

CLIENT QUESTIONNAIRE - DIVORCE

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.

DATE: _____

ATTORNEY: MARGO AHERN FOX

_____ POTENTIAL NEW CLIENT

_____ FORMER CLIENT/NEW MATTER

REFERRED BY: _____

CLIENT INFORMATION

FIRST, MIDDLE & LAST NAME: _____

OTHER NAMES: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NO.: _____

RESIDENCE ADDRESS: _____

RESIDENCE COUNTY: _____

RESIDENCE PHONE: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

RACE: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: City _____ State _____ County _____

MARITAL STATUS: _____ MAIDEN NAME: _____

EMPLOYMENT:

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

WORK PHONE: _____ WORK FAX: _____

WORK EMAIL ADDRESS: _____

Can we email you at work? (circle one) Yes No

JOB TITLE: _____

LENGTH OF CURRENT EMPLOYMENT: _____

APPROXIMATE GROSS MONTHLY INCOME: \$ _____

OTHER SOURCES OF INCOME: _____

YOUR EMPLOYMENT HISTORY FOR PAST 5 YEARS:

<u>EMPLOYER</u>	<u>TIME PERIOD</u>	<u>YEARLY SALRY</u>	<u>JOB TITLE</u>
-----------------	--------------------	---------------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT INFORMATION

(pension, stocks, 401 (k), stock options, mutual funds, LTT's etc):

<u>COMPANY</u>	<u>ESTIMATED VALUE</u>
----------------	------------------------

_____	_____
_____	_____
_____	_____

EDUCATION

(please check highest level of education and list degree if applicable. If some hours, but no degree, list number of hours towards degree):

- GED
- High School Diploma
- Associate's Degree: _____
- Bachelor's Degree: _____
- Masters: _____
- Other: _____

DISABILITIES

ARE YOU REQUESTING A NAME CHANGE? (circle one) Yes No

If so, please provide full name: _____

**HOW DO YOU PREFER THAT WE CONTACT YOU AND WHERE SHOULD WE SEND YOUR
BILLING STATEMENTS AND OTHER CONFIDENTIAL DOCUMENTS?**

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

FAX: _____ PAGER: _____

E-MAIL: _____

PERSON WE CAN CONTACT IF WE CANNOT REACH YOU:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

HAVE YOU CONSULTED WITH ANOTHER ATTORNEY (circle one) Yes No

NAME: _____

FIRM: _____

SPOUSE'S INFORMATION

FIRST, MIDDLE & LAST NAME: _____

MAIDEN NAME: _____

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

RESIDENCE ADDRESS: _____

RESIDENCE COUNTY: _____

RESIDENCE PHONE: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

MILITARY STATUS: _____

RACE: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: City _____ State _____ County _____

EMPLOYMENT:

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

WORK PHONE: _____ WORK FAX: _____

WORK EMAIL ADDRESS: _____

Can we email him/her at work? (circle one) Yes No

JOB TITLE: _____

LENGTH OF CURRENT EMPLOYMENT: _____

APPROXIMATE GROSS MONTHLY INCOME: \$ _____

OTHER SOURCES OF INCOME: _____

SPOUSE'S EMPLOYMENT HISTORY FOR PAST 5 YEARS

<u>EMPLOYER</u>	<u>TIME PERIOD</u>	<u>YEARLY SALRY</u>	<u>JOB TITLE</u>
-----------------	--------------------	---------------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT INFORMATION

(pensions, stocks, 401 (k), stock options, mutual funds, LTI's etc):

<u>COMPANY</u>	<u>ESTIMATED VALUE</u>
----------------	------------------------

_____	_____
_____	_____
_____	_____

EDUCATION

(please check highest level of education and list degree if applicable. If some hours, but no degree, list number of hours towards degree):

- GED
- High School Diploma
- Associate's Degree: _____
- Bachelor's Degree: _____
- Masters: _____
- Other: _____

DISABILITIES

OPPOSING COUNSEL:

NAME: _____

ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

OTHER INFORMATION

DATE OF MARRIAGE: _____

DATE COMMON LAW MARRIAGE CERTIFICATE WAS FILED WITH THE COUNTY CLERK: _____ (*Please provide us with a copy of this certificate during your consultation.)

