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## **Client Questionnaire—Divorce (No Children)**

Please fill out this questionnaire and bring it with you to your consultation. It is important that you answer each question fully.

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on 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.

### **NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

**Today's Date** \_\_\_\_\_

#### **About you:**

1. Please give the following information.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

2. Where are you living now, and what is your phone number?

Address: \_\_\_\_\_

**Attorney/Client-Privileged Information**

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_

3. Who else lives in your household? \_\_\_\_\_

4. How do you prefer that we contact you?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pager: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. Emergency Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

6. Who referred you to this office? \_\_\_\_\_

7. Have you consulted or retained any other attorneys on this matter before coming to this office? \_\_\_\_\_

Is so, please state who and when: \_\_\_\_\_

\_\_\_\_\_

8. Please give the following information concerning your employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

**Attorney/Client-Privileged Information**

E-mail: \_\_\_\_\_ May we e-mail you at work? \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**About your spouse:**

9. Please give the following information.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

10. Where is your spouse living now, and what is his or her phone number and e-mail address?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

11. Who else lives in your spouse's household? \_\_\_\_\_

12. Please give the following information concerning your spouse's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attorney/Client-Privileged Information**

E-mail: \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**About your marriage and separation:**

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

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Are you now separated from your spouse? \_\_\_\_\_

If so, please state date of separation: \_\_\_\_\_

14. Have you seen a marriage counselor? \_\_\_\_\_

If so, please state name: \_\_\_\_\_

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

\_\_\_\_ drugs/alcohol      \_\_\_\_ financial dispute      \_\_\_\_ physical violence

\_\_\_\_ emotional abuse      \_\_\_\_ your infidelity      \_\_\_\_ religion

\_\_\_\_ confinement in      \_\_\_\_ noncohabitation      \_\_\_\_ your spouse's  
mental institution      for at least 3 years      infidelity  
for at least 3 years

\_\_\_\_ other \_\_\_\_\_

16. How long have you lived in Texas? \_\_\_\_\_

How long have you lived in the county where you now reside? \_\_\_\_\_

17. Have you or your spouse ever filed for divorce? \_\_\_\_\_

**Attorney/Client-Privileged Information**

- If so, when and where? \_\_\_\_\_
18. Does your spouse have an attorney? \_\_\_\_\_  
If so, who? \_\_\_\_\_
19. Have you ever been married before? \_\_\_\_\_  
If so, how many times? \_\_\_\_\_
20. Do you or your spouse have any other children not born of this marriage relationship?  
\_\_\_\_\_
21. If a divorce is granted, should the wife's maiden name be restored? \_\_\_\_\_  
If so, what name should be used? \_\_\_\_\_
22. Have you or your spouse ever sought or been subject to a protective order? \_\_\_\_\_  
\_\_\_\_\_
23. What automobile do you drive? (List make, model and year): \_\_\_\_\_  
\_\_\_\_\_
24. What automobile does your spouse drive? (List make, model and year): \_\_\_\_\_  
\_\_\_\_\_
25. Is there an existing pre-marital or post-marital agreement? \_\_\_\_\_  
If so, please bring to your initial appointment.