

Today's date: _____

Client Information Form

(Please provide as much information as you can.)

You:

Full Legal Name: _____

Address: _____ Apt. # _____

City, State, Zip: _____

Telephone Number: _____

Cell Phone: _____ E-Mail: _____

Birth Date: _____ Age: _____ Race: _____

Place of Birth (City & State) _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Employer: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Job Title: _____

Gross Salary per Month (Before Taxes): _____

Length of Employment: _____

Education: High School Diploma: Yes No Years of College: _____

College Degree? Yes No

Post Graduate Degree? Yes No

In Case of Emergency, contact: _____ Phone Number: _____

Why are you here today? Divorce
 Paternity
 Child Support collection
 Modification of custody or support
 Adoption
 Name Change
 Other _____

Who referred you to this office? _____

The Other Party:

Full Legal Name: _____

Address: _____ Apt. # _____

City, State, Zip: _____

Telephone Number: _____

Birth Date: _____ Age: _____ Race: _____

Place of Birth (City & State): _____

Social Security Number: _____

Driver's License Number: _____

Employer: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Job Title: _____

Gross Salary Per Month (Before Taxes): _____

Length of Employment: _____

Education: High School Diploma: Yes No Years of College: _____

Marriage (If Married):

Date of Marriage: _____ Date Separated: _____

Where Were You Married? _____ City _____ State

Have You or Your Spouse Filed For Divorce Before: Yes No

Where? _____ When? _____

Wife's Maiden Name? _____

Change Back to Maiden Name? Yes No

Children:

None: _____ None Under 18: _____

Who Do You Want to Have Custody of The Children? _____

Is There an Unborn Child? Yes No Due Date: _____

Is This Unborn Child Yours? (Men only!!) Yes No

Who Will Pay Child Support? You Spouse

Amount of Child Support? \$ _____ Monthly _____ Semi-monthly
_____ Bi-weekly _____ Weekly

Do You or The Other Party Have Children From a Previous Marriage? _____ If So, How Many And Are You or The Other Party Obligated to Pay Support? _____

Information on Children:

Full Legal Name: _____ Sex: Female Male

Birthdate: _____ Driver's License #: _____

Place of Birth: _____ City _____ State _____ County

Social Security Number: _____

Where Does He/She Live Now? _____ (Address)

Does This Child Have a Disability? If So, Explain: _____

Full Legal Name: _____ Sex: ___ Female ___ Male

Birthdate: _____ Driver's License #: _____

Place of Birth: _____ City _____ State _____ County

Social Security Number: _____

Where Does He/She Live Now? _____ (Address)

Does This Child Have a Disability? _____

Full Legal Name: _____ Sex: ___ Female ___ Male

Birthdate: _____ Driver's License #: _____

Place of Birth: _____ City _____ State _____ County

Social Security Number: _____

Where Does He/She Live Now? _____ (Address)

Does This Child Have a Disability? If So, Explain: _____

Full Legal Name: _____ Sex: ___ Female ___ Male

Birthdate: _____ Driver's License #: _____

Place of Birth: _____ City _____ State _____ County

Social Security Number: _____

Where Does He/She Live Now? _____ (Address)

Does This Child Have a Disability? If So, Explain: _____

(List additional children on the back of this page.)

Is there any litigation pending in any court which affects any child? This includes divorce, protective order, Children's Protective Services, Attorney General Child Support actions, and any other action which affects any child. _____

Has Anyone Received AFDC or TANF For These Children at Any Time? ___ Yes ___ No

If So, Who? _____ When? _____

Do You Have a Protective Order Against Any Person? ___ Yes ___ No

Is There a Protective Order Against You or Your Spouse? ___ Yes ___ No

Have You Ever Filed an Application for a Protective Order? ___ Yes ___ No

Who carries health insurance on the child? _____

What is the name of the company that covers the children? _____

If Any of the above Information Changes (Including Your Address, Home Phone Number, Employer and Work Phone Number, You must Notify this Office Immediately!!

IF A DIVORCE - FILL IN BELOW:

NOTE: This information is used to determine the complexity of the divorce and the items needed in temporary orders and the final decree. Failure to include items here may result in errors your representation and higher attorney's fees at a later date.

What Property Did You Buy During the Marriage?

Land:

1. _____
2. _____

Insurance: (Type of Coverage, Amount, Who or What Is Covered):

1. _____
2. _____

Cars and Trucks: (Year, Make, Model):

1. _____
2. _____

Retirement/Pension:

1. _____
2. _____

Bank Accounts: (Bank, Type of Account, Account #, in Whose Name):

1. _____
2. _____

Separate Property: (All Gifts, Inheritances and Anything You Owned Prior to the Marriage):

Yours: _____

Spouse's: _____

Bills to Be Paid:

Name of Account: _____

Name of Account: _____

Name of Account: _____

Name of Account: _____

Name of Account: _____

Name of Account: _____

Are you in bankruptcy now? _____

Did you sign a prenuptial agreement with your spouse? _____

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made in accordance with section 154.181 of the Texas Family Code.

1. Child(ren)

The following child(ren) is the subject of this suit:

Name(s):

Birth date(s):

2. Health Insurance Availability

Private health insurance is in effect for the child(ren).

Name of insurance company:

Policy number:

Party responsible for premium:

Monthly cost of premium:

Parent

Date