

Client Questionnaire for Family Law

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney–client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY–CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Client Questionnaire

About you:

1. Full name: _____
Maiden name: _____ Race: _____
Birth date: _____ City & State where you were born: _____
Social Security number (last 3 digits): _____
Driver's license number (last 3 digits): _____
E-Mail Address: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home or Cell Phone: _____
2. Who referred you to this office? _____
3. Have you retained any other attorneys on this matter? _____. Is so, please state their name and if they are currently representing you: _____
4. Your employer: _____
Main office street address: _____

Main office phone number: _____
Gross salary per month: \$ _____
Length of employment: _____
Education Level: _____

About your spouse, ex-spouse, or other parent (other party):

5. Full name: _____
Maiden name: _____ Race: _____
Birth date: _____ City & State where born: _____
Social Security number (last 3 digits): _____
Driver's license number (last 3 digits): _____
E-Mail Address: _____
Home Address: _____
City: _____ County: _____ State: ___ Zip: _____
Home or Cell Phone: _____
6. Please complete the following information concerning the **other party's** employment:
Employer: _____
Main office street address: _____

Main office phone number: _____
Gross salary per month: \$ _____
Length of employment: _____
Education Level: _____

About your children:

7. Please provide the following information about minor children of the marriage or relationship (not step children):
Name: _____
Gender: _____ Date of birth: _____ Age: _____

City & State of birth: _____

Social Security number (last 3 digits): _____

Name: _____

Gender: _____ Date of birth: _____ Age: _____

City & State of birth: _____

Social Security number (last 3 digits): _____

Name: _____

Gender (M/F): _____ Date of birth: _____ Age: _____

City & State of birth: _____

Social Security number (last 3 digits): _____

Name: _____

Gender (M/F): _____ Date of birth: _____ Age: _____

City & State of birth: _____

Social Security number (last 3 digits): _____

8. a. Will there be a custody dispute over of the children? _____

If *not*, with whom will custody be? _____

b. Can you share in decision making rights for the children with the other parent

(indicate by marking Y or N)?

1. Medical decisions? _____

2. Psychiatric/Psychological counseling? _____

3. Educational/Extra Curricular Activities? _____

4. Financial decisions? _____

5. Legal decisions? _____

9. Should there be full visitation rights with the children (Y or N)? _____

If not, please briefly explain why:

10. How much would you like to receive per month in child support: \$_____.

If you're currently receiving child support, how much do you receive per month?

\$_____. If back child support is owed what is the amount owed?_____

11. Health and dental insurance for the children is provided by which parent (if none please state "none")?_____.

What is the health insurance company for the children? _____

What is the dental insurance company for the children? _____

What is the health insurance group number? _____

What is the monthly premium for the children (including all coverages)?_____

If there is a deductible that applies to the children, how much is that deductible?_____

Is there State assistance with the children's health/dental insurance, such as

Medicaid?_____

12. Does the other party have any minor children not of this relationship (if so how many)?

About your marriage and separation:

13. Please give the date and place of your marriage:

Date:_____ City & State of marriage:_____

On what date did you decide to file for divorce? _____

14. Are you interested in marriage counseling? _____

15. Check as appropriate if your marital difficulties involve any of the following:

drugs/alcohol infidelity physical violence

incompatibility other: _____

16. Have you lived in Texas for at least 6 months? _____

17. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

18. Does the other party have an attorney? _____. If so, who (name and phone number):

19. Does the wife want her maiden name restored? _____

If so, what name should be used? _____

Prior Court Orders:

20. Is there a court order currently in place that pertains to the children? _____. If so, please provide the cause number of that order and the state and county that rendered the order. _____. When was that order put in place? _____.

21. If you want to modify or change that court order, in what way would you like it changed and why? _____

23. If the other party is disobeying that court order please briefly explain how.

Property (divorce only)

24. Do you own or rent your home? _____

If buying your home, please state the amount owed: \$ _____

What is the fair market value of your home? \$ _____. How and when did you determine this value? _____

Was the home purchased prior to this marriage? _____. If so, when? _____

Whose name is on the deed? _____

What you like to happen with this house? _____

Do you own any other real property? _____ If so, how and when did you acquire it?

