

Client Name: _____ **Date:** _____

CLIENT QUESTIONNAIRE – DIVORCE WITH CHILDREN

Welcome to Kersh Law Firm, P.C. Please fill out this questionnaire. If a question does not apply to your particular situation, then indicate by marking the question “N/A.” If the answer to any question requires more space, then attach a sheet of paper to this questionnaire with the question number and your answer.

It is important that you answer each question. 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. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

INFORMATION REQUESTED

About You:

1. Your Full Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number and State: _____

Maiden Name, if applicable: _____

Current Home Address: _____

City/State/Zip/County: _____

Home Phone: _____ Cell Phone: _____

Email*: _____

(*email communications may not be confidential)

2. Who else lives in your household? _____

3. What address do you wish to receive mail from this office?

Current Home Address Work Address

Other, please specify: _____

4. How do you prefer that we contact you?

Mail Home Phone Cell Phone Email

Other, please specify: _____

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. Your Employer: _____
Job Title: _____
Work Address: _____
City/State/Zip: _____
Work Phone: _____ May we call you at work? _____
Work Email: _____ May we email you at work? _____
Monthly Gross Salary: _____
Annual Gross Salary: _____
Length of Employment: _____
Education/Training: _____

About Your Spouse:

8. Your Spouse's Full Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Driver's License Number and State: _____
Maiden Name, if applicable: _____
Your Spouse's Current Home Address: _____
City/State/Zip/County: _____
Home Phone: _____ Cell Phone: _____
Email*: _____
(*email communications may not be confidential)
9. Who else lives in your spouse's household? _____

10. Your Spouse's Employer: _____

Job Title: _____

Work Address: _____

City/State/Zip: _____

Work Phone: _____ Work Fax: _____

Work Email: _____

Monthly Gross Salary: _____

Annual Gross Salary: _____

Length of Employment: _____

Education/Training: _____

About Your Marriage and Separation:

11. Marriage Date: _____ Marriage City/State/Country: _____

12. Are you now separated from your spouse? _____

If so, state date of separation: _____

13. Have you seen a marriage counselor? _____

If so, state their name: _____

14. Have you and your spouse attempted reconciliation? _____

If not, would you like to attempt reconciliation? _____

15. What is your religious preference? _____

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

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

Drugs/Alcohol Financial Dispute Physical Violence
 Emotional Abuse Your Infidelity Your Spouse's Infidelity
 Religion Confinement in Mental Institution for at Least 3 Years
 Noncohabitation for at Least 3 Years
 Other, please specify: _____

18. How long have you lived in Texas? _____

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

19. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

20. Does your spouse have an attorney? _____

If so, who? _____

21. Have you ever been married before? _____ If so, how many times? _____

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

If so, please give the following information for each such child.

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: _____

Name: _____

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

Place of Birth: _____

Social Security Number: _____

Driver's License Number and State: _____

Disability, if any: _____

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

24. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

25. Does your spouse pay/receive child support? _____
If so, how much? \$_____ per _____

26. If a divorce is granted, should the wife's maiden name be restored? _____
If so, what name should be used? _____

27. Have you or your spouse ever sought or been subject to a protective order? _____

28. Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? _____

29. Have you or your spouse ever contacted or been contacted by child protective services?

30. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

About Weapons and Ammunition:

31. Are there firearms or ammunition in your possession or subject to your control? _____
If so, describe the items and state their location.

32. Are there firearms or ammunition in your spouse's possession or subject to your spouse's control? _____ If so, describe the items and state their location.

Property

33. Do you and your spouse currently own any real property such as a home or land? _____
If so, give the property address and description.

34. Do you currently have a vehicle(s) that you wish to remain in your custody and control during the divorce proceedings? _____
If so, give the following vehicle information.
Year: _____ Make/Model: _____
VIN: _____