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Confidential Family Law Questionnaire For Sibling

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, IF ANY.)**

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? _____

INFORMATION ON SPOUSE, FORMER SPOUSE, OR 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 the person at work? _____

Leave a message? _____

Child(ren)'s Information

1. Name _____
Present Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Place of Birth _____
Social Security Number _____ Sex _____

2. Name _____
Present Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Place of Birth _____
Social Security Number _____ Sex _____

3. Name _____
Present Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Place of Birth _____
Social Security Number _____ Sex _____

4. Name _____
Present Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Place of Birth _____
Social Security Number _____ Sex _____

Parent(s) Information

Mother:

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Date of Birth _____ Birthplace _____

Drivers License Number/State _____

Social Security Number _____

Employer _____

Employer's Address _____

Employer's City _____ State _____ Zip Code _____

Employer's Phone Number _____

Position/Title _____ Salary/Income _____

Length of time with current employer _____

Father:

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Date of Birth _____ Birthplace _____

Drivers License Number/State _____

Social Security Number _____

Employer _____

Employer's Address _____

Employer's City _____ State _____ Zip Code _____

Employer's Phone Number _____

Position/Title _____ Salary/Income _____

Length of time with current employer _____

Service of Persons

Addresses where the persons are to be served:

Mother: _____

Father: _____

Times when the persons are at these addresses:

Mother: _____ Father: _____

License plate numbers and types of vehicles that these persons drive:

Mother: _____

Father: _____

Brief physical description of the persons:

Mother: _____

Father: _____

Previous Court Proceedings, if Any

Case Number _____

Style of Case _____

Designation of Court _____

County _____ State _____

Case Pending ____yes ____no

Attorneys Involved in Case:

Name _____

Address _____ City _____ State _____ Zip Code _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Your involvement with Child(ren)

Date of last contact: _____ Frequency of Contact: Daily/ Weekly/ Monthly

Why contact stopped? _____

Your Opinion of Parents:

Why is it in the best interest of the child(ren) to be involved? Please Explain

Type of Conservatorship Requested: Managing / Joint Managing / Possessory / Possession of / Access to / other (explain)

Access Scheduled Requested: Monthly/ summer/ Holiday/ Other (explain)

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 _____
