

TODAY'S DATE \_\_\_\_\_

### CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

#### A. CLIENT INFORMATION:

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Dates of residency at current address: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone No.: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

Highest level of education completed: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) \_\_\_\_\_

#### B. SPOUSE'S INFORMATION:

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Is spouse represented by counsel in this matter?  Yes  No - If yes, complete the following:

Spouse's Attorney: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

Highest level of education completed: \_\_\_\_\_

**C. GENERAL MARITAL HISTORY:**

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Are you and your spouse currently living together? \_\_\_ Yes \_\_\_ No

If not, then Date of Separation: \_\_\_\_\_

Do you have an interest in reconciliation? \_\_\_ Yes \_\_\_ No

To the best of your knowledge, does your spouse want reconciliation? \_\_\_ Yes \_\_\_ No

Describe the circumstances that caused your separation: \_\_\_\_\_

**D. CHILDREN'S INFORMATION (from this marriage):**

Name:	SSN:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is the wife currently pregnant? \_\_\_ No \_\_\_ Yes; date child is due: \_\_\_\_\_

**Other Information:**

Do you anticipate a dispute about the custody of the children (if so, please explain)? \_\_\_\_\_

Who should have primary custody of the children, and why? \_\_\_\_\_

Are any other children of prior marriages or other dependents living in your residence?

Do you want to return to your maiden name (wife)? \_\_\_\_\_

If so, please provide the new last name: \_\_\_\_\_

How is health insurance provided for the children? \_\_\_\_\_

## MARITAL MISCONDUCT

From the list below, select if you or your spouse has done any of the following:

	<b>You</b>	<b>Spouse</b>
Physically abused spouse	_____	_____
Verbally abused spouse	_____	_____
Sexually abused spouse	_____	_____
Abused a child	_____	_____
Engaged in an extramarital relationship	_____	_____
Spent marital funds on an extramarital relationship	_____	_____
Tried to commit suicide	_____	_____
Has an emotional or psychiatric condition	_____	_____
Committed a crime	_____	_____
Been arrested	_____	_____
Been detained in jail	_____	_____
Abused alcohol	_____	_____
Abused prescription drugs	_____	_____
Used illegal drugs	_____	_____
Been hospitalized for alcohol and/or drugs	_____	_____
Spent marital funds for drugs or excessive alcohol	_____	_____
Been arrested for driving while intoxicated	_____	_____
Engaged in fraud	_____	_____
Gambled	_____	_____
Other illegal activities:	_____	_____
Destroyed property or other items	_____	_____
Hidden, wasted or dissipated assets	_____	_____
Spent beyond means, or poorly managed finances	_____	_____
Other not listed above:	_____	_____
Other not listed above:	_____	_____

## CLIENT QUESTIONNAIRE - MARITAL PROPERTY

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
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### Community Estate of the Parties

1. **Real Property** (include any property purchased by contract for deed, such as Texas Veterans Land Board property, property purchased in recreational developments, and time-shares)

Street address: \_\_\_\_\_  
County of location: \_\_\_\_\_  
Description of improvements, if any: \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_  
Current balance of mortgage (as of \_\_\_\_\_) \$: \_\_\_\_\_

2. **Cash on Hand:** \_\_\_\_\_  
Name of Financial institution: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Type of Account: (checking/savings/money market/certificate of deposit): \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

3. **Retirement Benefits**

*Defined Contribution Plans* (a plan that provides for an individual account for a participant and for benefits based solely on the amount contributed to the participant's account; IRC §§ 401(k), 403(b))

Exact name of plan: \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_

4. **Motor Vehicles, Boats, Airplanes, Cycles, etc.** (including mobile homes, trailers, and recreational vehicles; exclude company-owned vehicles)

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

### Separate Estates of the Parties

5. **Separate Assets of Husband** (generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury)

Description of asset: \_\_\_\_\_  
Date property acquired: \_\_\_\_\_  
How acquired (e.g., by gift, by devise, by descent, or owned before marriage): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

6. **Separate Assets of Wife** (generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury)

Description of asset: \_\_\_\_\_  
Date property acquired: \_\_\_\_\_  
How acquired (e.g., by gift, by devise, by descent, or owned before marriage): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_