

SLATE LAW & ASSOCIATES
Attorneys At Law

Your Name: _____

Date: _____

CLIENT QUESTIONNAIRE - DIVORCE

Please fill out this questionnaire. It is important that you answer each question **FULLY**.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

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. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. 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.

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Houston, Texas 77006
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Personal Information

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

Full name: _____ Maiden name: _____
Birth date: _____ Current Age: _____ Race: _____
County where born: _____ State where born: _____
Social Security number: _____ Driver's license number: _____
Do you want a name change? If so what? _____

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

Address: _____
City: _____
County: _____ State: _____ Zip: _____
Home phone: _____ Mobile: _____
Email Address: _____
Emergency Contact: _____ Phone Number: _____

3. At what address do you wish to receive mail from this office? _____

4. How do you prefer that we contact you?

Address: _____
Phone: _____
Fax: _____
Mobile phone: _____
Email Address: _____

5. How were you referred to this office (please check one)?

- Personal reference: _____
- Internet – Website: _____
- Other: _____

6. Have you consulted any other attorneys on this matter before coming to this office? _____
If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
May we call you at work? _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

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

Full name: _____ (Maiden) _____
Birth date: _____ Current Age: _____ Race: _____
County where born: _____ State where born: _____
Social Security #: _____ Driver's license #: _____

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

Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home phone: _____

Do you want your spouse served? _____

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

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

11. About your marriage and separation:

Date of Marriage: _____
Place of Marriage (City, County & State) _____

Are you now separated from your spouse? _____
If so, please state date of separation: _____

Have you seen a marriage counselor? _____
If so, please state name: _____

What is your religious preference? _____
If none, are you agnostic or atheist? _____

What is your spouse's religious preference? _____
If none, is your spouse agnostic or atheist? _____

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

- | | | |
|-------------------------|-----------------------------|--------------------|
| _____ drugs/alcohol | _____ sexual disappointment | _____ infidelity |
| _____ financial dispute | _____ physical violence | _____ living apart |
| _____ incompatibility | _____ cruelty | _____ other: _____ |

13. How long have you lived in Texas? _____

14. Have you or your spouse ever filed for divorce? _____
If so, when and where? _____

15. Does your spouse have an attorney? _____
If so, who? _____

16. Have you ever been married before? _____
If so, how many times? _____

17. About your children:

How many children do you and your spouse have? _____
If any of these children have not emancipated (graduated high school), please give the full name, date and place of birth, sex, and Social Security number of each such child:

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ - _____ - _____

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Will there be a dispute over the children? _____
If not, with whom will custody be? _____

List health insurance information on each child, including which party covers/pays for the insurance, whether or not it is individual coverage or through an employer and which party's employer provides said insurance: _____

Where and with whom do these children live? _____

Do you have any children with someone other than your spouse? _____ How many? _____

Does your spouse have any children with someone other than you? _____ How many? _____

Do you pay/receive child support? _____ If so, how much? \$_____ per _____

Does your spouse pay/receive child support? _____ If so, how much? \$_____ per _____

PROPERTY

Property comes in two categories - Community Property and Separate Property:

Community property – is any property received, purchased or earned during the course of the marriage

Separate Property – (a) is property you owned before you were married; (b) property you inherit from a probated estate; and/or (c) property you received as a gift

18. Real Property:

Please state the following about any real property:

Address: _____
Mortgage Company: _____
Estimated fair market value: _____
Year bought: _____
Mortgage balance: \$ _____
Monthly payments: \$ _____
Community or separate: _____

Address: _____
Mortgage Company: _____
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Address: _____

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Mortgage Company: _____
Estimated fair market value: _____
Year bought: _____
Mortgage balance: \$ _____
Monthly payments: \$ _____
Community or separate: _____

19. Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

Year: _____ Make: _____ Model: _____
Who drives: _____
Paid off: _____
Loan with: _____
Community or separate: _____

Year: _____ Make: _____ Model: _____
Who drives: _____
Paid off: _____
Loan with: _____
Community or separate: _____

Year: _____ Make: _____ Model: _____
Who drives: _____
Paid off: _____
Loan with: _____
Community or separate: _____

