

FAMILY LAW DIVORCE QUESTIONNAIRE

This questionnaire is confidential and personal. It is important that you tell us the absolute truth concerning all matters so we may provide you the best representation. All questions must be answered. If any question does not apply to you, write NOT APPLICABLE OR N/A. IT IS ESSENTIAL that you notify us concerning any changes of address, employment and salary change of both you and your spouse.

BEFORE COMPLETING THIS FORM, PLEASE BE SURE THAT YOU HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS.

I. JURISDICTION

How long have you lived in the state of Texas? _____

In what County do you reside? _____

How long have you lived in the above County? _____

Does your spouse live in Texas? _____

In what county does your spouse reside? _____

How long has he/she resided in that County? _____

II. MARRIAGE

Date of Marriage: _____

Date of Separation: _____

City and State of Marriage: _____

Is this a common-law marriage? YES _____ NO _____

If yes, when did you first begin living together? _____

Have you or your spouse ever filed for a divorce to dissolve your present marriage?

YES _____ NO _____ If yes, when? _____ Where?

(County) _____

Name of the attorney who filed the divorce: _____

Is this divorce still pending in court? YES _____ NO _____

Have you had any marriage counseling? _____

Is there any possibility you and your spouse may reconcile? _____

III. APPLICANT

Answer the following questions as they apply to YOU.

Full Name: _____

Maiden Name (If female) _____

Social Security # _____

Drivers License # _____ State _____

Telephone # _____

Present Address:

Street _____ Apt # _____

City _____ State _____

Zip Code _____

Is this the residence where you have been living with your spouse? YES _____ NO _____

With whom are you now living? (parent, boyfriend/girlfriend, friends, etc)

Birth Date: _____ Birth Place: (City, State) _____

Employer: _____

Business Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Business Telephone # _____

Salary-Before Taxes _____ Take-home pay _____

Other Sources of Income? YES _____ NO _____ Amount _____ Per _____

Fill out the following information on two people who are willing to get a message to you and who always know where you are:

<u>Name of Person</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
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1. _____

2. _____

IV. SPOUSE

Answer the following questions as they apply to your SPOUSE.

WE MUST HAVE AN ACCURATE FULL NAME AND ADDRESS OF YOUR SPOUSE SO THE DEPUTY OR CONSTABLE CAN PERSONALLY HAND THE DIVORCE PAPERS TO YOUR SPOUSE. IT IS YOUR RESPONSIBILITY TO SUPPLY US WITH THIS INFORMATION!

Full Name: _____
Maiden Name (If female): _____
Social Security #: _____
Drivers License # _____ Issuing State: _____
Home Address:
Street: _____ Apt #: _____
City: _____ State: _____
Telephone: _____

Birth Date: _____ Birth Place:(City and State) _____
With whom is your spouse living? (parents, boyfriend/girlfriend, friends, etc.) _____

Has your spouse ever been in the military? _____ If yes, what
branch? _____ Date of Service: _____
Spouse's Employer: _____

Business Address:
Street: _____
City: _____ State: _____ Zip Code: _____

Business Phone: _____
What hours does your spouse work? _____
How often is he or she paid? _____
How long has he or she been employed with his/her current employer? _____
Salary-Before Taxes: \$ _____ Weekly () Bi-Weekly () Monthly ()
Other Source of Income? YES _____ NO _____
Amount _____ Per _____

V. CHILDREN

Are you or is your spouse pregnant? YES _____ NO _____ DUE DATE _____
Is this child your spouse's child? YES _____ NO _____ If not, who is the biological parent other than yourself? _____

List the child(ren) under eighteen born to you and your present spouse whether they were born before or during this marriage. Give the name of each child as it appears on the child's birth certificate (first, middle & last names):

<u>Full Names</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Place of Birth</u> (City & State)	<u>Social Security #</u>

Can you provide a birth certificate for each child? _____
Is there current health insurance on these children? _____
If so, what is provided? _____
Are all of these children living with you? YES _____ NO _____
If no, state which children are not and with whom are they living?

<u>Full Name</u>	<u>Person with whom the child is living</u>	<u>Address</u>

Do you want custody of your child(ren)? YES _____ NO _____
Do you expect your spouse to seek custody? YES _____ NO _____

Are there children born during this marriage who are not the children of your spouse?
YES _____ NO _____ If yes:

<u>Full Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Place of Birth</u> (City & State)	<u>Social Security #</u>
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List the name and address of the non-spouse parent:

Full Name: _____
Street: _____ Apt #: _____
City: _____ State: _____ Zip: _____

Do you have any children with a physical or mental handicap (such as epilepsy, T.B., hearing loss, vision loss, paralysis, etc.) Who would require child support beyond the age of 18? YES _____ NO _____ If so, state the child(ren)'s name: _____

Is there any reason why you believe your spouse's visitation with the child(ren) should be limited or supervised?

Has your spouse ever been violent or abusive toward you? YES _____ NO _____; To your children? YES _____ NO _____ If yes, give brief details:

Has a court ever entered a protective order against your spouse? YES _____ NO _____ If Yes, give the date of the order: _____

Has a court ever entered a protective order against you? YES _____ NO _____ If yes, give date of the order: _____

Do your children own any property in their own name? (For example, property through inheritance, large gifts, etc.) YES _____ NO _____

Are you presently receiving TANF benefits? YES _____ NO _____
Have you ever received TANF benefits? YES _____ NO _____ If yes, list dates:

Has any person or government agency (CPS) filed suit in this state or another state for any matter involving your child(ren)? YES _____ NO _____ If yes, where was the suit filed? (City, County and State) _____ In what year? _____ Do you have the court papers regarding this suit? YES ____ NO ____

VI. PROPERTY/ FINANCIAL INFORMATION

Below list all property accumulated during your marriage. Include items you and your spouse have bought since you have separated:

<u>Real Estate</u>				<u>Do you want</u>
<u>Location</u>	<u>Amt. Owed</u>	<u>Market Value</u>	<u>Who has possession</u>	<u>the Court to award you this property</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Motor Vehicles: (Cars, Motorcycles, Boats, etc.)

