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PERSONAL AND CONFIDENTIAL

DIVORCE INFORMATION SHEET

Please complete this *DIVORCE INFORMATION SHEET*. If you answer all of the questions that are applicable to you, then you will give us the background information necessary to understand your family law matter.

In completing this questionnaire, please use full names, not initials, and answer every question that applies to you. If we ask for information you do not have right now, please make every effort to get that information to us as soon as possible. If only your spouse has access to the information we need, please tell us so we can ask for it in discovery.

All information that you give us will be held in confidence.

1. IMPORTANT INFORMATION ABOUT YOU

- A. Your name _____
(First) (Middle) (Last) (Maiden)
- B. Age _____ Race: _____
- C. Date of birth _____
- D. Place of birth (city, county and state) _____
- E. Driver's License Number and State _____
- F. Social Security Number _____
- G. Do you own or possess a firearm? _____
- H. Do you have a permit to carry a concealed weapon? _____

I. Are you a citizen of the United States? _____
If not, please note your current status (resident alien, etc.) _____

2. YOUR RESIDENCE

Where are you living now?

- A. Street Address _____
- B. City, County, State, Zip Code _____
- C. Residence telephone number _____
- D. Mailing Address _____
- E. How long have you been at your current residence address? _____

3. YOUR EMPLOYMENT

- A. Employer _____
- B. Job title _____
- C. Nature of job _____
- D. Street address _____
- E. City, State, zip _____
- F. Telephone number _____
- G. Gross salary per month or annually _____
- H. Net per pay period _____ Paid how often _____
- I. Length of employment _____

4. YOUR SPOUSE

- A. Spouse's name _____
(First) (Middle) (Last) (Maiden)
- B. Age _____ Race: _____

- C. Date of birth _____
- D. Place of birth _____
- E. Driver's License Number and State _____
- F. Social Security Number _____
- G. Does your spouse own or possess a firearm? _____
- H. Does your spouse have a permit to carry a concealed weapon?

5. YOUR SPOUSE'S RESIDENCE

- A. Residence Address _____
- B. City, County, State, zip _____
- C. Residence telephone number _____
- D. Mailing Address _____
- E. How long has your spouse lived at this residence address? _____

6. YOUR SPOUSE'S EMPLOYMENT

- A. Employer _____
- B. Job title _____
- C. Nature of job _____
- D. Street address _____
- E. City, County, State, zip _____
- F. Telephone number _____
- G. Gross salary per month or annually _____
- H. Net per pay period _____ Paid how often _____
- I. Length of employment _____

7. YOUR MARRIAGE

A. Date ____/____/____ City and State _____

B. Are you now separated from your spouse? _____

C. If so, date of separation _____

8. CHILDREN OF THIS MARRIAGE

A. _____
(Name and sex)

Social Security Number _____

Place of birth (City & State) _____

Date of birth ____/____/____

Lives with: _____

B. _____
(Name and sex)

Social Security Number _____

Place of birth (City and State) _____

Date of birth ____/____/____

Lives with: _____

C. _____
(Name and sex)

Social Security Number _____

Place of birth (City and State) _____

Date of birth ____/____/____

Lives with: _____

9. HEALTH INSURANCE COVERAGE FOR THE CHILDREN OF THIS MARRIAGE

- A. Are your children covered by health insurance? _____
- B. Who carries the insurance on the children, i.e. you or your spouse and is it an individual policy or one carried through an employer? _____

- C. Which company provides the coverage? _____

- D. How are the premiums paid? _____
- E. Please state the amount of each premium and whether it is paid monthly, quarterly, etc. _____
10. Have you seen a marriage counselor? _____
If so, give name _____
11. What is your religious preference? _____
12. Check if your marital difficulties involve any of the following:
- | | |
|------------------------------|--------------------------|
| (____) Drugs/Alcohol | (____) Physical Violence |
| (____) Sexual Disappointment | (____) Religion |
| (____) Sexual Infidelity | (____) Other |
| (____) Financial Disputes | _____ |
| (____) Incompatibility | |
13. Will there be a dispute over custody of the children?

