FAMILY LAW CLIENT INFORMATION SHEET

Please fill out this questionnaire. It is important that you answer each question fully. It is imperative that you be candid! Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

You should answer all questions relevant to your case. If a question does not apply to you particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than had 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 response 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.

NOTICE OF CONFIDENTIALITY

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

NOTICE OF WAIVER OF CONFLICT

YOU HEREBY AGREE THAT, BY MEETING WITH A MEMBER OF THE FIRM OF BUSBY & ASSOCIATES TO CONDUCT A CONSULTATION OF THE FACTS OF YOUR CASE, IF YOU DO NOT RETAIN THE FIRM, NO ATTORNEY CLIENT RELATIONSHIP HAS BEEN ESTABLISHED. WITHOUT THIS RELATIONSHIP, BUSBY & ASSOCIATES IS NOT CONFLICTED FROM REPRESENTING ANOTHER PERSON IN THE SAME LEGAL MATTER OR SOME OTHER LEGAL MATTER WHICH MAY BE ADVERSE TO YOUR INTERESTS.

I have read the above notices and my signing below agree to them:

_..

PERSONAL INFORMATION

Age:B	irth date:	City and State where	born:
SSN:		_ Driver's license nu	mber:
Race (For Bureau	of Vital Statistics form):	Maiden N	Name (if applicable):
2. How die	d you learn about our o	ffice? Letter	La Subasta Greenshe
Internet	Prepaid Le	gal Services	State Bar Referral Service
Billboar	d		
Referral of a Pre	vious Client Otl	her	
3. Do you l	have an account on any of	the following social me	edia websites?
Facebook	MySpace	Twitter	Other (specify)
4. Where a	re you living now and v	what is your phone nu	mber?
Address:			
City:	County:	State:	Zip:
Home phone: _		Mobile phone:	:
Work Phone: _		E-mail address:	
5. At what	address do you wish to	receive mail from thi	is office?
	ı like your documents s	ent to you? U.S. Mai	lor E-mail
How would you			

Name:	Telephone:
7.	Have you consulted or retained any other attorney on this matter before coming to this
office?	If so, please state who and when:
	EMPLOYMENT INFORMATION
8.	Your Employer:
Job titl	e:
	SS:
City, st	tate, and zip code:
	one number:
	salary per month or annually: \$ Length of employment:
Educat	ion:
	Do you have a checking account? No Yes Where?
	how much credit card debt and medical bills do (estimate) you have? \$
	(EX-) SPOUSE'S INFORMATION
10.	Please give your (ex-) spouse's full name, date and place of birth, and SSN.
Full na	me:
Age: _	Birth date: City and State where born:
SSN:	Driver's license number:
	or Bureau of Vital Statistics form): Maiden Name (if applicable):
11.	Where is your (ex-) spouse living now, and what is his or her phone number?
Addres	ss:
	County:State:Zip:
Home	phone: Work phone:

Mobile phone:
12. Please complete the following information concerning your (ex-) spouse's employment.
Employer:
Job title:
Address:
City: County: State: Zip:
Telephone number:
Gross salary per month or annually: \$ Length of employment:
Education:
CHILD(REN)'S INFORMATION
13. How many children do you have with your spouse:
Are you (or your spouse) pregnant this time? No Yes
Do you have any other children born during the marriage? No Yes
Name(s) and age(s) of child(ren) fathered by someone other than your current spouse during this
marriage:
Who is the biological parent?
IS THERE ANY EXISTING COURT ORDER REGARDING YOUR CHILD(REN):
NO
YES Explain: (Attorney General Order, Suit Affecting the Parent-Child
Relationship, Paternity)

14.	Please	give the full name, date	and place of birth, sex	k, and SSN of e	each child of this
marria	age:				
	Name:				
Sex:		Date of birth:			Age:
Place	of birth:			SSN:	
	Name:				
Sex:		Date of birth:			Age:
Place	of birth:			SSN:	
	Name:				
Sex:		Date of birth:			Age:
Place	of birth:			SSN:	
15.	Will th	ere be a dispute over the	e children?		
If not,	, with wh	nom will the children liv	re?		
16.	Where	and with whom are the	children living now?		
MAR	RIAGE	AND SEPARATION	INFORMATION		
17.	Please	give the date and place	of your marriage:		
Date:			Place:		
Are y	ou curre	ently separated from yo	our spouse? No	If Yes, plo	ease state the date of
separa	ation:				
18.		as appropriate if your m			
	drugs/a	lcohol _	sexual disappoir	ntment	infidelity
	financia	al dispute	nhysical violenc	1 0	religion

	_ incompatibility	other:					
19.	How long have you lived in Texas?						
20.	Have you or your spouse ever filed for divorce?						
If so,	when and where?						
	21.	Does yo	our (ex-) spouse	have	an	attorney?
22.	Have you ever been married b	pefore?	If	so, how ma	ny?		
23.	Do you or your (ex-) spouse h	nave any other	children f	or whom a	duty sup	port is	s owed?
24.	Please give the full name, dat Name:	-					
Sex:	Date of birth:						
Place	of birth:		!	SSN:			
	Name:						
Sex:	Date of birth:						
Place	of birth:			SSN:			
25.	Do you pay/ receive child supp	oort?					
	If so, how much? \$	per					
	Does your spouse or ex- sp						
	If so, how much? \$						
26.	If a divorce is granted, should						
If yes	, what is the <u>Full Name</u> that sho	ould be used? _					

WILLS AND ESTATE PLANNING

27.	Do you currently have a will or other estate planning documents?								
	Yes	No							
If yes		ents do you have							
28.		one through, or							t, such
as a	divorce or bir	th of a child, th	nat is not cu	ırrently	contemp	plated in	your will	or other	estate
plann	ing document	s?							
	Yes	No	If	yes,	please	briefly	explain	that	event
	Would you	like more inforn	nation on ol	otaining	g a will o	r other es	tate plann	ing docur	nents?
	Yes	No							
30.	Would you	like to set up an	other appoi	ntment	to speak	to an atte	orney rega	arding wi	lls and
estate	e planning?	Yes	No						

IMMIGRATION QUESTIONNAIRE

1.	Do you or your family member have the legal status problem? Yes, it is
	. No
2.	If you answer yes to the above question, what is your current legal status? I am
3.	Do you or your family member need to apply for green card? Yes
	No
4.	Do you or your family member need work permit or advance parole?
	YesNo
5.	Do you or your family member need to file naturalization recently?
	Yes, No
6.	Would you like to talk to our immigration attorney today? Yes, No
7.	Would you like to set up another appointment to speak to our immigration attorney? Your available date is, 2010, time