



# AZ LAW FIRM

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DOWNTOWN AUSTIN | SOUTH AUSTIN | KYLE | SAN MARCOS | PFLUGERVILLE

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## **CLIENT QUESTIONNAIRE—DIVORCE WITH CHILDREN**

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 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY OR DISABLED PERSON AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES 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 OR THAT THE ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. 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.**

**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: \_\_\_\_\_

Previous name(s): \_\_\_\_\_

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

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

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

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

Do you wish to change your name?: \_\_\_\_\_

If so, please provide the desired name: \_\_\_\_\_

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

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

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

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

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: \_\_\_\_\_

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? \_\_\_\_\_

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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

How long has your spouse lived at this address? \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21. Do you or your spouse have any other children from previous relationships 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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If so, explain \_\_\_\_\_  
\_\_\_\_\_

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

28. Have you or your spouse ever contacted or been contacted by child protective services for any reason? \_\_\_\_\_
29. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? \_\_\_\_\_

**ABOUT YOUR CHILDREN**

30. Please give the following information for each child.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

31. Is private health insurance in effect for the children? \_\_\_\_\_

If so, please give the following information:

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium: \_\_\_\_\_

Is the insurance coverage provided through a parent's employment? \_\_\_\_\_

If so, which parent? \_\_\_\_\_

32. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

\_\_\_\_\_

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? \_\_\_\_\_

If so, what is the cost of the premium? \_\_\_\_\_

Do you have access to private health insurance at reasonable cost to you?

\_\_\_\_\_

Does the other parent of your children have access to private health insurance at a reasonable cost to him or her? \_\_\_\_\_

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? \_\_\_\_\_

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

What is the status of the application? \_\_\_\_\_

\_\_\_\_\_

33. Is private dental insurance in effect for the children? \_\_\_\_\_

If so, please give the following information:

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium: \_\_\_\_\_

Is the insurance coverage provided through a parent's employment? \_\_\_\_\_

If so, which parent? \_\_\_\_\_

34. Will there be an agreement on custody of the children? \_\_\_\_\_

\_\_\_\_\_

Who will the children live with primarily? \_\_\_\_\_

\_\_\_\_\_

35. Where and with whom are the children living now? \_\_\_\_\_

\_\_\_\_\_

36. List all property (other than furniture and clothing) owned by the children:

\_\_\_\_\_

\_\_\_\_\_

**JURISDICTIONAL INFORMATION REGARDING THE CHILDREN** (answer questions 37.–41. **only if** a party or potential party resides outside Texas):

37. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period. \_\_\_\_\_

\_\_\_\_\_

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38. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any. \_\_\_\_\_
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39. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, the other parent, or the children, identify the court, the case number, and the nature of the proceeding.
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40. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children. \_\_\_\_\_
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41. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief. \_\_\_\_\_
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**ABOUT WEAPONS AND AMMUNITION:**

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

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

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43. 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND:**

44. Have you ever been arrested?\_\_\_\_\_

If so, please provide the following information:

Date of Arrest	Arresting Agency	Charge	Disposition of Case

45. Has your spouse ever been arrested?\_\_\_\_\_

If so, please provide the following information:

Date of Arrest	Arresting Agency	Charge	Disposition of Case

46. Have you ever used any controlled substances or drugs?\_\_\_\_\_

If so, please provide the following information:

Name of Controlled Substance or Drug Used	Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use
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47. Has your spouse ever used any controlled substances or drugs?\_\_\_\_\_
- If so, please provide the following information:

<b>Name of Controlled Substance or Drug Used</b>	<b>Prescription?</b>	<b>Frequency (Daily, Weekly, etc.)</b>	<b>Date of Last Use</b>

48. Do you drink alcohol?\_\_\_\_\_
- If so, how many drinks do you consume on average in a month?\_\_\_\_\_
- Would you characterize your alcohol consumption as rare, social, moderate, or heavy?\_\_\_\_\_
- Would your spouse characterize your alcohol consumption as rare, social, moderate, or heavy?\_\_\_\_\_
49. Does your spouse drink alcohol?\_\_\_\_\_
- If so, how many drinks does your spouse consumer on average in a month?\_\_\_\_\_
- Would you characterize your spouse's alcohol consumption as rare, social, moderate, or heavy?\_\_\_\_\_
- Would your spouse characterize their alcohol consumption as rare, social, moderate, or heavy?\_\_\_\_\_
50. Has your spouse ever committed family violence against you?\_\_\_\_\_
- If so, please provide the date(s) of any such family violence and a brief description of the incident.\_\_\_\_\_
- \_\_\_\_\_

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51. Have you ever committed family violence against your spouse?\_\_\_\_\_

If so, please provide the date(s) of any such family violence and a brief description of the incident. \_\_\_\_\_

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52. Has your spouse committed adultery at any time during the marriage?\_\_\_\_\_

