

PROSPECTIVE CLIENT INFORMATION SHEET

DIVORCE

LEGAL ASSISTANT'S USE ONLY

Check Suspense:

2004 2007
 2005 2008
 2006 2009

Today's Date ___/___/___

Time of Appointment: ___:___ .m.

Name _____ Date of Birth ___/___/___ Age _____

Address _____

City _____ County _____ State _____ Zip _____

Phone: Home (____) _____ Business (____) _____

Pager (____) _____ Mobile (____) _____

Fax (____) _____ E-Mail Address _____

Social Security No. _____ - _____ - _____

Driver's License No. _____ State _____

Place of Birth: City _____ State _____

Height _____ Weight _____ lbs. Color of Hair _____ Race _____

Employer _____ Years _____

Occupation _____; Title _____; Days you work _____; Your hours _____

Address _____

Do you rent or own? _____ How much is your monthly rent or house payment? \$ _____

Your annual income \$ _____ Your net monthly income \$ _____

Spouse's Information

Name _____ Date of Birth ___/___/___ Age _____

Address _____

City _____ County _____ State _____ Zip _____

Social Security No. _____ - _____ - _____

Driver's License No. _____ State _____

Place of Birth: City _____ State _____

Phone: Home (____) _____ Business (____) _____

Height _____ Weight _____ lbs. Color of Hair _____ Race _____

Employer _____ Years _____

Occupation _____; Title _____; Days at work _____; His/her hr. _____

Address _____

Spouse's annual income \$ _____; Spouse's net monthly income \$ _____

Is any member of your family, including yourself, Native American Indian? Yes No

Date of Marriage ___/___/___ Date of Separation ___/___/___

Place of marriage: City _____ State _____

Wife's maiden name: _____

Have you or your spouse lived in the State of Texas for at least 6 months? Yes No

In what county have you resided in for the last 90 days? _____

Have you or your spouse executed a prenuptial or postnuptial agreement? Yes No

Has there been any family violence during the marriage? Yes No

If yes explain: _____

Was medical attention sought? Yes No

Was anyone arrested? Yes No

Have you been served with legal papers? _____ If yes, on what date were you served? ___/___/___

Have you or your spouse ever filed bankruptcy? Yes No

If yes, when _____; What chapter? _____ Discharge date _____

Have you or your spouse applied for Medicaid or AFDC benefits? Yes No

CHILD(EN)

Are there any children adopted or conceived during the marriage? ___ If so, please list their

(a)names, (b)birthdays, (c)social security numbers, (d)places of birth, and (e)ages:

(a) _____ (b) ___/___/___ (c) _____ - _____ - _____ (d) _____ (e) _____

(a) _____ (b) ___/___/___ (c) _____ - _____ - _____ (d) _____ (e) _____

(a) _____ (b) ___/___/___ (c) _____ - _____ - _____ (d) _____ (e) _____

(a) _____ (b) ___/___/___ (c) _____ - _____ - _____ (d) _____ (e) _____

Do any of the children have medical or physical disabilities? ___ Yes ___ No If yes, please explain **who** diagnosed, **when** & **what** child was diagnosed with:

Have prior Orders been entered regarding the children? Yes No

If so, when? _____

Has the Attorney General ever been involved? Yes No

Are there any suits pending regarding Protective Order? Yes No

Are there any suits pending regarding Domestic Violence? Yes No

Are there any suits pending regarding Termination of Parental Rights? Yes No

Do you or your spouse own a house, real estate, or real property? If yes, please state (a) the address, (b) date acquired, (c) purchase price, (d) fair market value, and (e) amount presently owed:

(a) _____ (b) ___/___/___ (c)\$ _____ (d)\$ _____ (e)\$ _____
 (a) _____ (b) ___/___/___ (c)\$ _____ (d)\$ _____ (e)\$ _____
 (a) _____ (b) ___/___/___ (c)\$ _____ (d)\$ _____ (e)\$ _____
 (a) _____ (b) ___/___/___ (c)\$ _____ (d)\$ _____ (e)\$ _____