Year: _____ Make: _____ Model: _____
Who drives: _____
Paid off: _____
Loan with: _____
Community or separate: _____

20. Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:

Name of bank: _____
Account name: _____
Amount on deposit: \$ _____
Who can withdrawal from this account? _____
Community or separate: _____

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Name of bank: _____

Account name: _____

Amount on deposit: \$ _____

Who can withdrawal from this account? _____

Community or separate: _____

Name of bank: _____

Account name: _____

Amount on deposit: \$ _____

Who can withdrawal from this account? _____

Community or separate: _____

Name of bank: _____

Account name: _____

Amount on deposit: \$ _____

Who can withdrawal from this account? _____

Community or separate: _____

21. Life Insurance:

Name of company: _____

Insuring Life of: _____

Name of Beneficiary: _____

Community or separate: _____

Name of company: _____

Insuring Life of: _____

Name of Beneficiary: _____

Community or separate: _____

Name of company: _____

Insuring Life of: _____

Name of Beneficiary: _____

Community or separate: _____

22. Stocks, Mutual Funds:

Name of stock: _____

Estimated amount invested: \$ _____

Community or separate: _____

Name of stock: _____

Estimated amount invested: \$ _____

Community or separate: _____

Name of stock: _____

Estimated amount invested: \$ _____

Community or separate: _____

23. Retirement, Pensions, Other Company Benefits:

Do you participate in any retirement plan? (Y/N) _____

Does your spouse participate in any plan? (Y/N) _____

Do you participate in any company savings plan? (Y/N) _____

If so, how much do you have in that savings plan? \$ _____

Does your spouse participate in any company savings plan? (Y/N) _____

If so, how much does your spouse have in that savings plan? \$ _____

24. Debts, loans, credit cards and other debt accounts: (Other than house and automobiles)

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____
- e. _____ \$ _____

Does anyone owe you or your spouse any money? _____

If so, how much? \$ _____ Owed by whom? _____

25. Other Separate Property:

Do you own any separate property not listed above? _____

If so, detail your separate property. _____

Does your spouse own any separate property not listed above? _____

If so, detail the separate property: _____

26. Income Tax:

Have you filed for all previous years? _____

Prepared by whom? _____

Refund received? _____ If so, how much? \$ _____

27. Miscellaneous:

Are you involved in any lawsuits? _____

If so, explain. _____

Do you own any livestock or mineral interests? _____

Do you belong to any clubs with an equity interest? _____

If so, where? _____

28. "Skeletons in the Closet" and Sensitive Topics:

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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. IF YOU FAIL TO BE 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 spouse or ex-spouse has done any of the following (use the back of this page if necessary):

	You	Your spouse
Committed a crime?	_____	_____
Been arrested?	_____	_____
Been in jail or prison?	_____	_____
Used illegal drugs?	_____	_____
Been hospitalized for using illegal drugs?	_____	_____
Abused prescription drugs?	_____	_____
Been hospitalized for abusing prescription drugs?	_____	_____
Abused alcohol?	_____	_____
Been hospitalized for abusing alcohol?	_____	_____
Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
Engaged in gambling activities (legal or illegal)?	_____	_____
Engaged in other illegal activities?	_____	_____
Attempted suicide?	_____	_____
Been hospitalized for an emotional or psychiatric disorder?	_____	_____
Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
Abused own spouse?	_____	_____
Been accused of child abuse?	_____	_____
Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____
Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?	_____	_____

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If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

	You	Your spouse
Had a homosexual/bisexual relationship?	_____	_____
Engaged in unusual sexual practices?	_____	_____
Had a pregnancy outside of marriage?	_____	_____
Had a sexually transmitted disease?	_____	_____
Drunk to excess? If so, what and how often? _____	_____	_____

Other? Explain: _____	_____	_____

29. If you or your spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation: _____

30. Do you or your spouse suffer from any physical disability that would interfere with being able to care for the children? _____

31. Have you or your spouse made any photographs or audio or visual recordings of the other party? _____
If so, describe the content: _____

32. Do any of your children suffer from any physical disability that would be grounds for additional and/or extended child support? _____