

**CLIENT - BASIC INFORMATION**

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

1. Client:

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

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

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_

Mailing Address, if different from above:  
\_\_\_\_\_

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

Birthdate: \_\_\_\_\_ State of Birth: \_\_\_\_\_

SS # \_\_\_\_\_ Drivers License No. \_\_\_\_\_

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

2. Spouse or Opposing Party:

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

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

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ State of Birth: \_\_\_\_\_

SS # \_\_\_\_\_ Drivers License No. \_\_\_\_\_

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

3. Children - under 18: (Skip Section 3 for Divorce Without Children)

<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Birthplace</u>	<u>SS#</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any of the children have physical/mental disabilities and requires special care, give the child's name, disability and current arrangements for care:

\_\_\_\_\_

\_\_\_\_\_

What parent desires custody of children: \_\_\_\_\_

Is any property owned by the children? \_\_\_\_\_  
(if so, list on back of the page)

Health insurance information for the child\children, the subject of this suit, is as follows:

1. Name of health insurance company: \_\_\_\_\_
2. Policy and group numbers: \_\_\_\_\_
3. Parent responsible for payment of insurance premium: \_\_\_\_\_
4. Name of Employer coverage is provided through: \_\_\_\_\_
5. Cost of premium: \_\_\_\_\_

Income

You

Annual Income:

Source (s):

Monthly salary from Employer:

Spouse, Ex or Opposing Party

Annual Income:

Source (s):

Monthly salary from Employer:

4. How did you hear about us? \_\_\_\_\_

(For Divorces Only)

Residence:

Have you lived in Texas for the past 6 months? \_\_\_\_\_

Which county do you live in and for how long have you lived there? \_\_\_\_\_

Marriage & Separation:

Date of marriage: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of last separation: \_\_\_\_\_

Wife Pregnant? \_\_\_\_\_ Wife's Maiden Surname? \_\_\_\_\_

Does wife wish to have her maiden (or former) name restored? \_\_\_\_\_

Counseling:

Have you or your spouse sought marriage counseling, and, if so, when and who:

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

Would counseling help now: \_\_\_\_\_

Is your spouse willing to participate in counseling: \_\_\_\_\_

Property Sketch:

Are you renting or buying your home? \_\_\_\_\_

If buying:

Estimate its value if sold today: \_\_\_\_\_

Estimate your mortgage loan balance: \_\_\_\_\_

Estimate value of cash assets (checking/savings accts, c.d.'s)

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

Do you own stocks, bonds or other securities: \_\_\_\_\_

If so, estimate their present value: \_\_\_\_\_

Other Investments: (any other real property?)

Item

Estimate Present Value

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

What amount of retirement, profit-sharing or other employee benefits would you & your spouse receive if you left employment today?

Client: Lump Sum \$\_\_\_\_\_ Per Pay Period \$\_\_\_\_\_

Spouse: Lump Sum \$\_\_\_\_\_ Per Pay Period \$\_\_\_\_\_

Debts:

Estimate the total of all your debts, excluding mortgage:

\$\_\_\_\_\_

(For Modification of Conservatorship)

Date of the last Conservatorship Order: \_\_\_\_\_

Court of the last Conservatorship Order: \_\_\_\_\_

What is the basis for the change in Conservatorship Orders \_\_\_\_\_

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(Other Family Law Matters)

If your legal matter does not fit one of the above-stated areas, please describe in your own words what your legal issue is:

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**NOTICE: All persons, including attorneys, have an affirmative obligation to report child abuse to the proper authorities. Although communications with a lawyer for the purpose of representation are confidential, this confidentiality does not change a lawyer's obligation to report child abuse.**