

## **DIVORCE CLIENT 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 relevant questions. If a question does not apply to your particular situation, please indicate by marking on the questions "N/A." If that answer to any questions requires more space than has been provided on the form, please complete your answer on a separate sheet.

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.

### **NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT OF 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 OT THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL 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 SECTIOIN 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. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

## Attorney/Client Privileged Information

Personal

### About you:

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

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ State where born: \_\_\_\_\_

Social security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

2. Where are you living now, and what is your phone number?

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. How do you prefer that we contact you?

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

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Have you consulted or retained any other attorneys on this matter before coming to this office? \_\_\_\_\_

If so, please state who and when: \_\_\_\_\_

5. Please complete the following information concerning your employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

### How were you referred to this office? (circle one)

Previous Client   Website   Bar Association   Office Sign   Phonebook

Friend (name of friend): \_\_\_\_\_

**Attorney/Client Privileged Information**

**About your spouse:**

6. Please give your spouse's full name, date and place of birth, Social Security number, and driver's license number.

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ State where born: \_\_\_\_\_

Social security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

7. Where is your spouse living now, and what is his or her phone number and email address?

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

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

8. Please complete the following information concerning your spouse's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**About your children (under 18 or in high school):**

9. Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage:

Full Name: \_\_\_\_\_

Sex: M / F      Date of birth: \_\_\_\_\_      Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Attorney/Client Privileged Information**

Sex: M / F    Date of birth: \_\_\_\_\_    Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Sex: M / F    Date of birth: \_\_\_\_\_    Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Sex: M / F    Date of birth: \_\_\_\_\_    Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

10. Will there be a dispute over the children? \_\_\_\_\_

    If not, with whom will custody be? \_\_\_\_\_

11. Where and with whom are the children living now? \_\_\_\_\_

12. Who currently provides health insurance for the children (circle one)?    Mother    Father

    Monthly Fee: \_\_\_\_\_

**About your marriage and separation (if a divorce proceeding):**

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

    Date: \_\_\_\_\_    Place: \_\_\_\_\_

    Are you now separated from your spouse? \_\_\_\_\_

    If so, please state the date of separation: \_\_\_\_\_

14. Have you seen a marriage counselor? \_\_\_\_\_

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

    \_\_\_\_ drugs/alcohol      \_\_\_\_ sexual disappointment      \_\_\_\_ infidelity

    \_\_\_\_ financial dispute      \_\_\_\_ physical violence      \_\_\_\_ religion

    \_\_\_\_ incompatibility      \_\_\_\_ other: \_\_\_\_\_

16. How long have you lived in Texas: \_\_\_\_\_

17. Have you or your spouse ever filed for divorce before: \_\_\_\_\_

**Attorney/Client Privileged Information**

If so, when and where? \_\_\_\_\_

18. Does your spouse have an attorney? \_\_\_\_\_

19. Do you or your spouse have any other children for whom a duty of support is owed?

---

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child:

Full Name: \_\_\_\_\_

Sex: M / F    Date of birth: \_\_\_\_\_    Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Sex: M / F    Date of birth: \_\_\_\_\_    Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Sex: M / F    Date of birth: \_\_\_\_\_    Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

20. Where and with whom do these children live? \_\_\_\_\_

21. Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$\_\_\_\_\_ per \_\_\_\_\_

22. Does your spouse pay/receive child support? \_\_\_\_\_

If so, how much? \$\_\_\_\_\_ per \_\_\_\_\_

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

If so, what full name should be used? \_\_\_\_\_

24. 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.

**Attorney/Client Privileged Information**

---

---

---

---

25. 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.

---

---

---

---

26. 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 or the children, identify the court, the case number, and the nature of the proceedings.

---

---

---

---

27. 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.

---

---

---

---

**Attorney/Client Privileged Information**

“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.

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

	You	Your 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 the marriage with someone other than own spouse which the children were aware?	_____	_____

**Attorney/Client Privileged Information**

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

\_\_\_\_\_  
\_\_\_\_\_

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

22. If so, describe content: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_