



FAMILY LAW QUESTIONNAIRE FOR DIVORCE
FORT BEND LAWYERS CARE
310 Morton Street, Suite 566
Richmond, Texas 77471
Office: 281-239-0015
Fax: 281-239-8123

Temporary Orders? Y_____ N_____

All questions must be clearly and truthfully answered before your application can be processed. Information furnished in this questionnaire will remain CONFIDENTIAL.

PART 1: ALL ABOUT CLIENT.

1. First Name _____ Middle _____ Last _____
2. Maiden Name _____ Do you want your maiden name restored? Yes__ No__
3. State any other names that you have used _____
4. Address _____ Apt# _____ City _____ State _____ Zip _____
5. Home Telephone (____) _____ Email Address _____
6. Mailing address if different than above _____
7. Date of Birth _____ Present Age _____
8. City of Birth _____ County _____ State _____
9. Social Security No _____ Texas Drivers License No. _____
10. What county do you live in? _____
11. How long have you been in that county? _____
12. Are you a U.S. Citizen? Yes__ No__ If no, what country are you a citizen of? _____
13. Are you a legal resident? Yes__ No__
14. Are you employed? Yes__ No__ If no, skip to #21.
15. Employer _____ Telephone(____) _____
16. Address _____ City _____ State _____ Zip _____
17. Working hours _____ Wage per hour _____ Monthly Salary _____
18. How did you hear about Fort Bend Lawyers Care? _____

******* YOU MUST ATTACH A COPY OF YOUR PAY CHECK STUB IF EMPLOYED *******

18. Type of work _____ Length of employment _____
19. Does your employer provide any benefit plans? Yes__ No__
If yes, check as appropriate. Health Insurance__ Savings__ Profit Sharing__ Retirement__
20. Please check any other source of income and amount received monthly.
TANF \$ _____ Food Stamps \$ _____ Child Support \$ _____
Assistance from family of friends _____ Other _____
21. Have you ever applied or received TANF or Food Stamps? Yes__ No__
Approximately what month and year _____
22. Check any of the following benefits if you have applied or ever received them Disability__ Social Security__ Veterans__ Unemployment__ Other _____
23. Have you even been in the military? Yes__ No__
24. Do you live with anyone? Yes__ No__
25. State their names and relationship to you _____
26. Have you ever been married before? Yes__ No__
27. Were you divorced? Yes__ No__ Date _____ State _____ County _____

28. What is your highest level of education? _____

29. Do you use any medication or non-prescription drugs? Yes ___ No

What kinds? _____ How often? _____

30. Have you ever received psychiatric care or counseling? Yes ___ No

31. Are you handicapped or physically disabled? Yes ___ No ___

Explain _____

32. Have you ever been convicted of a crime? Yes ___ No ___

Type _____ Date _____ Result _____

33. Are you currently on parole or probation? Yes ___ No ___

34. Are there any criminal charges pending against you? Yes ___ No ___

PART 2: ALL ABOUT YOUR SPOUSE

35. First Name _____ Middle _____ Last _____

36. State any other names that they have used _____

37. Address _____ Apt# _____ City _____

State _____ Zip _____

38. Home Telephone () _____ Work () _____

39. Date of Birth _____ Present Age _____

40. Place of birth City _____ County _____ State _____

41. Social Security No _____ Texas Drivers License No. _____

42. Race _____ Height _____ Weight _____ Hair Color and Length _____ Eyes

List and visible mark or features such as tattoos, glasses _____

43. What county does he\she live in? _____

44. How long has he\she lived in that county? _____ How long in Texas? _____

45. Is he\she a U.S. Citizen? Yes ___ No ___ If no, what country is he\she a citizen of? _____

46. Is he\she a legal resident? Yes ___ No ___

47. Is he\she employed? Yes ___ No ___

48. Employer _____ Telephone() _____

49. Address _____ City _____ State _____ Zip _____

50. Working hours _____ Wage per hour \$ _____ Monthly Salary \$ _____

51. Type of work _____ Length of employment _____

52. Does his\her employer provide any benefit plans? Yes ___ No ___ If yes, check as appropriate.

Health Insurance _____ Savings Plan _____ Profit Sharing Plan _____ Retirement Plan _____

