

License plate numbers and type of vehicle that the person drives:

Brief physical description of the person:

For the prior legal matter, please provide the following information.

Date of Modification Order _____

Court Where Order Was Entered _____

Child(ren)

1. Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Date and Place of Birth _____ Sex _____

2. Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Date and Place of Birth _____ Sex _____

3. Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Date and Place of Birth _____ Sex _____

4. Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Date and Place of Birth _____ Sex _____

If previously represented by an Attorney, please provide the Name,

Address, and Phone Number for that Attorney.

Attorney's Name _____

Attorney's Address _____

City _____ State _____ Zip Code _____

Attorney's Phone Number _____

Referred by: _____