
PROSPECTIVE CLIENT INFORMATION DIVORCE

Petitioner

Respondent

Today's Date ____ / ____ / ____

Full Legal Name _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Address _____

City _____ County _____ State ____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Cell _____ Fax _____

Email Address _____

Place of Birth: City _____ State _____ Ethnicity _____

Driver's License # _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Days You Work _____ Your hours _____

Employer Address _____

Do you rent or own? _____ How much is your monthly rent or house payment? \$ _____

Your Annual Income \$ _____ Your Monthly Take-Home Pay \$ _____

Spouse's Information

Spouse's Full Legal Name _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Address _____

City _____ County _____ State _____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Place of Birth: City _____ State _____ Ethnicity _____

Driver's License # _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Spouse's Annual Income \$ _____ Spouse's Monthly Take-Home Pay \$ _____

Is any member of your family, including yourself, Native American Indian? yes _____ no _____

Have you or your spouse lived in Texas for the past 6 months? yes _____ no _____

In what county have you resided in for the past 90 days? _____

Date of Marriage _____ / _____ / _____

Date of Separation _____ / _____ / _____

Place of Marriage: City _____ County _____ State _____

Wife's maiden name _____ Restore maiden name? yes _____ no _____

Has there been any family violence during the marriage? yes _____ no _____

If yes, please explain _____

Was medical attention sought? yes _____ no _____

Was anyone arrested? yes _____ no _____

Have you been served with legal papers? yes ____ no ____

If yes, on what date were you served? ____ / ____ / ____

Is this your first visit with an attorney regarding this matter? yes ____ no ____

If no, please give attorney's name _____

If your spouse has consulted an attorney on this matter, please give attorney's name _____

Have you been in contact with your spouse's attorney? yes ____ no ____

Children

Wife pregnant now? yes ____ no ____

Have children been adopted or conceived during the marriage? yes ____ no ____

If yes, please provide the following information for each child:

Name	Birthday	SSN	Place of Birth	Age	Gender

If any of the children have physical or mental disabilities to the point that he or she requires special care, give the child's name, disability, and the current arrangements for care.

Which parent(s) desire(s) custody of the children? _____

Can you and your spouse agree as to custody issues? yes ____ no ____

What are your expectations/needs regarding child support? _____

Is any property owned by the children? yes _____ no _____

Have any prior court orders been entered regarding the children? yes _____ no _____

If yes, please explain _____

Has the Attorney General ever been involved? yes _____ no _____

Are there any suits pending regarding a Protective Order? yes _____ no _____

Are there any suits pending regarding Domestic Violence? yes _____ no _____

Are there any suits pending regarding Termination of Parental Rights? yes _____ no _____

Do you have a child(ren) from a former relationship? yes _____ no _____

If ye, please provide the following information for each child:

Name	Birthday	SSN	Place of Birth	Age	Living With

Do you currently pay _____ or receive _____ child support for these children?

If yes, please explain _____

Does your spouse have a child(ren) from a former relationship? yes _____ no _____

If yes, please provide the following information for each child:

Name	Age	Living With

Does your spouse currently pay _____ or receive _____ child support for these children?

If yes, please explain _____

Property

Do you or your spouse own a house or other real estate? If yes, please complete the following for each piece of real property owned:

Address	Date Acquired	Purchase Price	Fair Market Value	Amount Presently Owed

Have you and/or your spouse signed an oil or gas lease for any of the real property listed above?
 yes _____ no _____

If yes, please identify which property listed above has an existing oil or gas lease, when the lease was executed, what the bonus payment was (if any), and if you are currently receiving delay rental income or royalties from the lease and how much: _____

Do you or your spouse own/lease any automobiles, motorcycles, boats, and/or trailers? If so, please list the following for each:

Description	Year	Model	Name it is in	Amount Owed	In Possession Of

Do you or your spouse have any of the following?

	<u>YOU</u>	<u>YOUR SPOUSE/ EX-SPOUSE</u>	<u>DATE ACQUIRED</u>	<u>AMOUNT</u>
Pension plan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
401(k)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other retirement _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
IRA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Certificates of Deposit (CDs)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Life insurance (other than term policy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stock incentive plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mutual funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Money market account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Frequent flyer miles	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

List all joint debt (e.g. credit cards or charge accounts held in the name of both you and your spouse):

Name of issuing company/bank	Approximate balance	Primary on card
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any personal debt for which your spouse is **not** a co-owner of the account:

Name of issuing company/bank	Approximate balance	Primary on card
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

During the marriage, did either you or your spouse inherit money or property? yes _____ no _____

If yes, who, when, and what? _____

During the marriage, did either you or your spouse receive a personal injury settlement?

yes _____ no _____ If yes, who, when, and what? _____

Is a personal injury suit pending? yes _____ no _____

Do you plan on filing a personal injury suit litigating any accidents that occurred during the marriage? yes _____ no _____

Have you and/or your spouse ever filed for bankruptcy? yes _____ no _____ If yes, when and what type? _____

Generally speaking, why are you seeking a divorce, or why is your spouse seeking a divorce?

In case of emergency, please notify:

Name _____

Address _____

Phone _____ Relationship _____

How were you referred to this firm? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> AT&T Yellow Pages | <input type="checkbox"/> Internet Search Engine |
| <input type="checkbox"/> Everyday Yellow Pages | <input type="checkbox"/> Google |
| <input type="checkbox"/> Lawyers.com | <input type="checkbox"/> Yahoo! |
| <input type="checkbox"/> Yellowpages.com | <input type="checkbox"/> Bing |
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other Attorney _____ | <input type="checkbox"/> Other _____ |

HEALTH INSURANCE AVAILABILITY FORM

In every lawsuit affecting the parent-child relationship, the Texas Family Code requires all parties to submit a statement on health insurance availability for all children affected by the suit. Therefore, please complete this form and provide my firm with a copy of any and all insurance card(s) for your child(ren).

NAME OF CLIENT: _____

Beside the name of each child, check all types of health insurance or benefits currently covering that child. You may check more than one source.

Child's Name	Employer Provided						
	Father's	Mother's	Private	Medicaid	CHIP	Other	None

For each insurance source, please list:

1. Name of insurance carrier: _____
2. Group Policy number: _____
3. Policyholder name and ID number: _____
4. Name of each child covered: _____
5. Cost per month of coverage for child(ren) only: _____
To determine coverage for the child(ren), determine total cost for family coverage and subtract from this amount to insure all covered individuals except the children.
6. Are you paying the premiums for the listed medical benefits? YES ____ NO ____
 If NO, who pays the premiums? _____