

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of you family law matter. Some of the information and documents requested here may not be immediately available to you. Gather as many documents requested as you can, make you best estimates for values and other information and complete the information requested in as much detail as possible.

ALL INFORMATION IS STRICTLY CONFIDENTIAL.

GENERAL INFORMATION

CLIENT - Texas Driver's License No. _____

Full Name _____ Original Surname _____

Date of Birth _____ Age _____ Soc. Sec. No. _____

Birthplace (state or foreign country) _____

Home Address _____

Street City County State Zip

Mailing Address if different than above _____

Home# _____ Cell # _____ Wk # _____

Email: _____

Criminal History? _____

SPOUSE - Texas Driver's License No. _____

Full Name _____ Original Surname _____

Date of Birth _____ Age _____ Soc. Sec No. _____

Birthplace (state or foreign country) _____

Home Address _____

Street City County State Zip

Mailing Address if different than above _____

Home# _____ Cell # _____ Wk # _____

Email: _____

Criminal History? _____

CHILDREN OF THE MARRIAGE

Name Sex Birthplace Date of Birth Soc. Sec. No.

1 _____

2 _____

3 _____

4 _____

Present Residence Address _____

During the suit, the Court may order payments for the support of the children. The Court may also require one spouse to pay support for the other.

Do you expect support payments to be made? Yes / No Amount: \$ _____

MARRIAGE INFORMATION

Date of Marriage _____ Date of Separation _____

Place of marriage _____ Who has the marriage license? _____

Have you seen a marriage counselor? _____

If so, give name: _____

If & when divorce is granted, will wife's maiden name be restored? YES / NO

If yes, what name will be used: _____

What is your religious preference? _____

What is your spouse's religious preference? _____

Check if your marital difficulties involve any of the following:

_____	Drugs/Alcohol	_____	Physical Violence
_____	Sexual Disappointment	_____	Religion
_____	Sexual Infidelity	_____	Incompatibility
_____	Financial Disputes	_____	Other: _____

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

If not, custody will be with whom? _____

How long have you lived in Texas? _____

Have you or your spouse ever filed for a divorce? _____

If so, when and where? _____

Do you now have an attorney? Yes/No If so, whom: _____

Does your spouse have an attorney? _____

If so, whom? _____

Have you been married before? _____ If so, how many times? _____

Do you have any children by a previous marriage/relationship? _____

If so, give the following information:

Name and Sex

Date of Birth

Place of Birth

1 _____

2 _____

3 _____

Do you pay/receive child support? _____

Does your spouse have children by a previous marriage/relationship? _____

Name and Sex

Date of Birth

Place of Birth

1 _____

2 _____

3 _____

4 _____

Does he/she pay/receive child support? _____

When a divorce is granted, a wife's maiden or prior name may be restored. If this action is desired, what name should be used _____

EARNINGS OF PARTIES

Are you working? Yes / No Occupation: _____ Length of Employment _____

Employer _____ Address _____

Monthly Gross Salary \$ _____ How often are you paid? _____

What is your monthly take-home pay? _____

What is your education/experience/training? _____

Is your spouse working? Yes/No Occupation: _____ Length of Employment _____

Employer _____ Address _____

Monthly Gross Salary \$ _____ How often is your spouse paid? _____

What is your spouse's monthly take-home pay? _____

Spouse's education/experience/training? _____

OTHER INCOME:

Source	Amount	Who Receives	When Received
1. _____			
2. _____			
3. _____			
4. _____			

AVERAGE MONTHLY EXPENSES

For expense items which are not paid monthly, such as promissory note or insurance payment, calculate and enter the average monthly amount. Attach additional sheets if necessary.

1. Rent/House Payment _____	14. Gas/Oil-Auto _____
2. Real Property Taxes _____	15. Auto Repair _____
3. Insurance Home _____	16. Auto Ins. _____
4. Renters/Fire Ins. _____	17. Parking Fees _____
5. Residence Maint. _____	18. School Tuition _____
6. Utilities _____	19. School Supplies _____
7. Telephone Average _____	20. Children's Activities _____
8. Furniture Payments _____	21. Entertainment _____
9. Groceries _____	22. Child Care _____
10. Doctor/Med. Care _____	23. Pers. Needs _____
11. Prescriptions _____	24. Dry Cleaning _____
12. Dental Care _____	25. Health Ins. _____
13. Life Insurance _____	26. Prior Obligations _____ For Child Support or Alimony
14. Car Payment _____	27. Other _____