53. Check the major source of his\her income for the past two years? Employment ___ Food

Stamps ___ Child Support ___ Savings ___ Family or Friends ___ Other _____

54. Describe his\her vehicle? Color _____ Year _____ Make _____ Model _____ Plate No. _____

55. Has she\he ever been or is currently in the military? Yes ___ No ___

56. Does he\she live with anyone? Yes ___ No ___ State their names and relationship _____

57. Has he\she you ever been married before? Yes ___ No ___

58. Were they divorced? Yes ___ No ___ Date _____ State _____ County _____

59. Highest education level? _____

60. Does he\she drink alcohol? Yes ___ No ___ How frequently? _____

61. Does he\she use any medication or non-prescription drugs? Yes ___ No ___

What kinds? _____ How often? _____

62. Has he\she ever received psychiatric care or counseling? Yes ___ No ___

63. Is he\she handicapped or physically disabled? Yes ___ No ___

Explain _____

64. Has he\she ever been convicted of a crime? Yes__ No____
Type _____ Date _____ Result _____ County _____
Type _____ Date _____ Result _____ County _____
65. Is he\she currently on parole or probation? Yes__ No____
66. Are there any criminal charges pending against him\her? Yes__ No ____

PART 3: ALL ABOUT YOUR CHILDREN.

67. List the name of each of your children as it appears on the birth certificate. (List the oldest child first.)

C1. First Name _____ Middle _____ Last _____ Sex ____
Birth Date _____ Social Security No _____
City of birth _____ County _____ State _____ TX
Driver's License No. _____

C2. First Name _____ Middle _____ Last _____ Sex ____
Birth Date _____ Social Security No _____
City of birth _____ County _____ State _____
Driver's License No. _____

C3. First Name _____ Middle _____ Last _____ Sex ____
Birth Date _____ Social Security No _____
City of birth _____ County _____ State _____
Driver's License No. _____

C4. First Name _____ Middle _____ Last _____ Sex ____
Birth Date _____ Social Security No _____
City of birth _____ County _____ State _____
Driver's License No. _____

***** List any additional children on the back of this page.

68. Are both you and your spouse the biological parents to these children? Yes__ No____
If no, list the name of the child and the biological parents of the child _____

69. Do any of the children have a disability? Yes__ No____

Child name _____ Type _____

70. Are you or your spouse expecting any other children? Yes__ No ____

Due date _____ Name of father _____ Name of mother _____

71. Is there a child support action filed against you? Yes__ No ____

72. Do all of your children live with you? Yes__ No ____

73. Are you seeking custody of all of your children? Yes__ No ____

74. How often does your spouse see the children? _____

75. If any of your children do not live with you, give the child's name, who the child lives with and how long they have lived with that person _____

76. How did this person obtain possession of the children? _____

77. Will your spouse contest custody? Yes__ No__ Unsure__
78. With whom do your children wish to live? _____
79. If you are employed outside the home, who cares for your children while you are at work?
Day care_____Relative_____Friend_____
80. Has Child Protective Services (CPS) or any other governmental agency ever investigated your children's welfare? Yes__ No__ Where_____ Result_____
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81. Have you ever been to Court concerning the children of this divorce? Yes__ No__
If so, state the Court number and cause number of the case. _____
82. Has a Court made orders concerning the children? Yes__ No__ If yes, **you MUST attach a copy.**
83. Is your spouse paying you any child support now? Yes__ No_____
84. Is your spouse paying anyone else child support? Yes__ No__ If yes, how much? _____
85. Do you pay child support to anyone? Yes__ No__ If yes, how much? _____
86. Have you applied for assistance with the Attorney General for child support?
Yes__ No__ When_____ County_____

PART 4: ALL ABOUT YOUR MARRIAGE.