- If not, custody will be with whom? _____
14. Where are the children living at this time? _____

15. List any significant property (other than furniture, clothing, etc.) owned by the children _____

16. How long have you lived in Texas? _____

17. What county do you reside in? _____

18. How long have you resided in that county? _____

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

If so, when and where? _____

20. Does your spouse now have an attorney? _____

If so, who? _____

21. Have you been married before? _____

If so, how many times? _____

Do you have any children by a previous marriage? _____

If so, give the following:

NAME AND SEX

DATE OF BIRTH

PLACE OF BIRTH

With whom do these children reside? _____

22. Does your spouse pay/receive child support? _____

23. Have you or your spouse ever been contacted or investigated by Child Protective Services? If so, please briefly explain the circumstances, including when you or your spouse was contacted or investigated:

24. Have you or your spouse ever been arrested for or convicted of a crime other than a traffic ticket? _____ Yes _____ No. If "yes", please explain:

25. When a divorce is granted, a wife's maiden or prior name may be restored. Do you want your name changed (if applicable)? _____ Yes _____ No
If yes, what name do you want your name changed to?

26. MAIL

At what address do you wish to receive mail from this office?

(Address) (City) (State) (Zip)

27. REFERRAL

Who may we thank for referring you?

28. ATTORNEYS

If you have consulted with another attorney on this matter,
give name _____

If your spouse has consulted an attorney on this matter,
give name _____

29. PROPERTY SKETCH

A. Are you renting _____ buying _____ your home?

If buying:

Estimate value if sold today _____

Estimate your mortgage loan balance _____

What are your monthly payments _____

- B. Do you own any other parcels of real property, including timeshares?
If so, please list the addresses or legal descriptions of each:

- C. List any motor vehicles owned, including boats, motorcycles, and RVs

<u>YEAR</u>	<u>MODEL</u>	<u>ESTIMATE OF VALUE</u>	<u>DEBT OWED</u>
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- D. Please check each of the following types of property or accounts that you and/or your spouse own:

- _____ Checking account
_____ Savings account
_____ 401(k)
_____ IRA (Roth or Regular)
_____ Military retirement
_____ Teacher or Municipal Retirement
_____ Other pension plan
_____ Stocks and bonds

- _____ Stock options
- _____ Closely held business interest (corporation, LLC, etc.)
- _____ Life insurance policy
- _____ Livestock
- _____ Safety Deposit Box
- _____ Storage Unit(s)

Signature of Client

Date: _____

PRIVACY POLICY AS TO SOCIAL SECURITY NUMBERS

SOCIAL SECURITY INFORMATION WILL ONLY BE USED IN THE EVENT YOU HIRE THE FIRM TO REPRESENT YOU IN THIS FAMILY LAW MATTER AND THEN ONLY WHEN NECESSARY IN LIMITED USE DURING THE COURSE OF YOUR CASE.

- **SOCIAL SECURITY NUMBERS ARE COLLECTED BY THE LAW FIRM FROM THE CLIENT, AND ALL CLIENTS WILL PROVIDE SUCH INFORMATION TO THE LAW FIRM IN WRITING.**
- **SOCIAL SECURITY NUMBERS ARE USED TO IDENTIFY PARTIES WHETHER FOR INITIAL SERVICE IN COURT ORDERS, IN ORDERS TO WITHHOLD WAGES FOR CHILD SUPPORT, IN REQUIRED REPORTS FILED WITH THE STATE OF TEXAS, OR TO OBTAIN RETIREMENT INFORMATION USED TO DIVIDE RETIREMENT BENEFITS.**
- **ALL RECEIVED INFORMATION FROM A CLIENT IS CONFIDENTIAL, PARTICULARLY SOCIAL SECURITY NUMBERS. SOCIAL SECURITY NUMBERS ARE NOT RELEASED FROM THE FIRM UNLESS AUTHORIZED BY THE CLIENT OR REQUIRED IN THE COURSE OF REPRESENTATION AS PREVIOUSLY RESTATED HEREIN.**
- **THE EMPLOYEES OF LEWIS & PASSONS, P.C. HAVE ACCESS TO THIS PERSONAL INFORMATION.**
- **EVERY STEP IS TAKEN TO PROTECT YOUR PRIVACY. THIS INFORMATION IS KEPT SECURE WITHIN THE OFFICE OF THE FIRM IN FILE FOLDERS AND FILE DRAWERS, UNTIL SUCH TIME THAT THE FILE IS RETIRED AND THE FILE REMOVED TO STORAGE IN A LOCKED, STORAGE FACILITY WHICH MAY BE ON OUR PREMISES OR OFF-PREMISES. THE CLIENT INFORMATION WILL EVENTUALLY BE SHREDDED.**

I acknowledge that I have read the foregoing and that I have provided the above information.

SIGNATURE

DATE