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PERSONAL AND CONFIDENTIAL

INTERVIEW SHEET – POST DIVORCE

Please complete this *INTERVIEW 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 the other party 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 _____
- 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. Your spouse's name _____
(First) (Middle) (Last) (Maiden)
- J. Spouse's Age _____
- K. Spouse's Date of birth _____
- L. Spouse's Place of birth _____

2. YOUR RESIDENCE

Where are you living now?

- A. 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. Your 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. OTHER PARTY:

- 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. Does the other party own or possess a firearm? _____
- H. Does the other party have a permit to carry a concealed weapon? _____

5. OTHER PARTY'S RESIDENCE

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

6. OTHER PARTY'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. CHILDREN

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 & state) _____

Date of birth ____/____/____

Lives with: _____

C. _____
(Name and sex)

Social Security Number _____

Place of birth (City & State) _____

Date of birth ____/____/____

Lives with: _____

8. List any significant property (other than furniture,

clothing, etc.) owned by the children _____

9. How long have you lived in Texas? _____

10. What county do you reside in? _____

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

12. Describe previous litigation involving your children:

A. Case number: _____

B. Court: _____

C. Attorney representing you: _____

D. Attorney representing your ex-spouse: _____

13. Does the other party have an attorney? _____

If so, who? _____

14. Does the other party pay child support (how much)?

15. Have you, your spouse (if applicable), or the other parent 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:

16. Have you, your spouse (if applicable), or the other parent ever been arrested for or convicted of a crime other than a traffic ticket? _____ Yes _____ No. If "yes", please explain:

16. MAIL

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

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

17. REFERRAL

Who may we thank for referring you?

18. ATTORNEYS

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

19. Please select which of the following you are seeking in this case:

- _____ Modification of child support
- _____ Modification of possession or access
- _____ Modification of conservatorship (custody)
- _____ Enforcement of child support
- _____ Enforcement of possession
- _____ Enforcement of property division

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