



NEW CLIENT INFORMATION

REFERRED BY: _____

DATE: _____

1. Your Full Name: _____
First Middle Last (Maiden)

2. Your Present Address: Street _____
City _____ State _____ Zip _____

3. County of Residence: _____

4. If you wish mail from this office to be sent to a different address, please furnish desired address here:

5. Home Phone: _____ 6. Date of Birth _____ 7. Age _____

8. Fax Number _____ 9. Is it okay to fax without calling first? _____

10. E-mail Address _____

11. Cell Phone _____ 12. Birthplace _____

15. How long in Texas _____ 16. How long in County _____

17. Employer _____

18. Work Address _____

19. Work Phone _____ 20. Social Security Number _____

21. Driver's License Number _____ 22. State _____

23. Do you want to restore your maiden name? Yes _____ No _____ N/A _____

If so, write out the entire name you wish restored: _____

24. Full name of any businesses in which you or your spouse have an ownership interest:

OPPOSING PARTY INFORMATION: (CIRCLE ONE) Spouse Ex-Spouse Other

1. Full Name _____
 First Middle Last (Maiden)
2. Present Address: Street _____
 City _____ State _____ Zip _____
3. County of Residence _____
4. Home Phone _____ 5. Date of Birth _____ 6. Age _____
7. Birthplace _____ 8. Race _____
9. How long in Texas _____ 10. How long in County _____
11. Employer _____
12. Work Address _____
13. Work Phone _____ 14. SSN _____
15. Driver's License Number _____ 16. State _____

Children (involved in this case): (If no children, skip to page 4)

1. Name _____ Sex _____
 Date of Birth _____ Place of Birth _____
 Present Address _____
 Social Security Number _____
2. Name _____ Sex _____
 Date of Birth _____ Place of Birth _____
 Present Address _____
 Social Security Number _____

3. Name _____ Sex _____

Date of Birth _____ Place of Birth _____

Present Address _____

Social Security Number _____

4. Children are presently in the custody of _____

5. Do you plan to seek primary custody of the children? Yes _____ No _____

6. Does your spouse/ex-spouse plan to seek primary custody? Yes _____ No _____

7. Do your children have any special needs? Yes _____ No _____

If yes, describe the special needs: _____

8. Do both parents reside in Texas? Yes _____ No _____

9. Have you participated in other custody litigation in this or any other state? Yes _____ No _____

If yes, state: Date _____ State _____ Court/Cause No. _____

10. Do you know of any person(s), not a party to this proceeding, who has/have physical custody of the children or claims to have custody or visitation rights?

Yes _____ No _____ If yes, state name and address of each person: _____

11. Suit information (to be completed only if suit has been filed):

Name of opposing attorney: _____

Court Number: _____ Cause Number: _____

Date and topic of pending hearings: _____

COMPLETE THIS SECTION FOR DIVORCE CASES:

Marriage:

1. Date of Marriage _____ 2. Date of Separation _____
3. Place of Marriage _____
4. Name of family/marriage counselor, if any _____
5. Name of accountant, if any _____

COMPLETE THIS SECTION FOR MODIFICATION CASES:

Case to be Modified:

1. Date of Divorce _____ 2. County _____
3. Court Number _____ 4. Cause Number _____
5. Name of your attorney in prior suit, if any _____
6. Name of opposing party's attorney in prior suit, if any _____
7. Who has custody of the children under the prior order? _____
8. Monthly child support ordered: \$ _____
9. Describe the nature of the current problem _____

10. Suit Information (to be completed only if suit has been filed):
Name of opposing attorney _____
Court Number _____ Cause Number _____
Date and topic of pending hearings _____

