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CLIENT INFORMATION FORM
ATTORNEY CLIENT PRIVILEGE

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

INFORMATION ABOUT YOU

Full name: _____

Date of birth: _____

Place of birth: _____

SSN: _____

DL#: _____

Current home address: _____

County: _____

Length of time you have lived at your present address: _____

Your employer name and address: _____

Your job position and
duties:

Work phone:

Work Fax:

Email: _____

Cell phone: _____

Alternate phone contact if we can't reach you any other way: _____

How did you select our firm:

referred by another attorney (who): _____

referred by someone else (who): _____

other: _____

INFORMATION ABOUT YOUR SPOUSE

Spouse's Full name: _____

Date of birth: _____

Place of birth: _____

DL#: _____

SSN: _____

Spouse's current home address: _____

County: _____

Length of time your spouse has lived at current address: _____

Spouse's employer name and address: _____

Spouse's job position and duties: _____

Spouse's driver's license number and state of issue: _____

If we must serve your spouse with legal papers, when and where would be best:

What does your spouse look like (a photograph would be useful): _____

INFORMATION ABOUT YOUR MARRIAGE

Date you were married: _____

Place (City and State): _____

Who moved out of the marital home and when? _____

Were you ever separated or divorced from this spouse before now? Yes No

If so, when and why: _____

Have you ever been divorced before? Yes No

If so, when, list court, state, name of former spouse, and date of divorce: _____

What is the primary reason you want this divorce:

irreconcilable differences adultery _____
abandonment
physical abuse mental abuse _____
spouse's addiction

List your children by any prior relationship (name, age, residence):

1. _____

2. _____

3. _____

List your spouse's children by any prior relationship (name, age, residence):

1. _____

2. _____

3. _____

INFORMATION ABOUT CHILDREN OF THE MARRIAGE

Name the children of this marriage Male or Female Date of birth
SSN

1. _____
2. _____
3. _____

Do you have reason to question who the father of any of these children is:

Please explain: _____

Where and with whom your children have lived for the past five years:

from date - to date City and State With What Adults

_____ -

_____ -

_____ -

_____ -

Are any of your children of Indian blood? Yes No On a tribal roll?
_____ Yes _____ No

Have your children been the subject of any other legal proceedings, including DHS investigations, neglect or delinquency proceedings, adoption, grandparental rights proceedings, personal injury actions? If so, explain:

INFORMATION ABOUT YOUR HEALTH INSURANCE

Are your children covered on any health insurance policy? _____ Yes _____ No

Name of health plan _____

Policy Number: _____

Name of dental plan: _____

Deductible: _____

\$

Co-Pay on doctor visits \$ _____

Co-Pay on prescriptions \$ _____

As to the premium, please state:

cost for employee only \$ _____ amount deducted each pay
period \$ _____

cost for employee and spouse \$ _____ how often is the deduction
made?

cost for employee and children \$ _____ _____ weekly
_____ every two
weeks
_____ two times per
month
_____ once per
month

Is the premium for the insurance paid through deduction from your or your spouse's pay?

Mine My spouse's

Do you, your spouse or any of your children have any serious health problems, please describe: _____

INFORMATION ABOUT YOUR HOME

Briefly describe your home: _____

Do you want your spouse to move out?

Yes _____

No: _____

Give the legal description of your home (it's on your deed or mortgage):

If your home is mortgaged, identify:

Name of mortgage holder (lender): _____

Address of mortgage holder: _____

Account number: _____

Date acquired home: _____

Total price \$ _____

Down payment \$ _____

Original mortgage amount

\$ _____

Current balance of mortgage \$ _____

Monthly payment on mortgage

\$ _____

Date of last appraisal: _____

Is home now listed for sale? Yes No

Amount of last appraisal: _____

Name and phone number of realtor: _____

Name and Number of appraiser: _____

NOTE: IF YOU OR YOUR SPOUSE OWN ANY OTHER REAL PROPERTY (LAND OR HOMES), PLEASE PROVIDE THE INFORMATION REQUESTED ABOVE AS TO EACH SUCH PROPERTY ON THE BACK OF THIS SHEET.

INFORMATION ABOUT YOUR VEHICLES

What vehicle(s) do you now have? (year, make, model) _____

What vehicle(s) do you want to keep permanently? _____

List the current mileage _____

List the VIN of the vehicle: _____

What vehicle(s) does your spouse now have? (year, make, model): _____

What vehicle(s) do you want your spouse to keep permanently? _____

List the current mileage _____

List the VIN of the vehicle: _____

Do you or your spouse or children own any other vehicles? Identify them: _____

Identify any outstanding debts on these vehicles:

Lender: _____

Account number: _____

Amount of Original Note: _____

Current balance: _____

Monthly payment: _____

Are any of the vehicle(s) you have listed above titled in the name of anyone other than you or your spouse?

If so, explain: _____