87. Date of marriage_____Date of separation _____
County, city and state of marriage_____
88. Did you have a ceremonial marriage (with judge or preacher) or are you claiming a common law marriage? _____
89. Reason for separation_____
90. Have you or your spouse ever filed for divorce before? Yes__ No_____
State and County_____ When?_____ Result_____
91. Why do you want a divorce? _____
92. Is reconciliation possible? Yes__ No__
93. Are you seeing another man\woman? Yes__ No_____
94. Has your spouse ever abused you? Yes__ No_____
State approximate dates _____
95. Explain the type of abuse _____
-
96. Were the police called? _____ Yes__ No
97. Were criminal charges filed? Yes__ No__ Against whom? _____
_What was result of case? _____
98. Have you ever obtained a Protective Order? Yes__ No__ **If yes, you MUST attach a copy**

Do you, or your spouse have any of the following property?

YOU YOUR SPOUSE PROPERTY W OR H?*
(GIVE PERCENTAGE) HAVE HAS OR DIVIDE?

Checking Account	_____	_____	_____
Savings Account	_____	_____	_____
Credit Union	_____	_____	_____
Profit Sharing Plan	_____	_____	_____
Retirement Plan	_____	_____	_____
Stocks & Bonds	_____	_____	_____
Health Insurance	_____	_____	_____
Life Insurance	_____	_____	_____
Income Tax Refund	_____	_____	_____
Legal Settlement	_____	_____	_____
Home	_____	_____	_____
Land	_____	_____	_____
Furniture	_____	_____	_____
Dining Set	_____	_____	_____
Living Room Set	_____	_____	_____
Bedroom Set	_____	_____	_____
Washer & Dryer	_____	_____	_____
Stereo	_____	_____	_____
Work Tools	_____	_____	_____
Other	_____	_____	_____

*** W = Wife H = Husband; PUT AN * NEXT TO WHO PROPERTY SHOULD GO TO; IF PROPERTY CAN BE DIVIDED, PUT % THAT SHOULD TO GO TO EACH NEXT TO THE PROPERTY TO BE DIVIDED**

Vehicles: Color _____ Year _____ Make _____ Model _____ Plate No _____
VIN _____ Who has car? _____ Do you want car? _____

Vehicles: Color _____ Year _____ Make _____ Model _____ Plate No _____
VIN _____ Who has car? _____ Do you want car? _____

99. Do you or your spouse have any debts? This includes credit cards, car and house notes, gas and store cards. If so, complete the following:

Name of Company _____
Acct. No. _____
Amount Owed _____
Names on debt _____
Who should pay this debt? You ___ Spouse ___
If each should pay part, what % You ___ % Spouse ___ %

Name of Company _____
Acct. No. _____
Amount Owed _____
Names on debt _____
Who should pay this debt? You___ Spouse ____
If each should pay part, what % You___ % Spouse ___ %

Name of Company _____
Acct. No. _____
Amount Owed _____
Names on debt _____
Who should pay this debt? You___ Spouse ____
If each should pay part, what % You___ % Spouse ___ %

Name of Company _____
Acct. No. _____
Amount Owed _____
Names on debt _____
Who should pay this debt? You___ Spouse ____
If each should pay part, what % You___ % Spouse ___ %

Name of Company _____
Acct. No. _____
Amount Owed _____
Names on debt _____
Who should pay this debt? You___ Spouse ____
If each should pay part, what % You___ % Spouse ___ %

LIST OTHER DEBTS ON A SEPARATE SHEET OF PAPER IF NEEDED

100. List any items that you wish to retrieve from your spouse _____

101. Were any of these items given to you as a gift before or during your marriage? Yes__ No____
If so, please list them _____

102. Did you inherit any of the above property? Yes__ No____
If so, please list the items _____

103. Have you or your spouse filed for bankruptcy? Yes__ No ____

104. If there anything your spouse can say or use against you in Court? Yes__ No__
Explain: _____

OATH

"I HAVE NOT MISREPRESENTED ANY FACTS IN THIS QUESTIONNAIRE. I HAVE MENTIONED EVERYTHING THAT MIGHT HAVE A BEARING ON MY CASE. I REALIZE THAT FORT BEND LAWYERS CARE HAS THE RIGHT TO WITHDRAW FROM MY CASE IF ANY INFORMATION THAT I HAVE NOT MENTIONED IS DIVULGED DURING MY CASE."

SIGNED _____ DATE _____