

DIVORCE QUESTIONNAIRE
Private and Confidential



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This questionnaire will be used by your attorney's office only. Your response to these questions will help to organize your case and will save you on your 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. Please answer as fully as possible.

Your Personal Information

Date: _____

Legal Name: _____

List any other names used: _____

Social Security Number: _____ **Driver's License No:** _____

Birth Date: _____ **Birth Place:** _____

Please specify preferred contact information.

Present Address: _____

Mailing Address: _____

Home Telephone: _____ **Cell Phone:** _____

Email: _____

Employer: _____ **Employer Phone:** _____

Employer Address: _____

Spouse Information

Legal Name: _____

List any other names used: _____

Social Security Number: _____ **Driver's License No:** _____

Birth Date: _____ **Birth Place:** _____

Please specify preferred contact information for your spouse.

Present Address: _____

Can he/she be served there? _____

If no, where? _____

Home Telephone: _____ Cell Phone: _____

Email: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Does your spouse have an attorney? _____ Name? _____

Child Information

Children: (Yours with your spouse)

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Is there a dispute over custody? _____

Are these children covered by health insurance? Please list the Company, the policy no., who pays, and the premium (kids only). _____

Other Children (Yours or Your Spouses from other relationships, please specify).

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____ Drivers License No: _____

Current Residence: _____

Child Lives With: _____

Who Has Duty of Support? _____ Amount of Support \$ _____

Marital Information

Date of Marriage: _____ Place of Marriage: _____

Separation Date: _____

How long have you lived in Texas? _____ Current County: _____

How long has your spouse lived in Texas? _____ Current County: _____

Have you sought marriage counseling? _____

Dates of Your Prior Marriages: _____

Dates of Spouse's Prior Marriages: _____

Marital Difficulties: (Current Marriage)

Check All That Apply

Drugs/alcohol _____

Financial Dispute _____

Incompatibility _____

Extramarital Affair _____

Religion _____

Physical violence _____

Other: _____

If the divorce is granted, should the wife's maiden name be restored? _____

What name should be used? _____

Additional Information

Family Violence Issues: _____

Mental Health Issues: _____

Urgent Concerns (Such as Interaction with spouse, visitation, financial emergencies):

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. Please answer as fully as possible.

Alleged Information

Will anyone allege that you or your spouse has done the following? Please mark the appropriate choices.

Committed a crime

You _____

Spouse _____

Been arrested

You _____

Spouse _____

Been in jail or prison

You _____

Spouse _____

Been hospitalized for using illegal drugs

You _____

Spouse _____

Abused prescription drugs

You _____

Spouse _____

Been hospitalized for prescription drugs

You _____

Spouse _____

Abused alcohol	You _____	Spouse _____
Been hospitalized for abusing alcohol	You _____	Spouse _____
Been arrested or convicted of driving while under the influence of alcohol	You _____	Spouse _____
Engaged in gambling activities	You _____	Spouse _____
Engaged in other illegal activities	You _____	Spouse _____
Attempted suicide	You _____	Spouse _____
Been hospitalized for emotional or psychiatric disorder	You _____	Spouse _____
Suffered from or received treatment for an emotional or psychiatric condition	You _____	Spouse _____
Abused own spouse	You _____	Spouse _____
Been accused of child abuse	You _____	Spouse _____
Had a sexual relationship during the marriage with someone other than spouse	You _____	Spouse _____
Had a sexual relationship (during or since) the marriage with someone other than the spouse of which the children were aware	You _____	Spouse _____
Would anyone allege you or your spouse drink to excess?	You _____	Spouse _____

Prior Offense Information

Type of Offense: _____	Date of Offense: _____
Outcome: _____	You/Spouse: _____
Type of Offense: _____	Date of Offense: _____
Outcome: _____	You/Spouse: _____

List Assets/Liabilities Valued at More than \$1000 (Include house, autos, savings, retirement, debt (include credit card debt). Indicate if any were acquired prior to marriage, by gift or by inheritance.