Was any of the property mentioned above purchased with monies that either spouse had prior to the marriage or with monies that either spouse had inherited during the marriage? Yes No

Do you or your spouse own/lease any autos, all terrain vehicles, motorcycles, boats/water crafts, and/or trailers? If so, please list the following: **(a) description, (b) year, (c) model, (d) name it is in, (e) amount of debt owed & (f) license plate number:**

(a) _____ (b) _____ (c) _____ (d) _____ (e)\$ _____ (f) _____
 (a) _____ (b) _____ (c) _____ (d) _____ (e)\$ _____ (f) _____
 (a) _____ (b) _____ (c) _____ (d) _____ (e)\$ _____ (f) _____
 (a) _____ (b) _____ (c) _____ (d) _____ (e)\$ _____ (f) _____
 (a) _____ (b) _____ (c) _____ (d) _____ (e)\$ _____ (f) _____

Do you or your spouse have any of the following:

	You or	Your spouse/ ex-spouse	Date Acquired	Amount/Bal
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Certificates of Deposits (C.D.'s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
IRA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
401 K	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other Retirement _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Life Ins. (other than term policy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Frequent Flyer Miles	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stock incentive plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Livestock	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Registered Animals	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Oil & Gas Royalties	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Water Rights	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Airplanes/Helicopters	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Boats/Water Crafts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Manufactured Homes/R.V.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Closely held bus/Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If yes, please list (a) name of Credit Card/Bank (b) approximate balance (c) who is primary on card(s)?

(a) _____ (b) \$ _____ (c) _____

(a) _____ (b) \$ _____ (c) _____

(a) _____ (b) \$ _____ (c) _____

(a) _____ (b) \$ _____ (c) _____

(a) _____ (b) \$ _____ (c) _____

During the marriage, did either you or your spouse inherit money or property? Yes No

If yes, who, when, and what?

During the marriage, did either you or your spouse receive a personal injury settlement?

Yes No If yes, who, when, and what?

Is a personal injury suit pending? Yes No

Do you plan on filing a personal injury suit litigating any accidents that occurred during the marriage? ____

Do you or your spouse have any physical or mental incapacitating illness? _____ If yes, please list the doctor who made the diagnosis, **when** the diagnosis was made, and if either of your lives have been adversely impacted by the illness: _____

Will anyone allege that you or your spouse or ex-spouse has done any of the following?

	You	Your spouse or ex-spouse
1. Committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
4. Used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|-----|---|--------------------------|--------------------------|
| 9. | Been hospitalized for abusing alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Engaged in gambling activities (legal or illegal)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Engaged in other illegal activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Attempted suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Been hospitalized for an emotional or psychiatric disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Suffered from or received treatment for an emotional or psychiatric condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Abused own spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Been accused of child abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Had a sexual relationship during the marriage with someone other than own spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Had a homosexual/bisexual relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Engaged in unusual sexual practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Had a pregnancy outside of marriage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Had a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Drunk to excess?
If so, what and how often? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Other? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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 or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party? _____
29. If so, describe the content: _____
- _____
- _____

In case of emergency, notify:

Name _____

Address _____

Phone: (____) _____ Relationship _____

Is this your first visit to an attorney? ___ Yes ___ No

If not, who was your previous attorney? _____

Who will be financially responsible for attorney fees? _____

Do you have a current will? ___ Yes ___ No

How were you referred to us? Check all that apply

- Great Western Phone Directory: Arlington
- Southwestern Bell Yellow Pages: Arlington Fort Worth
- www.yellowpages.com
- Our website (www.stephaniefosterattorney.com)
- Tarrant County Referral Service
- Arlington Bar Association Referral Service
- Mansfield Magazine
- AMC Theatre at the Parks Mall
- Studio Movie Grill
- Cinemark off Hwy 287
- Friend _____
- Other _____

ATTORNEY'S USE ONLY

FILE _____ on or before _____;

Name Change: _____