

Office Use Only:

Attorney: _____ GP #: _____ Client #: _____

Retainer: \$ _____ Entered in TABS? Yes / No Admin. Fee Recorded? Yes / No

CONFIDENTIAL CLIENT INFORMATION

Today's date: _____ Who referred you to this office: _____

Circle one of the following:

Divorce Modification SAPCR Parentage Adoption Pre-marital/Post-marital

COMPLETE THIS FORM AS FULLY AS POSSIBLE

It is important that you provide all of the following information as it is utilized throughout the legal process (from beginning to end). Further, we need this information to properly evaluate and understand the complexity of all aspects of your situation, beginning with this first conference. **All information (except as may be required by law) will remain confidential and is protected by the attorney/client privilege.**

INFORMATION ABOUT YOU

Please provide your current legal name, all aliases, and previous names. Please provide complete address.

Name: _____
(first) (middle) (last) (maiden)

Aliases/Previous legal names: _____

Present Residence Address: _____

City/Zip Code: _____ Home Phone: (____) _____

How long at this address? _____ What county do you reside in? _____

How long have you resided in that county? _____ How long have you lived in Texas? _____

Mailing Address (if different from residence): _____

City/Zip Code: _____ Mobile Phone: (____) _____

E-mail address: _____

(make sure no one else has access to this email address & change your password)

How do you prefer that we contact you? (check one): Email _____ U. S. Mail _____

We usually communicate with our clients via email and provide a copies of correspondence and pleadings related to your case via email. If you check email above, we will utilize the email address you listed on the previous page, unless you specify otherwise. If you do not want your previous address (physical or mailing) used, please provide an alternative address or phone number in the following blanks.

Alternate Address: _____

City: _____ State: _____ Zip: _____

Alternate phone: _____ Whose phone number is this? _____

Alternate Fax: _____ Alternate email: _____

Personal Information:

Age: _____ D. O. B. ____/____/____ Birth Place (City & State): _____

Soc. Sec. # _____ - _____ - _____ Race: _____ Driver's Lic. #/State: _____

(provide copy of driver's license)

What is your religious preference: _____

Employment:

Employer: _____ Position: _____

Address/City/Zip Code: _____

Phone: (____) _____ Fax Number: (____) _____

Emergency Contact: _____ Phone: (____) _____

Income (Annually, Monthly, or Hourly):\$ _____ Length of Employment at Present Employer: _____

Education: _____ Degree? _____ Training: _____

History:

Prior Marriage: Yes / No Number of Children by Prior Marriage: _____

Do you pay or receive child support: Yes / No If so, how much: \$ _____ per _____

With whom do these children reside: _____

Have you consulted or retained any other attorneys regarding this matter before coming to our office? Yes / No

If so, please state with whom & when: _____

Do you want to restore your maiden name: Yes / No (circle one)

INFORMATION REGARDING YOUR SPOUSE/OPPOSING PARTY

(please provide all information requested below)

Name: _____
(first) (middle) (last) (maiden)

Present Residence Address: _____

City/Zip Code: _____ Home Phone: (____) _____

Mailing Address (if different from residence): _____

City/Zip Code: _____ Mobile Phone: (____) _____

Does your spouse/opposing party now have an attorney: Yes / No If so, who: _____

Personal Information:

Age: _____ D.O. B. ____/____/____ Birth Place (City & State): _____

Soc. Sec. # _____ - _____ - _____ Race: _____ Driver's Lic. #/State: _____

Prior Marriage: Yes / No Number of Children by Prior Marriage: _____

What is your spouse's religious preference: _____

Do they pay or receive child support: Yes / No If so, how much: \$ _____ per _____

Employment:

Employer: _____ Position: _____

Address/City/Zip Code: _____

Phone: (____) _____ Fax Number: (____) _____

Income (Annually, Monthly, or Hourly):\$ _____ Length of Employment at Present Employer: _____

Education: _____ Degree? _____ Training: _____

Marital History:

Date of Marriage: ____/____/____ Place (City & State): _____

Are you now separated from your spouse: Yes / No Date of Separation: ____/____/____

Have you or your spouse ever filed for divorce? Yes / No

Have you seen any marriage counselor: Yes / No If so, name: _____

Check as appropriate if your marital difficulties involve any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Drugs/alcohol | <input type="checkbox"/> Physical violence |
| <input type="checkbox"/> Sexual disappointment | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sexual infidelity | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Financial disputes | <input type="checkbox"/> Other: _____ |

PROTECTIVE ORDERS:

Have either you or your spouse/opposing party been a party to a Family Protective Order? ____ Yes ____ No

If so, a copy of the Protective Order will be required before any hearings.

