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Client Questionnaire—Divorce

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.

About your children:

26. Please give the following information for each child.

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Attorney/Client-Privileged Information

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

27. Is private health insurance in effect for the children? _____

If so, please give the following information.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

28. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

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? _____

Attorney/Client-Privileged Information

Do you have access to private health insurance at reasonable cost to you?

Does the other parent of your children have access to private health insurance at reasonable cost to [him/her]?

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? _____

29. Will there be an agreement on custody of the children? _____

Who will the children live with primarily? _____

30. Where and with whom are the children living now? _____

31. List all property (other than furniture and clothing) owned by the children:

Jurisdictional information regarding children (answer questions 7.–11. only if a party or potential party resides outside Texas):

32. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period. _____

33. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any. _____

Attorney/Client-Privileged Information

34. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

35. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children. _____

36. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief. _____

37. Have you or the other parent ever contacted or been contacted by the Office of the Attorney General? _____

38. Have you or the other parent ever contacted or been contacted by child protective services? _____

39. Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

40. Do you or the other parent have a drug or alcohol problem? If so, explain. _____
