

FAMILY LAW (DIVORCE/CHILD CUSTODY) QUESTIONNAIRE

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

If you believe that some of these questions are not germane to your situation, feel free to not answer them at this time but please do discuss the question with our office.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

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Personal

About you:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name:

Birth date:

City & State where born:

Social Security number:

Driver's license number:

2. Where are you living now, or what address do you wish to receive mail from this office and how do you prefer that we contact you?

Address:

City:

County:

State:

Zip:

Home phone:

Pager: Alt.

Mobile Phone:

Email:

3. Who referred you to this office?

4. Please complete the following information concerning your employment.

Employer:

Street address:

City, state, zip:

Telephone number:

About your spouse or ex-spouse:

5. Please give your spouse's or ex-spouse's *full* name, date and place of birth, and Social Security number.

Full name:

Birth date:

City & State where born:

Social Security #:

Driver's license #:

6. Where is your spouse or ex-spouse living now, and what is his or her phone number?

Address:

City:

County:

State:

Zip:

Home phone:

Work Phone:

Cell phone:

7. Please complete the following information concerning your spouse's or ex-spouse's employment. (*Very important to fill this section out as complete as possible for child support.*)

Employer:

Street address:

City, state, zip:

Telephone number:

Gross salary per month or annually:

About your children:

8. Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage:

Name:

Sex:

Date of birth:

Place of birth:

Social Security number:

Name:

Sex:

Date of birth:

Place of birth:

Social Security number:

Name:

Sex:

Date of birth:

Place of birth:

Social Security number:

Name:

Sex:

Date of birth:

Place of birth:

Social Security number:

9. Where and with whom are the children living now?

10. Will there be a dispute over the children?

If *not*, with whom will custody be?

11. Who will be providing insurance for the children?

Who will be responsible for insurance premiums?

Name of Insurance Company:

Is Insurance provided by place of employment?

Policy Number:

11a. Does any Child have special needs? If so, please explain in detail.

11b. Is/Has any Child been in therapy? If so, please explain the reason(s) for therapy and provide the provider's contact information.

About your marriage and separation:

12. Please give the date and place of your marriage:

Date:

Place:

Are you now separated from your spouse?

If so, please state date of separation:

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

drugs/alcohol

sexual disappointment

infidelity

financial dispute

physical violence

religion

incompatibility

other: _____

14. How long have you lived in Texas?

15. Have you or your spouse ever filed for divorce?

If so, when and where?

16. Does your spouse or ex-spouse have an attorney?

If so, who?

17. If a divorce is granted, should the wife's maiden name be restored?

If so, what name should be used?

Property and Assets

Real Property

- A. How may individual pieces of real property do you or your spouse own?
- B. If you own a "home," who is living in the residence currently?
- C. Do you intend on keeping your home after divorce is final?

Please provide the following information for each piece of real property you and your spouse own. If possible, please provide our office with a copy of the Deed to each piece of property.

Property 1:

Property Address:

Original Date of purchase:

Original Purchase price: \$

Current Mortgage Payoff: \$

Approximate Current Value: \$

Mortgage Holder Address:

Mortgage Account No.:

Property 2:

Property Address:

Original Date of purchase:

Original Purchase price: \$

Current Mortgage Payoff: \$

Approximate Current Value: \$

Mortgage Holder Address:

Mortgage Account No.:

Property 3:

Property Address:

Original Date of purchase:

Original Purchase price: \$

Current Mortgage Payoff: \$

Approximate Current Value: \$

Mortgage Holder Address:

Mortgage Account No.:

Personal Property

Vehicle #1

Make

Model

Year

VIN#

Lien Holder (include address)

Who will keep this vehicle?

Current Lien Payoff:

Blue book value:

Vehicle #2

Make

Model

Year

VIN#

Lien Holder (include address)

Who will keep this vehicle?

Current Lien Payoff:

Blue book value:

Vehicle #3

Make

Model

Year

VIN#

Lien Holder (include address)

Who will keep this vehicle?

Current Lien Payoff:

Blue book value:

Vehicle #4

Make

Model

Year

VIN#

Lien Holder (include address)

Who will keep this vehicle?

Current Lien Payoff:

Blue book value:

Furniture

Please attach a list of all the property that is already in your possession and a list of property to be divided.

Tax Refund

How do you wish to handle the previous year tax return? (Jointly, Each handles own)_____

Other Assets

If easier, please provide account statements in lieu of completing the following:

Checking Accounts:

	<u>Bank</u>	<u>Name in which held</u>	<u>Account No.</u>
1.			
2.			
3.			
4.			
5.			
6.			

Savings Accounts:

	<u>Bank</u>	<u>Name in which held</u>	<u>Account No.</u>
1.			
2.			
3.			
4.			
5.			
6.			

Certificates of Deposit:

	<u>Bank</u>	<u>Name in which held</u>	<u>Account No.</u>
1.			
2.			
3.			
4.			
5.			
6.			

Brokerage Accounts, :

	Company	Name in Which Held	Number of shares	Present Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Debts

Give information as to any installment payments other than mortgage payments, if any, and revolving charge accounts on which there is a continuing balance. (This will include large medical bills, bank notes, car payments, credit cards.)

	<u>Creditor</u>	<u>Account Number</u>	<u>Outstanding Balance</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail on the following page.

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

- | | You | Your spouse or ex-spouse |
|-----|---|--------------------------|
| 1. | Committed a crime? | |
| 2. | Been arrested? | |
| 3. | Been in jail or prison? | |
| 4. | Used illegal drugs? | |
| 5. | Been hospitalized for using illegal drugs? | |
| 6. | Abused prescription drugs? | |
| 7. | Been hospitalized for abusing prescription drugs? | |
| 8. | Abused alcohol? | |
| 9. | Been hospitalized for abusing alcohol? | |
| 10. | Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? | |
| 11. | Engaged in gambling activities (legal or illegal)? | |
| 12. | Engaged in other illegal activities? | |
| 13. | Attempted suicide? | |
| 14. | Been hospitalized for an emotional or psychiatric disorder? | |

15. Suffered from or received treatment for an emotional or psychiatric condition?
16. Abused own spouse?
17. Been accused of child abuse?
18. Had a sexual relationship during the marriage with someone other than own spouse?
19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

- | | You | Your spouse or ex-spouse |
|---|-----|--------------------------|
| 20. Had a homosexual/bisexual relationship? | | |
| 21. Engaged in unusual sexual practices? | | |
| 22. Had a pregnancy outside of marriage? | | |
| 23. Had a sexually transmitted disease? | | |
| 24. Drunk to excess? | | |

25. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

26. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party?

If so, describe the content:

28. Are there any other items which should be listed not mentioned above? If so, please explain: