

FOR OFFICE USE ONLY:

INITIALS BELOW:

In Amicus, entered:

____ both parties name, address, phone, email
____ case # entered
____ court # entered
____ status "closed"

In Amicus, was either party previously in Amicus ____ (y/n)

Fee Collected _____

Copies Made _____

Copied Driver's License or ID _____

Provide Pen _____

CLIENT QUESTIONNAIRE
[Divorce Short Form]

- Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
- If a particular question does not apply, enter "n/a".
- **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law. However, if are requesting the presence of another person, such as _____, in the consultation with you, you will be waiving the Attorney-Client Privilege. _____ (your initials)
- Please attach consult fee of \$_____.
- Please provide your driver's license for copying.

CLIENT INFORMATION

Name: _____ Soc. Sec. No.: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ County: _____ Ethnicity: _____

Date of Birth: _____ City & State of Birth: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Dates of residency at current address: _____

List any previous residences in the past five (5) years, and dates resided in each:

Employer's Name: _____
Employer's Address: _____
Employer's Telephone No.: _____
Date of Employment: _____ Occupation: _____
Salary: \$_____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage. Please indicate employer and annual salary: _____

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe plans you have to enroll in school or complete your education, if any: _____

What is your religious preference? _____

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office?
___ Yes ___ No

If yes, please provide name, date retained, and reason to discontinue service:

SPOUSE'S INFORMATION

Name: _____ Soc. Sec. No.: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____ County: _____ Ethnicity: _____
Date of Birth: _____ City & State of Birth: _____

Home Phone: _____ Work: _____ Cell: _____
E-mail Address: _____ Facsimile Number: _____
Driver's License Number: _____ Issuing State: _____

Is spouse represented by counsel in this matter? ___ Yes ___ No

If yes, complete the following:

Spouse's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Facsimile Number: _____

Employer's Name: _____

Employer's Address: _____

Job Title: _____

Date of Employment: _____ Occupation: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage. Please indicate employer and annual salary: _____

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Indicate any additional plans for future employment: _____

Highest level of education completed: _____

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: _____

Describe any plans your spouse may have to enroll in school or complete his/her education: _____

What is your spouse's religious preference? _____

GENERAL MARITAL HISTORY:

Date of Marriage: _____

Place of Marriage: _____
(Please attach a marriage certificate)

Are you and your spouse currently living together? ___ Yes ___ No

If not, then Date of Separation: _____

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized:

CHILDREN'S INFORMATION (from this marriage):

Name:	SSN:	Place of Birth:	Date of Birth:	Living With:	Sex:
					M / F
					M / F
					M / F
					M / F
					M / F
					M / F

Is the wife currently pregnant? ___ No ___ Yes

Date child is due: _____

Do you/your spouse want to change back to the maiden name? ___ No ___ yes - If yes, please print the name: _____

UCCJEA INFORMATION

If either you, the other parent, or the child(ren) currently live in a state other than
Divorce Client Questionnaire

Texas, provide each address at which the child(ren) resided during the last five (5) years, and the names of the caretakers that lived with the children at each address:

Name of Custodian	Address	Dates of Residency

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? ___ No ___ Yes

If yes, please describe: _____

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding ___ No ___ Yes

If yes, please describe: _____

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? ___ No ___ Yes

If yes, please describe: _____

HEALTH INSURANCE

1. Do the children have health insurance? Yes / No (circle)
2. How is the insurance provided (circle one)?:
 a) A parent's employer (parent's name _____)

- b) public health insurance (Medicaid, CHIPs, Medicare)
- c) private health insurance not through employment

3. If so, provide the following:

Name of insurance company: _____

Policy number: _____ Group: _____

Party responsible for premium: _____

Monthly cost of premium: _____