



**CLIENT INFORMATION FORM**

**YOUR PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Original Surname: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Business Phone:( ) \_\_\_\_\_

Home Fax: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Street City State Zip

Own Rent Lease How long at above address? \_\_\_\_\_

How long in \_\_\_\_\_ County? \_\_\_\_\_ How long in Texas? \_\_\_\_\_

At what address do you want to receive mail from this office?

\_\_\_\_\_

Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Birthplace: (state or foreign country) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Military Service: \_\_\_\_\_ Retired Military: Yes No

Do you have a Web presence such as a Facebook/MySpace page? \_\_\_\_\_

If so, is there any information on the page that would be embarrassing if revealed in a court hearing? \_\_\_\_\_

**PARENTS OR NEXT OF KIN:**

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

Address: \_\_\_\_\_ Telephone:( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

High School: Graduated: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

College Graduated: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

Other: \_\_\_\_\_ Professional Degree or Certification: \_\_\_\_\_

**PREVIOUS MARRIAGES:**

Name of Former Spouse: \_\_\_\_\_

Marriage Terminated By:      Death                      Divorce                      In What Year: \_\_\_\_\_

Children of That Marriage:      Number \_\_\_\_\_      Ages: \_\_\_\_\_

Now Living With: \_\_\_\_\_ Support Received/Paid: \$ \_\_\_\_\_

**NAME CHANGE WHEN DIVORCED IF FINAL:**

Yes              No              Full Name Desired: \_\_\_\_\_

**PERSONAL INFORMATION ABOUT YOUR SPOUSE OR OPPOSING PARTY:**

Full Name: \_\_\_\_\_ Original Surname: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
   Street                                      City                                      County                                      State                                      Zip

Mailing Address if different than above: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issuance: \_\_\_\_\_

How long in \_\_\_\_\_ County? \_\_\_\_\_ How long in Texas: \_\_\_\_\_

Birthplace: (state or foreign county): \_\_\_\_\_

Military Service? \_\_\_\_\_ Retired Military? Yes              No

**SPOUSE'S EDUCATIONAL BACKGROUND:**

High School: Graduated: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

College: Graduated: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

Other: \_\_\_\_\_

Professional Degree or Certification: \_\_\_\_\_

**SPOUSE'S PREVIOUS MARRIAGE:**

Name of Former Spouse: \_\_\_\_\_

Marriage Terminated By:      Death                      Divorce                      In What Year: \_\_\_\_\_

Children of That Marriage:      Number \_\_\_\_\_      Ages: \_\_\_\_\_

Now Living With: \_\_\_\_\_ Support Received/Paid: \$ \_\_\_\_\_

Does your spouse or ex-spouse have a Will:      Yes                      No

If so, where is the original located: \_\_\_\_\_

**MARRIAGE:**

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Who has the Marriage License: \_\_\_\_\_

Date you began living together if different from above: \_\_\_\_\_

Age of parties at Marriage:              Wife \_\_\_\_\_              Husband \_\_\_\_\_

**CHILDREN:**

Full Name	Sex	Date of Birth	Place of Birth	Social Security #

Children's present residence address: \_\_\_\_\_

Is custody of above children settled?      Yes      No

If no, explain: \_\_\_\_\_

\_\_\_\_\_

Name of any child with physical or mental handicap: \_\_\_\_\_

Nature of handicap: \_\_\_\_\_

Special treatment/care required: \_\_\_\_\_

Do you, your spouse, or any of your children have any afflictions such as epilepsy, diabetes, hypoglycemia, etc.? If yes, give details: \_\_\_\_\_

Have you or your spouse been involved in a previous court action of any kind? \_\_\_\_\_

**AUTOMOBILES:**

Your Auto: \_\_\_\_\_

Year	Make	Model	Vehicle I.D. Number
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Spouse's Auto: \_\_\_\_\_

Year	Make	Model	Vehicle I.D. Number
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**EARNINGS OF THE PARTIES:**

Are you working?    Yes                      No                      Type of Work \_\_\_\_\_

