

Client Interview Sheet - Modification

Date: _____

How did you hear about us? _____

Please complete the Questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and social security number.
 - a) Name: _____
 - b) Date of birth: _____ c) Place of birth: _____
 - d) Social security number: _____ e) Driver's license number: _____

2. Where are you living now?
 - a) Address: _____ City: _____ Zip Code: _____
 - b) Telephone number: _____ Cell number: _____

If your mailing address is different from your physical address, please list both.

3. Please complete the following concerning your employment.
 - a) Employer: _____
 - b) Job Title: _____
 - c) Address: _____
 - d) Telephone number: _____ Length of employment: _____
 - e) Gross salary per month or annually: \$ _____
 - f) Education: _____

4. Please give the other parent's full name, date and place of birth, and social security number
 - a) Name: _____
 - b) Date of birth: _____ c) Place of birth: _____
 - d) Social security number: _____ e) Driver's license number: _____

5. Where is the other parent living and what is the other parent's telephone number?
 - a) Address: _____
 - b) Telephone number: _____

6. Please complete the following concerning the other parent's employment.
 - a) Employer: _____
 - b) Job title: _____

- c) Address: _____
- d) Telephone number: _____ Length of employment: _____
- e) Gross salary per month or annually: \$ _____
- f) Education: _____

7. Please give full name, date and place of birth, sex, and Social Security number of each child of this relationship:

- a) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
- b) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
- c) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
- d) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____
- e) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

8. Are the children covered under any health insurance policy? _____ Monthly cost? _____
If so, what is the company's name? _____ Policy Number: _____
Who provides the health insurance (husband or wife)? _____

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

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

11. List all property (other than furniture and clothing) owned by the children. _____

12. How long have you lived in Texas? _____

13. What county do you reside in? _____
How long have you resided in that county? _____

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

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

16. Do you have children by a previous relationship? _____

If so, give full name, date and place of birth, and sex of each child of your previous relationships.

a) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

b) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

c) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

d) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

e) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

With whom do these children reside? _____

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

18. Has your former spouse been married before? _____

Does your former spouse have children by a previous marriage? _____

If so, give full name, date and place of birth, and sex of each child of former spouse's previous relationships.

a) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

b) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

c) Name: _____
Sex: _____ Birthplace: _____ Birth date: _____
Social Security number: _____

With whom do these children reside? _____

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