

DOWNTOWN AUSTIN | SOUTH AUSTIN | KYLE | SAN MARCOS | PFLUGERVILLE
TELEPHONE: (512) 400-7070
FAX: (512) 532-7766

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 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?

	City:	County:	State:
	Zip:	Phone Number:	
	How long have you live	ed 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?	
	Home Phone:	Mobile Ph	none:
	Mobile phone:		
5.		is office?	
	Who referred you to thi		this matter before coming to the
	Who referred you to thit Have you consulted or soffice?	retained any other attorneys on	this matter before coming to th
5. 7.	Who referred you to this Have you consulted or soffice? Is so, please state who a	retained any other attorneys on	this matter before coming to th
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7.	Who referred you to this Have you consulted or soffice? Is so, please state who a Please give the following Employer: Job title: Street address: City, state, zip:	retained any other attorneys on and when: In and information concerning your	this matter before coming to the

	Annual gross salary:
	Length of employment:
	Education/training:
ABO	ut 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:
	E-mail 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: Fav:

	E-mail:		
	Monthly gross salary:		
	Annual gross salary:		
	Length of employment: _		
	Education/training:		
ABOU	JT YOUR MARRIAGE AND SI	EPARATION:	
13.	Please give the date and pl	lace of your marriage.	
	Date:	Place:	
	Are you now separated from	om your spouse?	
	If so, please state date of s	separation:	
14.	Have you seen a marriage	counselor?	
	If so, please state name: _		
15.	Have you and your spouse	e attempted reconciliation?	
	If not, would you like to a	ttempt reconciliation?	
16.	Check as appropriate if yo	our marital difficulties involve an	y of the following:
	drugs/alcohol	financial dispute	physical violence
	emotional abuse	your infidelity	religion
	confinement in mental institutio for at least 3 year	•	your spouse's infidelity
	other		

nave you	lived in Texas?	
How long have you	lived in the county where you now	reside?
Have you or your sp	pouse ever filed for divorce?	
If so, when and whe	ere?	
Does your spouse h	ave an attorney?	
If so, who?		
Have you ever been	married before?	
If so, how many tim	nes?	
5		1
If so, please give the	e following information for each suc	ch child.
If so, please give the	e following information for each suc	ch child.
If so, please give the Name:Sex (M/F):	e following information for each suc	ch child. Age:
If so, please give the Name: Sex (M/F): Place of birth:	e following information for each suc	ch child Age:
If so, please give the Name: Sex (M/F): Place of birth: Social Securit	e following information for each suc	ch child. Age:
If so, please give the Name: Sex (M/F): Place of birth: Social Security Driver's license	e following information for each such such such such such such such su	ch child. Age:
If so, please give the Name: Sex (M/F): Place of birth: Social Security Driver's license Disability, if a	Date of birth: y number: se number and state:	ch child. Age:
If so, please give the Name: Sex (M/F): Place of birth: Social Security Driver's license Disability, if a Name:	Date of birth: y number: se number and state:	ch child. Age:

	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 WEAPONS AND AMMUNITION:

30. A	Are there firearms or ammunition in your possession or subject to your control?					
I	f so, ple	ase describe the items and st	ate their location.			
-						
			your spouse's possession or subj	-		
I	f so, ple	ase describe the items and st	ate their location.			
-						
B ACKGI	ROUND:					
	•	u ever been arrested?ase provide the following in	formation:			
Date of A	rrest	Arresting Agency	Charge	Disposition of Case		
	•	r spouse ever been arrested?_ase provide the following int	formation			
1	i so, pie	ase provide the following in	omation.			
Date of A	rrest	Arresting Agency	Charge	Disposition of Case		
				j		

34.	Have you ever used If so, please provid	•	obstances or drugs?formation:	
	ne of Controlled nce or Drug Used	Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use
35.	If so, please provid		olled substances or drugs?formation:	
Nam	e of Controlled			
	nce or Drug Used	Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use
		Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use
		Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use
		Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use
		Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use
	Do you drink alcoh If so, how many dri Would you characte heavy? Would your spouse	inks do you consulerize your alcohol	me on average in a month?consumption as rare, social, moderate alcohol consumption as rare, social, r	e, or moderate, or

	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?
38.	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.
39.	Have you ever committed family violence against your spouse?
40.	Has your spouse committed adultery at any time during the marriage?
41.	Have you committed adultery at any time during the marriage?
42.	Have you been diagnosed with any mental health disorders?
	Are you currently taking medication for any mental health disorder?
43.	Has your spouse been diagnosed with any mental health disorders?
	Does your spouse take medication for any mental health disorder?

1.	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.
5.	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?
·.	Is there any additional information we need to know about your spouse?
FOI	RMATION ABOUT THE HOME:
7.	Please describe the home (<i>i.e.</i> , apartment, single-family residence, mobile home, number of bedrooms, amount of acreage/land):
	Mortgage Holder (Lender):
	Current Monthly Payment:\$

	Date Home Purchase	ed:	Down	n Payment:\$	
	Original Mortgage Amount:\$				
	Current Mortgage Balance:\$				
V EHI	CLES:				
48.	List the year, make,	model, and VIN	of any vehicles	that you currently	/ drive:
49.	List the year, make,	model, and VIN	of any vehicles		
50.	Provide the followin balance:			nat currently have	
	Vehicle	Le	ender	Monthly Pa	yment Current Val
51.	Are any of the vehic or your spouse? If so				
ASSE	<u>TS</u> :				
52.	If you or your spous		•	eial institution (i.e.	., checking or
	savings), please prov	ride the following	g information:		

	pieuse provide the following informa	Joint or Separate	Current Balance or
53.	If you or your spouse has a retirement policy, money market, mutual fund, or please provide the following informations.	certificate of deposit, or other	

Name of Institution	Joint or Separate Account	Current Balance or Coverage Amount

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

Year	Make	Model	Current Value	Amount Owed

55.	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:

COMMUNITY PROPERTY: PROPERTY ACQUIRED DURING MARRIAGE

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

Description of Item	Date Acquired	Current Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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	\$

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:	D	D
Pensions and Retirement:	\$	\$
Social Security:	\$	\$
Disability or Unemployment Insurance:	\$	\$
Public Assistance (i.e., welfare, food stamps, etc.):	\$	\$
Child Support from previous marriage:	\$	\$
Rents:	\$	\$
All other sources:	\$	\$
Gross Monthly Income Total:	\$	\$

Monthly Deductions from Gross Income	You	Spouse
State and Federal Income Taxes:	\$	\$
Social Security and Medicare:	\$	\$
Medical or other Insurance:	\$	\$
Union or other Dues:	\$	\$
Retirement or Pension Fund:	\$	\$
Savings Plan, 401K, etc.:	\$	\$
Other:	\$	\$
Total Monthly Deductions:	\$	\$

DEBTS:

Creditor	Debt Owed by You, Spouse, or Both?	Current Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

	\$ \$
	\$ \$

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):	\$
Total Monthly Expenses:	\$

Other Information You Think We May Need To Know:				
