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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. 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. Do you own or possess a firearm? \_\_\_\_\_
- H. Do you have a permit to carry a concealed weapon? \_\_\_\_\_

2. YOUR RESIDENCE

Where are you living now?

- A. Street address \_\_\_\_\_
- B. City, County, State, zip \_\_\_\_\_
- 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 & State \_\_\_\_\_

B. Are you now separated from your spouse? \_\_\_\_\_

C. If so, date of separation \_\_\_\_\_

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

A. If so, give name \_\_\_\_\_

B. Counselor's mailing address \_\_\_\_\_

C. Counselor's telephone number \_\_\_\_\_

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

10. Check if your marital difficulties involve any of the following:

(\_\_\_\_) Drugs/Alcohol

(\_\_\_\_) Physical Violence

(\_\_\_\_) Sexual Disappointment

(\_\_\_\_) Religion

(\_\_\_\_) Sexual Infidelity

(\_\_\_\_) Other

(\_\_\_\_) Financial Disputes

(\_\_\_\_) Incompatibility

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

12. What county do you reside in? \_\_\_\_\_

13. How long have you resided in that county? \_\_\_\_\_

14. Have you or your spouse ever filed for divorce? \_\_\_\_\_

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

15. Does your spouse now have an attorney? \_\_\_\_\_

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

16. 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

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17. 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:

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18. 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?

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19. MAIL

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

\_\_\_\_\_  
(Address)

(City)

(State) (Zip)

20. REFERRAL

Who may we thank for referring you?

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21. 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 \_\_\_\_\_

22. 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**