Exact Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Street	P.O. Box	City	State	Zip
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Length of Employment: \_\_\_\_\_ Paid How Often? \_\_\_\_\_

Gross Monthly Salary: \$ \_\_\_\_\_ Net Monthly Salary: \$ \_\_\_\_\_

Commissions (Rate) \_\_\_\_\_

Monthly Payroll Deductions:

Income Tax Withholding	\$ _____
FICA (Social Security)	\$ _____
Retirement	\$ _____
Life Insurance	\$ _____
Credit Union (Savings)	\$ _____
Medical Insurance	\$ _____
Medicare	\$ _____
Other:	\$ _____
<b>TOTAL DEDUCTIONS:</b>	<b>\$ _____</b>

**SPOUSE'S EMPLOYMENT:**

Is your SPOUSE working?    Yes                      No                      Type of Work \_\_\_\_\_

Exact Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
   Street                      P.O. Box                      City                      State                      Zip

Length of Employment: \_\_\_\_\_ Paid How Often? \_\_\_\_\_

Gross Monthly Salary: \$ \_\_\_\_\_ Net Monthly Salary: \$ \_\_\_\_\_

Commissions (Rate) \_\_\_\_\_

Does your spouse carry medical insurance?    Yes                      No

**Monthly Payroll Deductions:**

Income Tax Withholding                      \$ \_\_\_\_\_  
FICA (Social Security)                      \$ \_\_\_\_\_  
Retirement                      \$ \_\_\_\_\_  
Life Insurance                      \$ \_\_\_\_\_  
Credit Union (Savings)                      \$ \_\_\_\_\_  
Medical Insurance                      \$ \_\_\_\_\_  
Medicare                      \$ \_\_\_\_\_  
Other:                      \$ \_\_\_\_\_  
TOTAL DEDUCTIONS:                      \$ \_\_\_\_\_

**OTHER INCOME:** (Includes notes, accounts receivable)

Source Received	Amount	Recipient	When

**WITH REGARD TO YOURSELF:**

Known Outstanding Warrants: \_\_\_\_\_ For What: \_\_\_\_\_

Past Arrests: \_\_\_\_\_ For What: \_\_\_\_\_

Convictions: \_\_\_\_\_ What Charge: \_\_\_\_\_

Probation: \_\_\_\_\_ Parole: \_\_\_\_\_

Parole Officer's Name: \_\_\_\_\_

History of Violence: \_\_\_\_\_ Weapons Owned: \_\_\_\_\_

Do you have an alcohol and/or drug problem? Yes No

If yes, describe: \_\_\_\_\_

Do you have or have you ever had any serious mental health problems? If yes, describe in detail, including treatment: \_\_\_\_\_

\_\_\_\_\_

Have you ever or do you currently date online? Yes No

Do you have a Web presence such as Facebook/MySpace page? Yes No

If so, please attach/send a copy of your current page or online presence.

**WITH REGARD TO YOUR SPOUSE OR EX-SPOUSE:**

Known Outstanding Warrants: \_\_\_\_\_ For What: \_\_\_\_\_

Past Arrests: \_\_\_\_\_ For What: \_\_\_\_\_

Convictions: \_\_\_\_\_ What Charge: \_\_\_\_\_

Probation: \_\_\_\_\_ Parole: \_\_\_\_\_

Parole Officer's Name: \_\_\_\_\_

History of Violence: \_\_\_\_\_ Weapons Owned: \_\_\_\_\_

Does your spouse have an alcohol and/or drug problem? Yes No

If yes, describe: \_\_\_\_\_

Does your spouse have or ever had any serious mental health problems? If yes, describe in detail, including treatment: \_\_\_\_\_

Has your spouse ever or does he/she currently date online? Yes No

Does your spouse have a Web presence such as Facebook/MySpace page? Yes No

If so, please attach/send a copy of your spouse's current page or online presence.

**RESIDENCE OUTSIDE OF TEXAS:**

If you have lived outside the State of Texas during marriage, indicate:

Where you resided: \_\_\_\_\_ Dates of Residence

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

What are your most important priorities in connection with a divorce? \_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Purpose of Office Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_