

**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: \_\_\_\_\_