

LAW OFFICE OF JERRY W. MELTON
ATTORNEY AND COUNSELOR AT LAW
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**CONFIDENTIAL FAMILY LAW QUESTIONNAIRE
(SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP)**

Date Prepared: _____

Please complete this questionnaire as fully and accurately as possible. All information 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, if any, 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) (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, former 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 child(ren)? _____
If so, cost for child(ren)? _____ Who provides? _____
Name of insurance company? _____ Policy Number? _____

GENERAL INFORMATION

Date of Marriage or Relationship: _____
City and State: _____
Date of Separation, if Any: _____
Is your marriage, if any, 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, if any, 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, if any, 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 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 _____