

CLIENT - BASIC INFORMATION

Today's Date: _____

1. Client:

Full Name: _____

Residence Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Facsimile No.: _____

Mailing Address, if different from above:

Email Address: _____

Birthdate: _____ State of Birth: _____

SS # _____ Drivers License No. _____

Employer: _____

2. Spouse or Opposing Party:

Full Name: _____

Residence Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Birthdate: _____ State of Birth: _____

SS # _____ Drivers License No. _____

Employer: _____

3. Children - under 18: (Skip Section 3 for Divorce Without Children)

<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Birthplace</u>	<u>SS#</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any of the children have physical/mental disabilities and requires special care, give the child's name, disability and current arrangements for care:

What parent desires custody of children: _____

Is any property owned by the children? _____
(if so, list on back of the page)

Health insurance information for the child\children, the subject of this suit, is as follows:

1. Name of health insurance company: _____
2. Policy and group numbers: _____
3. Parent responsible for payment of insurance premium: _____
4. Name of Employer coverage is provided through: _____
5. Cost of premium: _____

Income

You

Annual Income:

Source (s):

Monthly salary from Employer:

Spouse, Ex or Opposing Party

Annual Income:

Source (s):

Monthly salary from Employer:

4. How did you hear about us? _____

(For Divorces Only)

Residence:

Have you lived in Texas for the past 6 months? _____

Which county do you live in and for how long have you lived there? _____

Marriage & Separation:

Date of marriage: _____ City/State: _____

Date of last separation: _____

Wife Pregnant? _____ Wife's Maiden Surname? _____

Does wife wish to have her maiden (or former) name restored? _____

Counseling:

Have you or your spouse sought marriage counseling, and, if so, when and who:

Would counseling help now: _____

Is your spouse willing to participate in counseling: _____

Property Sketch:

Are you renting or buying your home? _____

If buying:

Estimate its value if sold today: _____

Estimate your mortgage loan balance: _____

Estimate value of cash assets (checking/savings accts, c.d.'s)

Do you own stocks, bonds or other securities: _____

If so, estimate their present value: _____

Other Investments: (any other real property?)

Item

Estimate Present Value

What amount of retirement, profit-sharing or other employee benefits would you & your spouse receive if you left employment today?

Client: Lump Sum \$_____ Per Pay Period \$_____

Spouse: Lump Sum \$_____ Per Pay Period \$_____

Debts:

Estimate the total of all your debts, excluding mortgage:

\$_____

(For Modification of Conservatorship)

Date of the last Conservatorship Order: _____

Court of the last Conservatorship Order: _____

What is the basis for the change in Conservatorship Orders _____

(Other Family Law Matters)

If your legal matter does not fit one of the above-stated areas, please describe in your own words what your legal issue is:

NOTICE: All persons, including attorneys, have an affirmative obligation to report child abuse to the proper authorities. Although communications with a lawyer for the purpose of representation are confidential, this confidentiality does not change a lawyer's obligation to report child abuse.