County Of Protective Order: _____ Date: _____

Do you have firearms in your possession: Yes / No Does your spouse have firearms in their possession: Yes / No

CHILDREN

(please provide all information requested below)

1. Name: _____ [] Female [] Male
(first) (middle) (last)

Age: ____ D.O.B. ____/____/____ P.O.B: (City/County/State) _____

Adopted? Yes / No Soc.Sec. # ____ - ____ - ____ Driver's Lic. #/State _____

School/Daycare presently enrolled in: _____ Grade: _____

Any permanent physical/mental condition requiring care/treatment: Yes / No

If so, Condition/Care/Treatment required: _____

Presently living with: _____ Prefers to live with: _____

2. Name: _____ [] Female [] Male
(first) (middle) (last)

Age: _____ D. O. B. ____/____/____ P. O. B: (City/County/State) _____

Adopted? Yes / No Soc. Sec. # _____ - _____ - _____ Driver's Lic. #/State _____

School/Daycare presently enrolled in: _____ Grade: _____

Any permanent physical/mental condition requiring care/treatment: Yes / No

If so, Condition/Care/Treatment required: _____

Presently living with: _____ Prefers to live with: _____

3. Name: _____ [] Female [] Male
(first) (middle) (last)

Age: _____ D. O. B. ____/____/____ P. O. B: (City/County/State) _____

Adopted? Yes / No Soc. Sec. # _____ - _____ - _____ Driver's Lic. #/State _____

School/Daycare presently enrolled in: _____ Grade: _____

Any permanent physical/mental condition requiring care/treatment: Yes / No

If so, Condition/Care/Treatment required: _____

Presently living with: _____ Prefers to live with: _____

4. Name: _____ [] Female [] Male
(first) (middle) (last)

Age: _____ D. O. B. ____/____/____ P. O. B: (City/County/State) _____

Adopted? Yes / No Soc. Sec. # _____ - _____ - _____ Driver's Lic. #/State _____

School/Daycare presently enrolled in: _____ Grade: _____

Any permanent physical/mental condition requiring care/treatment: Yes / No

If so, Condition/Care/Treatment required: _____

Presently living with: _____ Prefers to live with: _____

5. Name: _____ [] Female [] Male
(first) (middle) (last)

Age: _____ D. O. B. ____/____/____ P. O. B: (City/County/State) _____

Adopted? Yes / No Soc. Sec. # _____ - _____ - _____ Driver's Lic. #/State _____

School/Daycare presently enrolled in: _____ Grade: _____

Any permanent physical/mental condition requiring care/treatment: Yes / No

If so, Condition/Care/Treatment required: _____

Presently living with: _____ Prefers to live with: _____

General Information Regarding Children:

Court Orders Regarding Children: Are any court orders presently in force regarding these children? Yes / No

If so, describe order, including date, court and location: _____

Has there ever been an Attorney General case opened regarding the children? Yes / No If so, when? _____

Will there be a dispute over custody of the children: Yes / No

If not, custody will be with whom: _____

List all property (other than furniture and clothing) owned by the children: _____

Health Insurance Information

Who provides insurance for children? _____

Name of insurance company providing coverage for children: _____

Policy/Group No.: _____

Cost of insurance (**state if paid monthly/semi-monthly/bi-weekly/weekly**): \$ _____

Are you covered under this policy? Yes / No If no, state who provides your insurance: _____

I understand there will be an initial consultation fee (a minimum of \$300.00), regardless of whether I decide to retain an attorney.

Date

Signature