_____. Whose name is on the deed? _____

25. Year, make, model and VIN number of **your** motor vehicle: _____

Is there a lien on the vehicle? _____ If so, with whom? _____

Year, make, model and VIN number of **your spouse's** motor vehicle: _____

Is there a lien on the vehicle? _____ If so, with whom? _____

Are there any other titled vehicles/trailers/RV's? _____ If so, please provide the year, make, model and VIN of them:

26. Do you have a retirement account? _____. If yes, please described the type of account (IRA, 401k, etc.), it's current value, and date it started:

Does your spouse have a retirement account? _____ If yes, please described the type of account (IRA, 401k, etc.), its current value and date it started:

27. Please describe other financial assets you and/or your spouse own such as joint accounts, brokerage accounts, stock options, etc.:

28. List all debts (other than those listed above), who's name the debt is in and the approximate amount owed: _____

List any significant personal property owned by the parties and how/when it was acquired. Significant personal property includes items such as original works of art, investment jewelry/gems, firearms, antiques, etc.:

29. If you or your spouse owned property before marriage, acquired property by inheritance, or substantial gifts (separate property), please identify that property by type, value and how/when it was acquired:

Financial Information Statement (required for temporary orders)

This statement is submitted by _____, [Husband/Wife].

1. Date of marriage:
2. Date of separation:
3. Age[s] of child[ren] of this marriage:
4. Husband's occupation:
5. Husband's gross earnings from primary employment per month \$ _____

Withholding/FICA	\$ _____	
Insurance		\$ _____
Retirement	\$ _____	
Other	\$ _____	
Total deductions	\$ _____	

Husband's net income from primary employment per month \$ _____

Husband's average income from other sources per month \$ _____

Husband's net income per month \$ _____

(Please attach applicable 1040s, W-2s, or most recent pay stub.)
6. Wife's occupation:
7. Wife's gross earnings from primary employment per month \$ _____

Withholding/FICA	\$ _____	
Insurance	\$ _____	
Retirement	\$ _____	
Other	\$ _____	
Total deductions	\$ _____	

Wife's net income from primary employment per month \$ _____

Wife's average income from other sources per month \$ _____

Wife's net income per month \$ _____

(Please attach applicable 1040s, W-2s, or most recent pay stub.)
8. Necessary monthly living expenses:

House payment or rent

(include second mortgage, insurance, taxes, condominium assessments)	\$ _____
Utilities including telephone	\$ _____
Food including school lunches	\$ _____
Child care	\$ _____
Car payments and auto insurance	\$ _____
Gasoline, oil, parking, bus fares, tolls, repairs	\$ _____
Attorney's fees	\$ _____
Health and life insurance premiums (exclude company-paid insurance)	\$ _____
Uninsured medical and drug expenses	\$ _____
Uninsured dental and orthodontic expenses	\$ _____
Uninsured mental health care expenses	\$ _____
Clothing and laundry	\$ _____
Personal (entertainment, adult education, etc.)	\$ _____
Minimum monthly debt service (see item 9. below)	\$ _____
Total	\$ _____

9. Debts (exclude house mortgage and car payments):

Creditor	Balance of Debt	Minimum Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

10. Funds and assets readily convertible into cash in control of Husband:
- Accounts in financial institutions (banks, savings and loans, credit unions, certificates of deposit) \$ _____
- Stocks and bonds** \$ _____
11. Funds and assets readily convertible into cash in control of Wife:
- Accounts in financial institutions (banks, savings and loans, credit unions, certificates of deposit) \$ _____
- Stocks and bonds \$ _____
12. Child[ren] presently residing with:
13. Number of child[ren] not before the Court entitled to support from [Husband/Wife]:
14. Amount I want to receive as:
- Temporary child support \$ _____
- Temporary alimony \$ _____
- Total \$ _____
15. Amount I want to pay as:
- Temporary child support \$ _____
- Temporary alimony \$ _____
- Total: \$ _____

SIGNED on _____.

Name

ATTORNEY/CLIENT-PRIVILEGED INFORMATION