IF THE ABOVE DOES NOT APPLY, DATE YOU AND SPOUSE HELD EACH OTHER OUT TO BE MARRIED (i.e. began filing joint tax returns) _____

WHERE DID YOU MEET: _____

CITY & STATE & COUNTRY OF MARRIAGE: _____

DATE OF SEPARATION: _____

GROUND(S) FOR DIVORCE (check all that apply):

- _____ Insupportability (no fault ground, a.k.a. irreconcilable differences)
- _____ Cruelty
- _____ Adultery
- _____ Conviction of Felony during the marriage
- _____ Abandonment (for at least 1 year)
- _____ Living Apart (without cohabitation for at least 3 years)
- _____ Confinement in Mental Hospital (for at least 3 years)

AUTOMOBILES

Your auto:

Year Make Model VIN#

Spouse's auto:

Year Make Model VIN#

Additional automobiles in your possession:

Year Make Model VIN#

Year Make Model VIN#

Additional automobiles in spouse's possession:

Year Make Model VIN#

Year Make Model VIN#

FINANCIAL HISTORY:

(please attach a copy of your credit report; go to www.annualcreditreport.com, Experian, Transunion or Equifax)

- Bankruptcy: _____
- FICO Credit Rating/Score: _____
- Estimated Debt: _____
- Estimated Assets: _____

CHILD(REN) OF THIS MARRIAGE

1. **NAME:** _____
(first) (middle) (last)

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ **M or F:** _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ **NUMBER OF YEARS:** _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ **H.S. GRADUATION DATE:** _____

2. **NAME:** _____
(first) (middle) (last)

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ **M or F:** _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ **NUMBER OF YEARS:** _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ **H.S. GRADUATION DATE:** _____

3. NAME: _____
(first) (middle) (last)

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ M or F: _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ NUMBER OF YEARS: _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ H.S. GRADUATION DATE: _____

4. NAME: _____
(first) (middle) (last)

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ M or F: _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ NUMBER OF YEARS: _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ H.S. GRADUATION DATE: _____

5. NAME: _____
(first) (middle) (last)

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ M or F: _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ NUMBER OF YEARS: _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ H.S. GRADUATION DATE: _____

DISABILITIES

<u>Name of Child</u>	<u>Disability</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

RELIGIOUS PRACTICES

What religion/spiritual practice do you participate in, if any? _____

Where (name of church, synagogue, mosque, Hindu temple, etc.) do you attend service?

How often do you attend service? _____

Does your spouse attend service with you? Yes No

If you have children, do they attend service with you? Yes No

COLLABORATIVE LAW

The Collaborative Law approach allows couples to cope with their divorce while maintaining respect and civility towards one another. The animosity and resentment that can be generated during divorce can destroy critical relationships, causing long-term suffering for both parents and children.

Approaching divorce in this fashion avoids the necessity of setting hearings and spending exorbitant amounts of money on court costs typically seen in litigated cases. Additionally, couples, along with their individual attorneys, develop a workable, long-term settlement plan that addresses the interests of everyone involved. When there are children, their well being comes first. It's a team approach to divorce, handled out of court.

If you answer "yes" to the questions below, Collaborative Law may be the best approach to divorce for you, your spouse and your children (if any).

Have you heard about Collaborative Law previously? Yes No

If you have, please state the firm where you heard about Collaborative Law _____

Have you and your spouse talked about how to proceed with divorce and avoid Court intervention at the same time? Yes No

Do you want to avoid financial and emotional stress during your divorce? Yes No

Do you want to have a peaceful relationship with your spouse during and post divorce for your sake and the sake of your children? Yes No

Do you feel that both parties and children (if any) would benefit from the Collaborative Law process? Yes No

Are you interested in learning about the Collaborative Law approach? Yes No

For more information on Collaborative Law prior to your consultation, visit www.collablawtexas.com.

