

# Jackson Law Group

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## FAMILY LAW QUESTIONNAIRE

- ◇ 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, 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 fee 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 are 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.

CLIENT NAME: \_\_\_\_\_

**PERSONAL**

Full name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City and State or Foreign Country where born: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived in Texas? \_\_\_\_\_

In the County? \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

Have you consulted or retained any other attorneys on this matter before coming to this office? \_\_\_\_\_

If so, please state whom and when: \_\_\_\_\_

Contact Information:

Address (please circle):      HOME      OTHER: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

## ABOUT YOUR (EX-)SPOUSE

Full name: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_ Restore? YES or NO

Birth Date: \_\_\_\_\_ City and State or Foreign Country where born: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long has your (ex-)spouse lived in Texas? \_\_\_\_\_

In the County? \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

## CHILDREN

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## **CUSTODY**

Will there be a dispute over the children? \_\_\_\_\_

If *not*, with whom will custody be? \_\_\_\_\_

If the children are not currently living with you or your (ex-)spouse, with whom and at what address do they reside? \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Payroll Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Gross Salary Per Month or Annually: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Education: \_\_\_\_\_

## HIS/HER EMPLOYMENT

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Payroll Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Gross Salary Per Month or Annually: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Education: \_\_\_\_\_

## **THE MARRIAGE AND SEPARATION**

City and State or Foreign Country of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Are you separated from your spouse? \_\_\_\_\_

If so, please state the date of separation: \_\_\_\_\_

Have you seen a marriage counselor? \_\_\_\_\_

If so, please state his/her name: \_\_\_\_\_

What is your religious preference? \_\_\_\_\_

If none, are you agnostic or atheist? \_\_\_\_\_

What is your (ex-)spouse's religious preference? \_\_\_\_\_

If none, is your (ex-)spouse agnostic or atheist? \_\_\_\_\_

Do your marital difficulties involve any of the following? Please check all that apply:

Drugs/Alcohol                       Sexual Disappointment                       Infidelity

Financial Dispute                       Physical Violence                       Religion

Incompatibility                       Other: \_\_\_\_\_

Have you or your (ex-)spouse previously filed for divorce from each other? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

Does your (ex-)spouse have an attorney? \_\_\_\_\_

If so, who? \_\_\_\_\_

Have you ever been married before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

Do you or your (ex-)spouse have any other children for whom a duty of support is owed? If so, please provide the following information:

Name: \_\_\_\_\_

<u>Party Owing Support:</u>  You  Your (ex-)spouse
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Sex (M/F):\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Age:\_\_\_\_\_

Social Security Number:\_\_\_\_\_

Location of Court Issuing Order:\_\_\_\_\_

Monthly Amount Paid/Owed:\_\_\_\_\_

Name: \_\_\_\_\_

<u>Party Owing Support:</u>  You  Your (ex-)spouse
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Sex (M/F):\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Age:\_\_\_\_\_

Social Security Number:\_\_\_\_\_

Location of Court Issuing Order:\_\_\_\_\_

Monthly Amount Paid/Owed:\_\_\_\_\_

Name: \_\_\_\_\_

<u>Party Owing Support:</u>  You  Your (ex-)spouse
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Sex (M/F):\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Age:\_\_\_\_\_

Social Security Number:\_\_\_\_\_

Location of Court Issuing Order:\_\_\_\_\_

Monthly Amount Paid/Owed:\_\_\_\_\_

Where and with whom do these children live? \_\_\_\_\_

Do you receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

Does your (ex-)spouse receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

### 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.**

Will anyone allege that you or your (ex-)spouse has done any of the following:

Committed a crime?	You	Your (Ex-)Spouse
Been arrested?		
Used illegal drugs? If so, what and how often?		
Been hospitalized for using illegal drugs?		
Abused alcohol? If so, what and how often?		
Been hospitalized for abusing alcohol?		
Been arrested for or convicted of driving while under the influence of alcohol?		
Engaged in gambling activities (legal or illegal)?		
Engaged in other illegal activities?		
Attempted suicide?		
Suffered from or received treatment for an emotional		



or psychiatric disorder?		
Been hospitalized for an emotional or psychiatric disorder?		
Abused own spouse?		
Been accused of child abuse?		
Had a sexual relationship during the marriage with someone other than own spouse?		
Had a sexual relationship (during or not during the marriage) with someone other than own spouse that 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:		
Had a homosexual/bisexual relationship?		
Engaged in unusual sexual practices?		
Had a pregnancy outside of marriage?		
Had a sexually transmitted disease?		
Suffers from any physical disability that would interfere with being able to care for the children?		
Other?  Please explain:		

If there is anyone who would answer yes to the preceding questions about you or you (ex-spouse), please list their names: \_\_\_\_\_

\_\_\_\_\_

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Have you or your (ex-)spouse made any photographs or audio/visual recordings of the other party? \_\_\_\_\_

If so, describe the content: \_\_\_\_\_

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