

**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, 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 you 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:

**VALUE OF ESTATE FOR PURPOSES OF RULE 190, T.R.C.P.:**

Do you believe that the marital estate is worth less than \$50,000.00? \_\_\_\_\_

**INFORMATION ON CHILD(REN):**

1. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_
2. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_
3. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_
4. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**List all property, if any, owned by any child(ren) of the marriage (including bank account numbers):**

\_\_\_\_\_  
\_\_\_\_\_

**DO NOT ATTEMPT TO USE OR WITHDRAW ANY FUNDS ON ACCOUNT IN WHICH THE CHILD(REN)'S NAME APPEARS.**

Nature of any physical, medical problems of any child(ren) who requires special needs, if any: \_\_\_\_\_  
\_\_\_\_\_

Who will have custody of the child(ren): \_\_\_\_\_

Approximate child support requested: \_\_\_\_\_

Do you or your spouse or significant other have children by a former marriage? If so, please state:

<u>Name</u>	<u>Sex</u>	<u>DOB</u>	<u>Place of Birth</u>	<u>Whose child</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or your spouse, former spouse, or significant other paying child support for other children not of this marriage? \_\_\_\_\_ If so, describe: \_\_\_\_\_

\_\_\_\_\_

Is private health insurance in effect for the children? \_\_\_\_\_

If so, cost for children? \_\_\_\_\_ Who provides? \_\_\_\_\_

Name of insurance company? \_\_\_\_\_ Policy Number? \_\_\_\_\_

**GENERAL INFORMATION**

Date of Marriage: \_\_\_\_\_

City and State: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Is your marriage common law? \_\_\_\_\_

Prior Separations? \_\_\_\_\_ How Many? \_\_\_\_\_

Approximately when and how long? \_\_\_\_\_

Are you or your spouse or significant other pregnant? \_\_\_\_\_

Have you and your spouse or significant other been to counseling? \_\_\_\_\_

If so, who? \_\_\_\_\_

Do you both see divorce as the only solution? \_\_\_\_\_

Does either party want reconciliation? \_\_\_\_\_

Which of the following specific problems apply to your marriage or relationship:

Financial \_\_\_\_\_ Raising children \_\_\_\_\_

Sex \_\_\_\_\_ Lack of social life \_\_\_\_\_

In-Laws \_\_\_\_\_ Other: \_\_\_\_\_

Following are some specific problem which you could be having with your spouse or significant other.

Which ones apply to your spouse or significant other:

- |                          |                           |
|--------------------------|---------------------------|
| _____ Unfaithful         | _____ Irresponsible       |
| _____ Bad temper         | _____ Physically abusive  |
| _____ Gambling           | _____ Persistent nagging  |
| _____ Excessive drinking | _____ Non-communication   |
| _____ No affection       | _____ Excessive absence   |
| _____ Unfounded jealousy | _____ Other, be specific: |

\_\_\_\_\_

\_\_\_\_\_

If there is abuse, what is the approximate amount of doctor, hospital, pharmacy, etc. bills?

\_\_\_\_\_

\_\_\_\_\_

Has there been damage or loss of value to your separate or community property by your spouse, or significant other? \_\_\_\_\_ If so, describe: \_\_\_\_\_

\_\_\_\_\_

Upon divorce, should the wife's maiden or prior name be restored? \_\_\_\_\_

What name? \_\_\_\_\_

Are you seeking that your spouse or significant other contribute to your attorney's fees?

\_\_\_\_\_

Have there been previous court proceedings between you and your spouse or significant other?

\_\_\_\_\_

If so, please complete the following:

Type of action: \_\_\_\_\_

Court No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

State and County: \_\_\_\_\_

Date: \_\_\_\_\_

**PREVIOUS REPRESENTATION, IF ANY**

If previously represented by an Attorney, please provide the following:

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attorney's Phone Number \_\_\_\_\_

Referred By \_\_\_\_\_