

NEW CLIENT QUESTIONNAIRE

1. ***About you:***

FULL name: _____

Birthdate: _____ City & State where born: _____

SSN: _____ Driver's license number: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

2. Who may we thank for referring you to this office? _____

3. Have you consulted or retained any other attorneys on this matter before coming to this office? YES / NO

If so, please state who and when: _____

4. ***About your employment:***

Employer: _____

Job title: _____

Address: _____

Phone: _____ May we call you at work? YES / NO

Email: _____ May we email you at work? YES / NO

Gross salary per month or annually: \$ _____

Length of employment: _____

Education: _____

5. ***About your spouse or ex-spouse:***

FULL name: _____

Birth date: _____ City & State where born: _____

SSN: _____ Driver's license number: _____

Address: _____

Home phone: _____ Cell phone: _____

Home email: _____

Does your spouse/ex-spouse have an attorney? YES / NO / IDK

If so, who? _____

6. ***Your spouse/ex-spouse's employment:***

Employer: _____

Job title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Gross salary per month or annually: \$ _____

Length of employment: _____

Education: _____

7. **About the child(ren) of this marriage:**

FULL Name: _____

Sex: M / F Date of birth: _____ Age: _____

City, County, & State of birth: _____

SSN: _____ Driver's license number: _____

FULL Name: _____

Sex: M / F Date of birth: _____ Age: _____

City, County, & State of birth: _____

SSN: _____ Driver's license number: _____

FULL Name: _____

Sex: M / F Date of birth: _____ Age: _____

City, County, & State of birth: _____

SSN: _____ Driver's license number: _____

FULL Name: _____

Sex: M / F Date of birth: _____ Age: _____

City, County, & State of birth: _____

SSN: _____ Driver's license number: _____

8. Will there be a dispute over the children? _____

If *not*, who will have custody? _____

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

10. ***About health insurance- Attorney/Client Privileged Information***

11. Is private health insurance in effect for the children? YES / NO

If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? YES / NO

If so, which parent? _____

12. Do you have access to private health insurance at reasonable cost? YES / NO

Does your spouse/ex-spouse have access to private health insurance at reasonable cost? YES / NO

13. If private health insurance is not in effect for the children-

Are the children receiving Medicaid benefits? YES / NO

Are the children receiving health benefits coverage under the Children's Health

Insurance Program? YES / NO If so, what is the premium? \$ _____

If not, has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? YES / NO

If so, who applied? _____

What is the status of the application? _____

14. ***About your marriage and separation:***

15. Date of marriage: _____ Place: _____

City, County, State: _____

16. Are you now separated from your spouse? YES / NO

If so, please state date of separation: _____

17. Have you seen a marriage counselor? _____

If so, please state name: _____

18. What is your religious preference? _____

If none, are you agnostic or atheist? _____

19. What is your spouse's or ex-spouse's religious preference? _____

If none, is your spouse or ex-spouse agnostic or atheist? _____

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

___ drugs/alcohol ___ sexual disappointment ___ infidelity

___ financial dispute ___ physical violence ___ religion

___ incompatibility ___ other: _____

21. How long have you lived in Texas? _____

22. FULL maiden name: _____

If a divorce is granted, should your maiden name be restored? YES / NO

If so, to what FULL name, exactly? _____

23. Do you or your spouse/ex-spouse have possession of any weapons or ammunition?

YES / NO

If so, please describe the weapons and ammunition and state their location:

24. ***Prior marriages and children:***

25. Have you ever been married before? YES / NO # of times: _____

If so, when and where? _____

If so, when and where were you divorced? _____

26. Had your spouse ever been married before? YES / NO # of times: _____

If so, when and where? _____

If so, when and where was he/she divorced? _____

27. Do you or your spouse/ex-spouse have any other children for whom a duty of support is owed? YES / NO

If so, please provide the following information for each child:

FULL Name: _____

Sex: M / F Date of birth: _____ Age: _____

City, County, & State of birth: _____

Social Security number: _____

FULL Name: _____

Sex: M / F Date of birth: _____ Age: _____

City, County, & State of birth: _____

Social Security number: _____

28. Where and with whom do these children live? _____

29. Do you pay/receive child support? YES / NO \$ _____

To/from: _____

30. Does your spouse/ex-spouse pay or receive child support? YES / NO \$ _____

To/from: _____

PLEASE COMPLETE QUESTIONS 31-35 ONLY IF A PARTY RESIDES OUTSIDE TEXAS:

Jurisdictional information regarding children:

31. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period.

32. If you have participated, as a party or witness, or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any.

33. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your spouse, ex-spouse, or the children, identify the court, the case number, and the nature of the proceeding.

34. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

35. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.
