



**CLIENT
QUESTIONNAIRE
FOR REPRESENTATION
IN DIVORCE**

PLEASE FILL OUT USING ALL AVAILABLE, ACCURATE INFORMATION

Failure to provide current and accurate information on these forms makes it very difficult to provide service to you as a divorce client of our firm. The family courts of the State of Texas require absolutely accurate reflections of the situations of the parties to the divorce and the children of the marriage, and when appropriate, your failure to provide this information or your providing inaccurate or false information, may result in your own personal liability therefor, possible criminal charges against you and your fee forfeited.

UPON COMPLETION PLEASE RETURN TO THE OFFICE OF THE EARP LAW FIRM,
P.C.. IF IN ANSWERING ANY PART OF THIS QUESTIONNAIRE YOU HAVE
QUESTIONS, PLEASE DO NOT HESITATE TO CALL US.

Client Name: _____

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

It is imperative that you be candid!

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. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

About You:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name: _____

Date of Birth: _____ Race: _____

Place of Birth: City _____ County _____ State _____

Social Security number: _____

Driver's License: State _____ Number _____

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

Address: _____

City: _____ County: _____

State: _____ Zip: _____

Home phone: _____

How long have you lived at this address? _____

3. At what address do you wish to receive mail from this office? HOME / WORK / OTHER

If "other", please specify: _____

4. How do you prefer that we contact you?

E-mail: _____

Phone: _____

Fax: _____

Pager: _____

Mobile Phone: _____

5. Who referred you to this office? _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City: _____ County: _____

State: _____ Zip: _____

Telephone number: _____ May we call you at work? YES / NO

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About the Other Party:

This questionnaire is used to obtain information for divorces and child custody matters.

References to “spouse” or to “the opposing party” are intended to refer to your current husband or wife.

8. Please give the opposing party's *full* name, date and place of birth, & Social Security number.

Full name: _____

Date of Birth: _____ Race: _____

Place of Birth: City _____ County _____ State _____

Social Security number: _____

Driver's License: State _____ Number _____

9. Where is the opposing party living now, and what is his or her phone number?

Address: _____

City: _____ County: _____

State: _____ Zip: _____

Home phone: _____

How long have they lived at this

address? _____

10. To the best of your knowledge, has the opposing party retained an attorney in this matter?

YES / NO If so, whom? _____

11. Please complete the following information concerning the opposing party's employment.

Employer: _____

Job title: _____

Street address: _____

City: _____ County: _____

State: _____ Zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your children:

12. Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage:

Name: _____

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

Place of Birth: City _____ County _____ State _____

Social Security number: _____ Race: _____

Name: _____

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

Place of Birth: City _____ County _____

State _____

Social Security number: _____ Race: _____

Name: _____

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

Place of Birth: City _____ County _____ State _____

Social Security number: _____ Race: _____

13. Will there be a dispute over the children? _____

If *not*, with whom will custody be? _____

If *not*, what agreements do you and your spouse have as to child support? _____

If *not*, what agreements do you and your spouse have as to visitation between the non-custodial parent and the child[ren]? _____

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

About your marriage and separation:

Please answer the following questions regarding your relationship with the opposing party. It is important for your attorney what issues have arisen in the past, so that they may be prepared to deal with them, if they arise in the current case.

15. 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: _____

16. Have you seen a marriage counselor? _____

If so, please state name: _____

17. What is your religious preference? _____

If none, are you agnostic or atheist? _____

18. What is your spouse's religious preference? _____

If none, is your spouse agnostic or atheist? _____

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

<input type="checkbox"/> drugs/alcohol	<input type="checkbox"/> sexual disappointment	<input type="checkbox"/> infidelity
<input type="checkbox"/> financial dispute	<input type="checkbox"/> physical violence	<input type="checkbox"/> religion
<input type="checkbox"/> incompatibility	<input type="checkbox"/> other: _____	

If physical violence is or was an issue in your relationship, were any formal charges ever brought against either party? YES / NO Against whom? YOU / YOUR SPOUSE

List the dates of any formal complaints: _____

Did these charges result in a conviction for Family Violence? YES / NO

Against whom? YOU / YOUR SPOUSE

20. How long have you lived in Texas? _____

How long have you lived in the County in which you currently reside ? _____

21. Have you or your spouse ever previously filed for divorce (from each other)? YES / NO

If so, when and where? _____

22. Have you ever been married before? _____

If so, how many times? _____

Has your spouse been married before? _____

If so, how many times? _____

23. Do you or your spouse have any other children for whom a duty of support is owed?

YES / NO If so, please give the full name, date and place of birth, sex, and Social

Security number of each such child:

Name: _____

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

Place of Birth: City _____ County _____ State _____

Social Security number: _____ Race: _____

Name: _____

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

Place of Birth: City _____ County _____ State _____

Social Security number: _____ Race: _____

Name: _____

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

Place of Birth: City _____ County _____ State _____

Social Security number: _____ Race: _____

24. Where and with whom do these children live? _____

25. Do you pay or receive child support? PAY / RECEIVE / NEITHER

If so, how much? \$ _____ per _____

26. Does your spouse or ex-spouse pay or receive child support? PAY / RECEIVE / NEITHER

If so, how much? \$ _____ per _____

27. If a divorce is granted, should the wife's maiden name be restored? YES / NO

If so, what name should be used? _____

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail. Will anyone **allege** that you or your spouse has done any of the following:

	YOU	YOUR SPOUSE
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____

17. Been accused of child abuse? _____

18. Had a sexual relationship during the marriage with someone other than own spouse? _____

YOU YOUR SPOUSE OR EX-SPOUSE

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.

20. Had a homosexual/bisexual relationship? _____

21. Engaged in unusual sexual practices? _____

22. Had a pregnancy outside of marriage? _____

23. Had a sexually transmitted disease? _____

24. Been photographed or video taped in a compromising manner (i.e. sexy photos)? _____

25. Been photographed or videotaped engaging in any unlawful activities? _____

26. Been photographed or videotaped engaging in any embarrassing or morally questionable activities? _____

For each "YES" answer on questions 24, 25, and/or 26, describe the content of the photos or videos. Include the name of the person in possession of same.

27. Drunk to excess? _____

If so, what and how often? _____

28. Other? _____
(Include *anything* that may have come to mind while answering these questions, but that was not covered by a question, whether or not you think it is important.)

29. 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:

30. Do you or your spouse or ex-spouse suffer from any mental or physical disability that would interfere with being able to care for the children?

VERIFICATION

"I have read the instructions for how to fill out the Client Questionnaire for Representation in Divorce and I state that all the information I have is fully disclosed by me on the attached Client Questionnaire for Representation in Divorce."

Sign: _____

Printed Name of Client: _____

Date: _____
