

Client Questionnaire - Divorce

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 any information is not known to you, please insert a question mark (“?”) in the space provided. If you know who has the information please indicate that.

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 to 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 fees 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. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY OR DISABLED PERSON AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE OR IS AN ADULT WHO WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

CLIENT CONSULTATION MEETING

Please note that the first 30 minutes of your first consultation meeting with an attorney at GP Schoemakers, PLLC is free. For any time beyond the first 30 minutes, you will be charged at the hourly rate for the attorney with whom you meet. The attorneys' respective rates are:

Attorney Gratia P. Schoemakers: \$350.-/hour

Initial Retainer: \$ 2,500.-

Information Requested

About you:

1. Please give the following information.
Full name: _____
Date of birth: _____ Place of birth: _____
Social Security number: _____
Driver's license number and state: _____
Maiden name, if applicable: _____
Please indicate whether you want to resume your maiden name (if applicable): YES / NO
2. Where are you living now, and what is your phone number?
Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home phone: _____
3. Who else lives in your household? _____
4. At what address do you wish to receive mail from this office? _____

5. How do you prefer that we contact you?
Address: _____
Phone: _____ Fax: _____
Pager: _____ Mobile phone: _____
E-mail: _____
(e-mail communications may not be confidential)
6. Who referred you to this office? _____
7. Have you consulted or retained any other attorneys on this matter before coming to this office? _____
Is so, please state who and when: _____
8. Please give the following information concerning your employment.
Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone: _____ May we call you at work? _____
E-mail: _____ May we e-mail you at work? _____
Monthly gross salary: _____
Annual gross salary: _____
Length of employment: _____
Education/training: _____

About your spouse:

9. Please give the following information.
Full name: _____
Date of birth: _____ Place of birth: _____
Social Security number: _____
Driver's license number and state: _____
Maiden name, if applicable: _____
10. Where is your spouse living now, and what is his or her phone number and e-mail address?

Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home phone: _____
Home e-mail: _____

11. Who else lives in your spouse's household? _____
12. Please give the following information concerning your spouse's employment.
Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone: _____ Fax: _____
E-mail: _____
Monthly gross salary: _____
Annual gross salary: _____
Length of employment: _____
Education/training: _____

About your marriage and separation:

13. Please give the date and place of your marriage.
Date: _____ Place: _____
Are you now separated from your spouse? _____
If so, please state date of separation: _____
14. Have you seen a marriage counselor? _____
If so, please state name: _____
15. Have you and your spouse attempted reconciliation? _____
If not, would you like to attempt reconciliation? _____
16. What is your religious preference? _____
17. What is your spouse's religious preference? _____
18. Check as appropriate if your marital difficulties involve any of the following:
_____ drugs/alcohol _____ financial dispute _____ physical violence
_____ emotional abuse _____ your infidelity _____ religion
_____ confinement in _____ noncohabitation _____ your spouse's
 mental institution for at least 3 years infidelity
 for at least 3 years
_____ other: _____
19. How long have you lived in Texas? _____
How long have you lived in the county where you now reside? _____
20. Have you or your spouse ever filed for divorce? _____
If so, when and where? _____
21. Does your spouse have an attorney? _____
If so, who? _____
22. Have you ever been married before? _____
If so, how many times? _____
23. Please describe the issue(s) of greatest concern to you relevant to this divorce:

23. Do you or your spouse have any other children for whom a duty of support is owed?

If so, please give the following information for each such child.

Please give the following information for each child **of the marriage**.

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability/Health Concerns, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability/Health Concerns, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability/Health Concerns, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability/Health Concerns, if any: _____

24. Where and with whom do these children live? _____

25. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

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

If so, how much? \$ _____ per _____

27. If a divorce is granted, should the wife's maiden name be restored? _____

If so, what name should be used? _____

28. Have you or your spouse ever sought or been subject to a protective order? _____

29. Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? _____

30. Have you or your spouse ever contacted or been contacted by child protective services? _____

31. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

About weapons and ammunition:

32. Are there firearms or ammunition in your possession or subject to your control? _____

If so, please describe the items and state their location. _____

33. Are there firearms or ammunition in your spouse's possession or subject to your spouse's control? _____

If so, please describe the items and state their location. _____

PRIOR LEGAL PROCEEDINGS

34. Are there now or have there ever been any Protective Orders between you and your spouse? YES / NO

If so, from what court? _____

When was the most recent order entered? _____

What is the expiration date of that order? _____

Have there been any other court actions between you and your spouse? YES / NO

If so, in what court? _____

What orders has that court entered? _____

35. Has the Department of Children Protective Services been involved with you, your spouse or any child(ren) at issue? If so, when and why? YES / NO

IMPORTANT DOCUMENTS

If you retain the services of GP Schoemakers, PLLC, please provide to us as soon as possible an original marriage certificate related to your present marriage.