



# AZ LAW FIRM

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

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## 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?

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?

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

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

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: \_\_\_\_\_

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: \_\_\_\_\_ 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 \_\_\_\_\_

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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 for whom a duty of support is owed?

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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 WEAPONS AND AMMUNITION:**

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

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

\_\_\_\_\_  
\_\_\_\_\_

31. 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:**

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

If so, please provide the following information:

Date of Arrest	Arresting Agency	Charge	Disposition of Case

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

If so, please provide the following information:

Date of Arrest	Arresting Agency	Charge	Disposition of Case




34. Have you 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>

35. 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>

36. 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? \_\_\_\_\_

37. 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? \_\_\_\_\_

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. \_\_\_\_\_

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39. 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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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? \_\_\_\_\_

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

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

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

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



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

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

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

**VEHICLES:**

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 that your spouse currently drives: \_\_

\_\_\_\_\_  
\_\_\_\_\_

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

<b>Vehicle</b>	<b>Lender</b>	<b>Monthly Payment</b>	<b>Current Value</b>

51. 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: \_\_\_\_\_

\_\_\_\_\_

**ASSETS:**

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

<b>Name of Institution</b>	<b>Joint or Separate Account</b>	<b>Current Balance</b>
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53. 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:

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













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