

2. Where are you living now?

Address: _____

City, State, zip: _____

Home phone: _____

3. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

E-Mail: _____ Cell Phone: _____

4. Please complete the following 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:

5. Please give your spouse's full name, date, place of birth, social security number and driver's license number.

Full name: _____
(first) (middle) (last) (maiden)

Date of birth: _____

City & State where born: _____

Social security number: _____

Driver's license number: _____

6. Where is your spouse living and what is your spouse's telephone number?

a. Address: _____

b. City, State, zip: _____

c. Residence telephone number: _____

7. Complete the following concerning your spouse's employment.

a. Employer: _____

b. Job title: _____

c. Street address: _____

d. City, State, zip: _____

e. Telephone number: _____

f. Spouse's gross salary per month or annually: \$ _____

g. Length of spouse's employment: _____

h. Education of spouse: _____

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? If so, what is the cost of the premium?

Does the mother have access to private health insurance at reasonable cost to her?

Does the father have access to private health insurance at reasonable cost to him?

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

11. Will there be a dispute over custody of the children? _____

If not, custody will be with whom? _____

12. Where are the children living at this time? _____

About your marriage and separation:

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

Date: ____/____/____ City, State: _____

14. Are you now separated from your spouse? _____

If so, give date of separation. _____

15. Have you seen any marriage counselor? _____

If so, give name. _____

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

- | | |
|--|--|
| <input type="checkbox"/> Drugs/alcohol | <input type="checkbox"/> Physical violence |
| <input type="checkbox"/> Sexual disappointment | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sexual infidelity | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Financial disputes | <input type="checkbox"/> Other: _____ |

17. How long have you lived in Texas? _____

18. What county do you reside in? _____

19. How long have you resided in that county? _____

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

21. Does your spouse now have an attorney? _____
If so, whom? _____

22. Have you been married before? _____ If so, how many times? _____ Do you have children by a previous marriage? _____ If so, give full name, date and place of birth, and sex of each child of your previous marriages now under the age of 18 years.

	<u>Name and Sex (M/F)</u>	<u>Date of Birth</u>	<u>Place of birth City, State</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

With whom do these children reside? _____

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

24. Has your spouse been married before? _____ If so, how many times? _____ Does your spouse have children by a previous marriage? _____ If so, give full name, date and place of birth, and sex of each child of spouse's previous marriages now under the age of 18 years.

	<u>Name and Sex (M/F)</u>	<u>Date of Birth</u>	<u>Place of birth City, State</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

With whom do these children reside? _____

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

26. Have you or your spouse ever filed a bankruptcy? _____
If so, Chapter 7, 11 or 13? _____

27. If a divorce is granted, should the wife's maiden or prior name be restored? _____
If so, what name should be used? _____

28. Who referred you to this office? _____

*The information provided is true and correct to the best of my knowledge. I understand that the completion of this form and/or the payment of a consultation fee of \$200 **does not mean that the attorneys in this office will represent me.** I understand that employment of an attorney is contingent on payment of a retainer fee and the signing of an employment contract.*

Date

Signature

(please do not write below this line)

Retainer Quoted \$
Amount Paid \$
Date Paid
Retainer Agreement
Inventory & Appr.
Financial Info Form
Health & Ins. Stmt.