TOTAL AVERAGE MONTHLY EXPENSES: \$ _____

MONTHLY PAYMENTS ON INDEBTEDNESS

Store, Credit Card, Etc.	For What	Balance Due	Monthly Payment
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____

OTHER DEBTS:

Please note any lump sum extraordinary obligations now due or coming due in the next 60-90 days:

To Whom	Amount	Reason for Debt	Date Due
1 _____	\$ _____	_____	_____
2 _____	\$ _____	_____	_____
3 _____	\$ _____	_____	_____
4 _____	\$ _____	_____	_____

PROPERTY OF PARTIES

CHECKING/SAVINGS ACCOUNTS:

1 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance
2 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance
3 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance
4 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance
5 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance

IRA ACCOUNTS, DEFERRED COMPENSATION OR SAVERS CERTIFICATES

1 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance
2 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance
3 _____	_____	_____	_____
Bank/Institution	Acct. Type & No.	Name(s) on Acct.	Balance

CERTIFICATES OF DEPOSIT:

1 _____
Bank or Savings Assn. Acct. Name Acct. Number
Rate of Int. _____ % Amt. Of C.D.\$ _____ Who Can Withdraw _____
Date Purchased _____ Date of Maturity _____

2 _____
Bank or Savings Assn. Acct. Name Acct. Number
Rate of Int. _____ % Amt. Of C.D.\$ _____ Who Can Withdraw _____
Date Purchased _____ Date of Maturity _____

VEHICLES:

1 _____
Year Make Model VIN # Owned by:

2 _____
Year Make Model VIN # Owned by:

3 _____
Year Make Model VIN # Owned by:

EMPLOYEE BENEFITS

Are you a member of an employee retirement, pension, profit-sharing, stock purchase, or similar benefit plan? _____ How Long? _____

Description of Benefit: _____ Interest in Plan: \$ _____
Date of Interest Acquired: _____ Date Pd/to Be Pd. _____

If your spouse a member of an employee retirement, pension, profit -sharing, stock purchase, or similar benefit plan? _____ How Long? _____

Description of Benefit: _____ Interest in Plan: \$ _____
Date of Interest Acquired: _____ Date Pd/to Be Pd. _____

LIFE INSURANCE

1 _____
Company Name Address of Company Agent

Name of Insured _____ Name of Beneficiary _____
Name of Owner _____ Policy Number _____
Face Value: \$ _____ Cash Surrender Value: \$ _____

FAMILY HOME

_____ Current Fair Market Value _____
 _____ Address/Location _____
 Date Purchased _____ Purchase Price _____ Amt. Owed _____
 Mortgage Company: _____
 Name(s) on Deed/Mortgage: _____

HOUSEHOLD FURNISHINGS AND APPLIANCES: List items and approximate values:

LIST OTHER REAL PROPERTY

1. General description of property: _____
 Current Fair Market Value _____ Address/Location _____
 Date Purchased _____ Purchase Price _____ Amt. Owed _____
 Mortgage Company: _____
 Name(s) on Deed/Mortgage: _____

2. General description of property: _____
 Current Fair Market Value _____ Address/Location _____
 Date Purchased _____ Purchase Price _____ Amt. Owed _____
 Mortgage Company: _____
 Name(s) on Deed/Mortgage: _____

3. General description of property: _____
 Current Fair Market Value _____ Address/Location _____
 Date Purchased _____ Purchase Price _____ Amt. Owed _____
 Mortgage Company: _____
 Name(s) on Deed/Mortgage: _____

LIST OTHER COMMUNITY PROPERTY (List here any other property acquired during the marriage, including livestock, oil and gas interests, monies owed to you by other people, guns, tools, garden equipment, recreational equipment, interests in trust, partnership interests, joint venture interests, corporate or other types of business):
YOUR SEPARATE PROPERTY (List here any property which you acquired prior to your marriage or property which you received by gift or inheritance before or during your current

marriage)

YOUR SEPARATE PROPERTY (List here any property which you acquired prior to the marriage or property which you received by gift or inheritance before or during the marriage):

YOUR SPOUSE'S SEPARATE PROPERTY (List here any property which your spouse acquired prior to the marriage or property which your spouse received by gift or inheritance before or during the marriage):

INCOME TAXES

Are federal income tax returns for you and/or your spouse current to date? _____

If not, indicate the years for which a federal income tax return is due: _____

Are any personal income taxes or other federal taxes owed by you and/or your spouse? _____

If so, indicate:

Year: _____	Amount: \$ _____
Year: _____	Amount: \$ _____
Year: _____	Amount: \$ _____

ALTERNATE CONTACT:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Who referred you to this office? _____