

Dennis M. Slate

Attorney At Law

112 East Forrest

Deer Park, Texas 77536

281-476-9447

Facsimile: 281-476-5811

Joanna Watson
Legal Assistant

Melissa Dennis
Associate Attorney

Ryann Tigue
Legal Assistant

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.

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.

Personal

About you:

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: _____

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: _____ Pager: _____

Email Address: _____

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

- Personal reference: _____
- Phonebook
- Internet
- 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: _____

About your spouse:

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

Full name (including maiden name): _____

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: _____

About your children:

11. Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage:

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:_____

12. Will there be a dispute over the children?_____

If *not*, with whom will custody be? _____

13. 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:_____

14. Where and with whom are the children living now?_____

About your marriage and separation:

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

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

Are you now separated from your spouse?_____

If so, please state date of separation:_____

16. Have you seen a marriage counselor?_____

If so, please state name:_____

17. What is your religious preference?_____

If none, are you agnostic or atheist?_____

18. What is your spouse's religious preference?_____

If none, is your spouse agnostic or atheist?_____

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

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> drugs/alcohol | <input type="checkbox"/> sexual disappointment | <input type="checkbox"/> infidelity |
| <input type="checkbox"/> financial dispute | <input type="checkbox"/> physical violence | <input type="checkbox"/> living apart |
| <input type="checkbox"/> incompatibility | <input type="checkbox"/> other: _____ | <input type="checkbox"/> cruelty |

20. How long have you lived in Texas? _____

21. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

22. Does your spouse have an attorney? _____

If so, who? _____

23. Have you ever been married before? _____

If so, how many times? _____

24. 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: _____

25. Where and with whom do these children live? _____

26. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

27. Does your spouse pay/receive child support? _____

If so, how much? \$ _____ per _____

Real Property:

28. Please state the following about any real property:

a. Address: _____

b. Mortgage Company: _____

c. Estimated fair market value: _____

d. Year bought: _____

e. Mortgage balance: \$ _____

f. Monthly payments: \$ _____

a. Address: _____

b. Mortgage company: _____

c. Estimated fair market value: \$ _____

d. Year bought: _____

e. Mortgage balance: \$ _____

f. Monthly payments: \$ _____

a. Address: _____

b. Mortgage company: _____

- c. Estimated fair market value: \$ _____
- d. Year bought: _____
- e. Mortgage balance: \$ _____
- f. Monthly payments: \$ _____

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

29. a. Year: _____ Model: _____
- b. Who drives? _____
- c. Mortgage with: _____

- a. Year: _____ Model: _____
- b. Who drives? _____
- c. Mortgage with: _____

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- b. Who drives? _____
- c. Mortgage with: _____

- a. Year: _____ Model: _____
- b. Who drives? _____
- c. Mortgage with: _____

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

- 30 a. Name of bank: _____
- b. Account name: _____

Divorce

c. Amount on deposit: \$ _____

d. Names on withdrawal card: _____

a. Name of bank: _____

b. Account name: _____

c. Amount on deposit: \$ _____

d. Names on withdrawal card: _____

a. Name of bank: _____

b. Account name: _____

c. Amount on deposit: \$ _____

d. Names on withdrawal card: _____

a. Name of bank: _____

b. Account name: _____

c. Amount on deposit: \$ _____

d. Names on withdrawal card: _____

Life Insurance:

31. a. Name of company: _____

b. Insuring Life of: _____

a. Name of company: _____

b. Insuring life of: _____

- a. Name of company: _____
- b. Insuring life of: _____

Stocks, Mutual Funds:

- 32. a. Name of stock: _____
- b. Estimated amount invested: \$ _____

- a. Name of stock: _____
- b. Estimated amount invested: \$ _____

- a. Name of stock: _____
- b. Estimated amount invested: _____

Retirement, Pensions, Other Company Benefits:

33. Do you participate in any retirement plan? _____

34. Does your spouse participate in any plan? _____

35. Do you participate in any company savings plan? _____

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

36. Does your spouse participate in any company savings plan? _____

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

37. Does anyone owe you or your spouse any money? _____

If so, how much? \$ _____

Owed by whom? _____

38. Are you involved in any lawsuits? _____

If so, explain. _____

39. Do you own any livestock or mineral interests? _____
40. Do you belong to any clubs with an equity interest? _____
- If so, where? _____

Debts: (Other than house and/or automobiles)

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

Income Tax:

41. Have you filed for all previous years? _____
42. Prepared by whom? _____
43. Refund received? _____
- If so, how much? \$ _____

Separate Property:

44. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? _____
- If so, detail your separate property. _____
- _____
- _____
45. Does your spouse own any separate property? _____
- If so, detail the separate property: _____

"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. 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 or ex-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 or not during the marriage) with someone other than own spouse of which the children were aware?

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

- 20. Had a homosexual/bisexual relationship?

- 21. Engaged in unusual sexual practices?

- 22. Had a pregnancy outside of marriage?

- 23. Had a sexually transmitted disease?

- 24. Drunk to excess?

If so, what and how often? _____

25. Other? _____

26. If you or your spouse or ex-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:

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

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

29. If so, describe the content: _____

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

