

Client Name: \_\_\_\_\_

### **Client Questionnaire - Divorce**

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 EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

Attorney/Client-Privileged Information

**Privacy Policy Regarding Social Security Numbers:** Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

**Information Requested**

**About you:**

1. Please give the following information.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

2. Where are you living now, and what is your phone number?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Attorney/Client-Privileged Information

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

3. Who else lives in your household? \_\_\_\_\_

4. At what address do you wish to receive mail from this office? \_\_\_\_\_

\_\_\_\_\_

5. How do you prefer that we contact you?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pager: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(e-mail communications may not be confidential)

6. Who referred you to this office? \_\_\_\_\_

7. Have you consulted or retained any other attorneys on this matter before coming to this office? \_\_\_\_\_

Is so, please state who and when: \_\_\_\_\_

\_\_\_\_\_

8. Please give the following information concerning your employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

E-mail: \_\_\_\_\_ May we e-mail you at work? \_\_\_\_\_

Attorney/Client-Privileged Information

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**About your spouse:**

9. Please give the following information.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

10. Where is your spouse living now, and what is his or her phone number and e-mail address?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

11. Who else lives in your spouse's household? \_\_\_\_\_

12. Please give the following information concerning your spouse's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Attorney/Client-Privileged Information

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**About your marriage and separation:**

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

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Are you now separated from your spouse? \_\_\_\_\_

If so, please state date of separation: \_\_\_\_\_

14. Have you seen a marriage counselor? \_\_\_\_\_

If so, please state name: \_\_\_\_\_

15. Have you and your spouse attempted reconciliation? \_\_\_\_\_

If not, would you like to attempt reconciliation? \_\_\_\_\_

16. What is your religious preference? \_\_\_\_\_

17. What is your spouse's religious preference? \_\_\_\_\_

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

\_\_\_\_\_ drugs/alcohol                      \_\_\_\_\_ financial dispute                      \_\_\_\_\_ physical

Attorney/Client-Privileged Information

violence

\_\_\_\_\_ emotional abuse                      \_\_\_\_\_ your infidelity                      \_\_\_\_\_ religion  
\_\_\_\_\_ confinement in                      \_\_\_\_\_ noncohabitation                      \_\_\_\_\_ your  
spouse's  
      \_\_\_\_\_ mental institution                      for at least 3 years                      infidelity  
      \_\_\_\_\_ for at least 3 years  
\_\_\_\_\_ other: \_\_\_\_\_

19. How long have you lived in Texas? \_\_\_\_\_

How long have you lived in the county where you now reside? \_\_\_\_\_

20. Have you or your spouse ever filed for divorce? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

21. Does your spouse have an attorney? \_\_\_\_\_

If so, who? \_\_\_\_\_

22. Have you ever been married before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

23. Do you or your spouse have any other children for whom a duty of support is owed?

\_\_\_\_\_

If so, please give the following information for each such child.

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Disability, if any: \_\_\_\_\_

Attorney/Client-Privileged Information

24. Where and with whom do these children live? \_\_\_\_\_  
\_\_\_\_\_

25. Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$\_\_\_\_\_ per \_\_\_\_\_

26. Does your spouse pay/receive child support? \_\_\_\_\_

If so, how much? \$\_\_\_\_\_ per \_\_\_\_\_

27. If a divorce is granted, should the wife's maiden name be restored? \_\_\_\_\_

If so, what name should be used? \_\_\_\_\_

28. Have you or your spouse ever sought or been subject to a protective order? \_\_\_\_\_

29. Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? \_\_\_\_\_

30. Have you or your spouse ever contacted or been contacted by child protective services?  
\_\_\_\_\_

31. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? \_\_\_\_\_

**About weapons and ammunition:**

32. Are there firearms or ammunition in your possession or subject to your control? \_\_\_\_\_

If so, please describe the items and state their location. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney/Client-Privileged Information

33. Are there firearms or ammunition in your spouse's possession or subject to your spouse's control? \_\_\_\_\_

If so, please describe the items and state their location. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_