				<u>Do you want</u>
<u>Model/year</u>	<u>Amt. Owed</u>	<u>Market Value</u>	<u>Who has possession</u>	<u>the Court to award you this property</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Can you provide a copy of registration? _____

Furniture:

<u>Piece</u>	<u>Amt. Owed</u>	<u>Value</u>	<u>Who has possession</u>	<u>Do you want the Court to award you this property</u>

Appliances: (Washer, Dryer, Refrigerator, etc)

<u>Piece</u>	<u>Amt. Owed</u>	<u>Value</u>	<u>Who has possession</u>	<u>Do you want the Court to award you this property</u>

Financial Accounts:

Do you or your spouse have:

	<u>CLIENT</u>	<u>SPOUSE</u>
A. CHECKING ACCOUNT:	YES _____ NO _____	YES _____ NO _____
B. SAVINGS ACCOUNT:	YES _____ NO _____	YES _____ NO _____

C. STOCKS AND/OR BONDS: YES _____ NO _____ YES _____ NO _____
 D. RETIREMENT PLANS: YES _____ NO _____ YES _____ NO _____
 E. PROFIT SHARING PLANS: YES _____ NO _____ YES _____ NO _____
 F. LIFE INSURANCE: YES _____ NO _____ YES _____ NO _____
 G. MEDICAL INSURANCE: YES _____ NO _____ YES _____ NO _____

Do you expect a tax refund this year? YES _____ NO _____

DEBTS

Below list all debts incurred during your marriage by you and your spouse. This includes debts incurred even after separation from your spouse. Be sure to list amounts owed to doctors, dentists and hospitals. If there is not enough space to list all debts, continue list on the back of this page.

<u>Creditor</u>	<u>Amt. Owed</u>	<u>Monthly Payment</u>	<u>Date Debt Made</u>	<u>Past Due Amount</u>

Have you ever filed for bankruptcy? YES _____ NO _____ Has your spouse ever filed for bankruptcy? YES _____ NO _____

DO YOU or YOUR spouse pay child support regularly for children of a prior marriage? YES _____ NO _____

If yes: Who pays? _____ How much? _____ How often? _____

VII. CRIMINAL HISTORY

Do you or your spouse have a police record? YES _____ NO _____ If yes, please list the following information:

<u>NAME</u>	<u>CHARGE</u>	<u>DATE</u>	<u>PLACE</u>	<u>RESULT</u>

Are you or your spouse on parole, probation or under court supervision? _____

If yes, please list the following information:

<u>DATE AND LENGTH OF PAROLE</u>	<u>NAME OF PAROLE OR PROBATION OFFICER</u>

<u>NAME</u>	<u>AND PROBATION OR COURT SUPERVISOR</u>	<u>PHONE #</u>

Sensitive Topics:

YOU MUST BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO THESE TOPICS WILL REMAIN CONFIDENTIAL. IF YOU ARE NOT 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.

Will anyone allege that you or your husband/wife has done any of the following:

	You	Your Husband/Wife
1. Convicted of a crime?	_____	_____
2. Been in prison?	_____	_____
3. Used illegal drugs?	_____	_____
4. Been Hospitalized for using illegal drugs?	_____	_____
5. Abused prescription drugs?	_____	_____
6. Been Hospitalized for abusing prescription drugs?	_____	_____
7. Abused alcohol?	_____	_____
8. Been hospitalized for abusing alcohol?	_____	_____
9. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
10. Have a mental illness?	_____	_____
11. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
12. Suffered from or received treatment for an emotional		

or psychiatric condition? _____

13. Been accused of child neglect? _____

14. Been accused of child abuse? _____

15. Do you or your husband/wife suffer any physical disability that would interfere with being able to care for the children? _____ If yes, please describe: _____

Is there any reason that your spouse should not have access to your child? _____

Please explain: _____

THE FOLLOWING TWO QUESTIONS ARE VERY IMPORTANT AND REQUIRE COMPLETE HONESTY ON YOUR PART. MANY TIMES A CUSTODY CASE CAN BE LOST BY A PARENTS' CONSUMPTION OF DRUGS OR ALCOHOL. MANY TIMES IN DISPUTED CUSTODY CASES, THE COURT WILL ORDER ONE OR BOTH PARTIES TO SUBMIT TO DRUG TESTS. ALL RESPONSES WILL BE STRICTLY CONFIDENTIAL. FAILURE TO RESPOND HONESTLY TO THESE QUESTIONS MAY RESULT IN OUR OFFICE REJECTING OR WITHDRAWING FROM YOUR CASE.

1. Have you used any illegal drugs within the past 12 months? _____
If so, please state dates and circumstances. _____

2. Have you ever abused prescription drugs or alcohol within the past 12 months? _____

DO YOU want your former name restored? YES _____ NO _____
If yes, list the full name as you would like to have it restored: _____

DO YOU BELIEVE your spouse will sign a waiver? YES _____ NO _____ (a waiver is a notarized document in which your spouse waives service of citation, notice of final hearing, and certain other rights.)

I have read the foregoing and swear or affirm that it is true and correct to the best of my knowledge and belief.

Your Signature

Date