

**ALL CONSULTATION FEES MUST BE PAID IN ADVANCE**

Please complete this form to the best of your knowledge and return it to the front office assistant. This information is needed in order to effectively assist you and successfully complete your family law case. All information provided is **STRICTLY CONFIDENTIAL**.

**DIVORCE QUESTIONNAIRE**

How were you referred to our office (Friend, Internet, (if you were referred through the internet, kindly use our **214-631-0055** phone number for any future contact or request): \_\_\_\_\_

**CLIENT**

Complete Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

S.S.# \_\_\_\_\_ Age \_\_\_\_\_ D.L.# \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

Home No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Work No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

**EMPLOYER**

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

City/state \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Monthly Income \_\_\_\_\_

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**SPOUSE**

Complete Legal Name \_\_\_\_\_

S.S.# \_\_\_\_\_ Age \_\_\_\_\_ D.L.# \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_

**SPOUSE EMPLOYER**

Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Monthly Income \_\_\_\_\_

**MARRIAGE INFORMATION:**

Date of Marriage \_\_\_\_\_ Place \_\_\_\_\_  
Date of Separation \_\_\_\_\_

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**JURISDICTION**

Have you lived in Texas for preceding six months ? Yes \_\_\_\_\_ No \_\_\_\_\_  
County in which you reside? \_\_\_\_\_  
Have you lived in such county for the last 90 days ? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILDREN**

Full Name	Birth Date & Place	S.S.#	Gender (M/F)
1. _____			
2. _____			
3. _____			
4. _____			

With whom do the child(ren) reside ? Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Are you or anyone filing for this divorce pregnant ? Yes \_\_\_\_\_ No \_\_\_\_\_

Has there ever been a support or custody case filed on behalf of any of the children? Yes \_\_\_\_\_ No \_\_\_\_\_

Has either party ever received government assistance (i.e. AFDC, TANF) Yes \_\_\_\_\_ No \_\_\_\_\_

If so, has the government agency ever filed for a support order on behalf of either of the parties?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, specify:

Cause No.	County	Date
_____	_____	_____

**REAL ESTATE PROPERTY:**

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**AUTOMOBILES, FURNITURE, AND JEWELRY:**

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**BANK ACCOUNTS:**

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**OTHER ASSETS:**

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**INJUNCTIVE RELIEF**

Is temporary restraining order necessary to prevent violence? Yes \_\_\_\_\_ No \_\_\_\_\_

Is temporary order necessary to maintain possession of community property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a temporary restraining order necessary to recover possession of the children? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking spousal support during the pendency of the divorce proceedings? Yes \_\_\_\_\_ No \_\_\_\_\_

Will spouse sign a waiver of service in this divorce? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking your maiden name to be restored? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes to the above question, please specify name. \_\_\_\_\_

I CERTIFY THAT THE ABOVE ANSWERS TO THE QUESTIONS AS LISTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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**CLIENT**

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**DATE**