53. Have you committed adultery at any time during the marriage?\_\_\_\_\_

54. Have you been diagnosed with any mental health disorders?\_\_\_\_\_

If so, what?\_\_\_\_\_

Are you currently taking medication for any mental health disorder?\_\_\_\_\_

If so, what?\_\_\_\_\_

55. Has your spouse been diagnosed with any mental health disorders?\_\_\_\_\_

If so, what?\_\_\_\_\_

Does your spouse take medication for any mental health disorder?\_\_\_\_\_

If so, what?\_\_\_\_\_

56. Has CPS (Child Protective Services) opened any investigations or cases involving you or your spouse?\_\_\_\_\_

If so, please provide the date(s) of any such investigation, the reason/allegations for the investigation, the status of the investigation, the name of any investigator, if available, and a brief description. \_\_\_\_\_

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57. Are there any additional claims or allegations your spouse would make against you in court? If so, what claims or allegations would your spouse make?\_\_\_\_\_

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58. Is there any additional information we need to know about your spouse?\_\_\_\_\_

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**INFORMATION ABOUT THE HOME:**

59. Please describe the home (*i.e.*, apartment, single-family residence, mobile home, number of bedrooms, amount of acreage/land):\_\_\_\_\_

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Mortgage Holder (Lender):\_\_\_\_\_

Current Monthly Payment:\$\_\_\_\_\_

Date Home Purchased:\_\_\_\_\_ Down Payment:\$\_\_\_\_\_

Original Mortgage Amount:\$\_\_\_\_\_

Current Mortgage Balance:\$\_\_\_\_\_

**VEHICLES:**

60. List the year, make, model, and VIN of any vehicles that you currently drive:\_\_\_\_\_

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61. List the year, make, model, and VIN of any vehicles that your spouse currently drives:\_\_\_

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62. Provide the following information for any vehicles that currently have an outstanding balance:

Vehicle	Lender	Monthly Payment	Current Value

63. Are any of the vehicles you have listed above titled in the name of anyone other than you or your spouse? If so, please explain:\_\_\_\_\_

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**ASSETS:**

64. If you or your spouse has an account with any financial institution (*i.e.*, checking or savings), please provide the following information:

Name of Institution	Joint or Separate Account	Current Balance




65. If you or your spouse has a retirement account, 401(K), IRA, Roth IRA, life insurance policy, money market, mutual fund, certificate of deposit, or other financial account, please provide the following information:

<b>Name of Institution</b>	<b>Joint or Separate Account</b>	<b>Current Balance or Coverage Amount</b>

66. If you or your spouse has any boats, trailers, motorcycles, water recreation vehicles, campers, RVs, ATVs, etc., please provide the following information:

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Current Value</b>	<b>Amount Owed</b>

67. If you or your spouse owns any expensive jewelry, please describe. If any piece was a gift, please indicate to whom, from whom, the occasion, and the date: \_\_\_\_\_

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## COMMUNITY PROPERTY: PROPERTY ACQUIRED DURING MARRIAGE

**Please Note:** If any item was owned before marriage **or** was acquired by gift or inheritance during marriage, please list that property in the section entitled "Separate Property"

[illegible]

		\$
		\$
		\$
		\$
		\$

**SEPARATE PROPERTY:** Property you or your spouse owned before marriage **or** property you or your spouse acquired by gift or inheritance during marriage.

Description of Item	Date Acquired	Whose Property? (You or Spouse)	Still owned? (Yes or No)

**INCOME:**

Please list the gross **monthly** income and the monthly deductions for each party:

Gross Monthly Income Source	You	Spouse
Salary and Wages, including commissions, bonuses, allowances, and overtime:	\$	\$
Pensions and Retirement:	\$	\$
Social Security:	\$	\$
Disability or Unemployment Insurance:	\$	\$
Public Assistance ( <i>i.e.</i> , welfare, food stamps, etc.):	\$	\$
Child Support from previous marriage:	\$	\$
Rents:	\$	\$
All other sources:	\$	\$



		\$	\$
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**Your Expenses:**

Description of Expense	Monthly Amount
Rent or Mortgage Payment for Residence:	\$
Real Property Taxes on Residence:	\$
Real Property Insurance for Residence:	\$
Maintenance Costs for Residence:	\$
Food:	\$
Utilities:	\$
Telephone/Cell Phone:	\$
Laundry:	\$
Clothing (for you and children):	\$
Medical, Dental, Life Insurance Deductions:	\$
Medical and Dental Expenses Not Paid by Insurance:	\$
Child Care and Babysitting:	\$
School (supplies, lunch, etc.):	\$
Entertainment (including movies, eating out, clubs, social obligations, travel)	\$
Donations and Tithes:	\$
Vehicle Expenses (gas, oil, repairs, tires, tags, inspections):	\$
Vehicle Insurance:	\$
Vehicle Payments:	\$
Credit Card Payments:	\$
Other Expense (please identify):	\$
Other Expense (please identify):	\$
Other Expense (please identify):	\$
Other Expense (please identify):	\$
<b>Total Monthly Expenses:</b>	\$

**Other Information You Think We May Need To Know:**

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