JURISDICTION / AGREEMENTS / DISAGREEMENTS

Who do the children primarily reside with presently? _____

Is there a court of continuing jurisdiction, meaning, have previous court cases touched upon issues involving the children? Yes No

If yes, please provide the county, and state, and if you have it, the cause number of the court case
(*please bring those documents with you to consultation*):

Do you and the other parent have any areas of agreement regarding custody and child support? Yes No

If yes, please explain: _____

Please describe any areas of disagreement, or areas you are unsure about: _____

Please describe the custody arrangement that you believe is in the best interest of the child(ren):

DO YOU OR YOUR SPOUSE HAVE CHILDREN FROM A PREVIOUS RELATIONSHIP?

1. NAME: _____
DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)
PRIMARILY RESIDES WITH: _____
DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____
DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

2. NAME: _____
DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)
PRIMARILY RESIDES WITH: _____
DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____
DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

3. NAME: _____
DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)
PRIMARILY RESIDES WITH: _____
DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____
DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

4. NAME: _____
DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)
PRIMARILY RESIDES WITH: _____
DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____
DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

"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 or ex-spouse has done any of the following:

ISSUE ALLEGED:	Have You	Has 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?	_____	_____

ISSUE ALLEGED:	Have You	Has Your spouse
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?	_____	_____
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.

ISSUE ALLEGED:	Have You	Has Your spouse
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. Drunk to excess?	_____	_____

If so, what and how often? _____

ISSUE ALLEGED:	Have You	Has Your spouse
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25. Other? _____

26. If you or your 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:

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

28. Have you or your spouse made any photographs or audio or visual recordings of the other party or the children?

If so, describe the content in detail: _____

29. Has there been a finding of domestic violence? Yes No

30. Are there any CPS cases pending? Yes No
(if so, please bring a copy of the report to your consultation)

CRIMINAL HISTORY

Please state all violations/incidents including misdemeanors and felonies that you or your spouse/ex-spouse have been charged with or have pleaded guilty, not guilty or no contest. If your case went to trial, state if you were convicted or not. If convicted, state the punishment sentence you received. Include all violations/incidents that are currently being investigated, considered an "open" or "active" case, or any violations/incidents whether they have been dismissed or closed by any investigating third party such as any law enforcement agency or Texas Department of Family & Protective Services (CPS), or any other law enforcement facility whether city, state, or government owned. Include dates, location, names of persons involved, explanation of each violation/incident, name & contact information of any law enforcement officer or representative of any other agency (as explained above) for which you were given. State the outcome of each violation/incident and all other pertinent information for each.

Your criminal history:

Date	Offense/Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your spouse/ex-spouse criminal history:

Date	Offense/Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FIREARMS

List all firearms that you own or have possession of: _____

List all firearms that your spouse/ex-spouse own or have possession of: _____

**STATEMENT OF HEALTH INSURANCE AVAILABILITY
EXHIBIT "A"**

Cause No: _____

Caption: _____

This statement is made by _____, in accordance with section 154.181 of the Texas Family Code.

1. Children

The following child(ren) are subject of this suit:

Name	Date of Birth	Social Security Number

2. Health Insurance Availability (check the applicable column)

Name of Child	Father=s employer provides health ins.	Mother=s employer provides health ins.	Private health ins. provided through source other than parent=s employer	Medicaid	CHIP	None

Further information about private insurance source (if applicable)

1. Name of insurance carrier: _____
2. Group Policy ID No.: _____
3. Policy holder Name & ID No.: _____
4. Name of each child covered: _____
5. Cost per month of coverage for child(ren): _____
(To determine coverage for the child(ren), determine the total cost for family coverage and subtract from this amount to insure all covered individuals except the children).
6. _____ is responsible for paying the premium.
7. Insurance is provided through employment of mother/employment of father/other source (circle one). If other source, please state who obtained the insurance:

Further information about public insurance sources (if applicable)

1. The premium for child(ren) covered by CHIP is: \$ _____.
_____ is responsible for paying the premium.

Further information about reasons why health insurance is not currently provided (if applicable)

1. _____ (mother) does/does not (circle one) have access to private health insurance. _____ (father) does/does not (circle one) have access to private health insurance.
2. _____ (name of party) has applied for coverage under _____ (name of insurance carrier/program).
The status of the application is: _____.

Date: _____

Signature

Printed Name