

AKINS, NOWLIN & PREWITT, L.L.P.
CLIENT INFORMATION FORM

YOUR PERSONAL INFORMATION:

Full Name: _____ Original Surname: _____

Home Phone: () _____ Business Phone: () _____

Home Fax: () _____ Business Fax: () _____

Cell Phone: () _____ E-Mail Address _____

Does your spouse/opposing party have access to this email? _____ Do you consent to receiving electronic mail at the email address listed above? _____

Home Address: _____

City: _____ State: _____ Zip: _____

How long at above address? _____ () Own () Rent () Lease

How long in Williamson County? _____ How long in Texas? _____

At what address do you want to receive mail from this office (if different than above)?
(PLEASE BE SURE TO LET OUR OFFICE KNOW IMMEDIATELY IF YOU MOVE OR CHANGE ADDRESSES.)

Mailing Address: _____

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 MySpace, Facebook, or any other networking sites?

_____ If so, is there any information on those sites that would be embarrassing if revealed in a court hearing? _____ Please attach a copy of your current page or online presence.

PARENTS OR NEXT OF KIN:

Name: _____ Relationship: _____

Address: _____ Telephone: () _____

City: _____ State: _____ Zip: _____

EDUCATIONAL BACKGROUND:

High School: Graduated: _____ Number of Years Completed: _____

College: Graduate: _____ 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 DIVORCE 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 Williamson 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

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

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

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:	\$ _____
TOTAL DEDUCTIONS:	\$ _____

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 on-line? Yes _____ No _____

Do you have a web presence such as MySpace page? Yes _____ No _____

If so, please attach 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 on-line? Yes _____ No _____

Does your spouse have a web presence such as MySpace, Facebook, or any other networking sites?

Yes _____ No _____ If so, please attach 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: _____

