

TELLER LAW FIRM

A Professional Corporation

FAMILY LAW • COLLABORATIVE LAW • MEDIATION

CLIENT INFORMATION FOR FAMILY LAW MATTER

Please spend the time to complete all items on this sheet so we will have the background information necessary to begin to understand the complexity of your family law problem. All information will be held in strict confidence.

INDIVIDUAL INFORMATION

1. Your Information. *Please give your full name and provide all requested information.*
 - a. Name: _____
 - b. Date of birth: _____
 - c. Place of birth: _____
 - d. Race: _____
 - e. Social Security Number: _____
 - f. Driver's License Number: _____
2. Where are you living now?
 - a. Address: _____
 - b. City, State, Zip: _____
3. Please give your residence telephone number. _____
4. Please complete the following concerning your employment.
 - a. Employer: _____
 - b. Job Title: _____
 - c. Street Address: _____
 - d. City, State, Zip: _____
 - e. Telephone number: _____

- f. Gross salary per month or annually: \$ _____
- g. Length of employment: _____
- h. Education: _____

5. Your Spouse's Information. Please give your spouse's full name and provide all requested information.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Race: _____
- e. Social Security Number: _____
- f. Driver's License Number: _____

6. Where is your spouse living and what is your spouse's telephone number?

- a. Address: _____
- b. City, State, Zip: _____
- c. Residence telephone number: _____

7. Complete the following concerning your spouse's employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____
- f. Spouse's gross salary per month or annually: \$ _____
- g. Length of spouse's employment: _____
- h. Education of spouse: _____

8. Please give the date and place of your marriage.

Date: _____

City, State: _____

Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.

A. FULL NAME: _____ SEX: _____

BIRTHPLACE: _____

BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

B. FULL NAME: _____ SEX: _____

BIRTHPLACE: _____

BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

C. FULL NAME: _____ SEX: _____

BIRTHPLACE: _____

BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

9. Please provide the addresses for the child or children for the last 5 years:

A. ADDRESS: _____

PERSONS LIVED WITH AT THAT ADDRESS: _____

DATES LIVED AT THAT ADDRESS: _____

CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT ADDRESS:

B. ADDRESS: _____

PERSONS LIVED WITH AT THAT ADDRESS: _____

DATES LIVED AT THAT ADDRESS: _____
CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT ADDRESS: _____

C. ADDRESS: _____

PERSONS LIVED WITH AT THAT ADDRESS: _____

DATES LIVED AT THAT ADDRESS: _____

CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT ADDRESS: _____

D. ADDRESS: _____

PERSONS LIVED WITH AT THAT ADDRESS: _____

DATES LIVED AT THAT ADDRESS: _____

CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT ADDRESS: _____

10. Please provide the following information regarding health insurance for the child(ren):

Is health insurance for the children currently maintained by you or your spouse? _____

If YES, who provides the insurance and through what means, i.e. employer, private, Medicaid: _____

Name of health insurance provider: _____

Policy Number: _____

Monthly cost of premium for the child(ren) ONLY: \$ _____

If you are unsure as to the cost of the premium for the children, you will need to provide our office with the health insurance breakdown (i.e. cost for employee only, employee plus spouse, etc.) which the insurance company should be able to provide to you.

11. Are you now separated from your spouse? _____

If so, give date of separation. _____

12. Have you seen any marriage counselor? _____

If so, give name _____

13. What is your religious preference? _____

What is your spouse's religious preference? _____

14. Check as appropriate if your marital difficulties involve any of the following:

- Drugs/alcohol
- Physical violence
- Sexual disappointment
- Religion
- Sexual infidelity
- Incompatibility
- Financial disputes
- Other: _____

15. Will there be a dispute over custody of the children? _____
If not, custody will be with whom? _____

16. Where are the children living at this time? _____

17. List all property (other than furniture and clothing) owned by the children:

18. How long have you lived in Texas? _____

19. What county do you reside in? _____

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

21. Have you or your spouse ever filed for a divorce? _____
If so, when and where? _____

22. Does your spouse now have an attorney? _____
If so, who? _____

23. Have you been married before? _____
If so, how many times? _____

24. Do you have children by a previous marriage? _____
If so, give full name, date and place of birth, and sex of each child of your previous marriages.

- A. FULL NAME: _____ SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. FULL NAME: _____ SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. FULL NAME: _____ SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

25. With whom do these children reside: _____

26. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____

27. Has your spouse been married before? _____
If so, how many times? _____

28. Does your spouse have children by a previous marriage? _____
If so, give full name, date and place of birth, and sex of each child of spouse's previous marriages.

A. FULL NAME: _____ SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. FULL NAME: _____ SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. FULL NAME: _____ SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

- 29. With whom do these children reside? _____
- 30. Does your spouse pay/receive child support? _____
If so, how much? \$_____ per _____
- 31. If a divorce is granted, should the wife's maiden or prior name be restore?
If so, what full legal name should be used? _____
- 32. At what address do you wish to receive mail from this office?

- 33. Who referred you to this office? _____

RELATIONSHIP EVALUATION

Communication Skills

My spouse and I communicate in a healthy way

- always
- sometimes
- never

My spouse and I communicate with criticism

- always
- sometimes
- never

My spouse and I communicate with judgment of each other

- always
- sometimes
- never

My spouse and I communicate with angry statements

- always
- sometimes
- never

My spouse and I communicate with hurtful intent

- always
- sometimes
- never

My spouse and I communicate in a non-healthy way

- always
- sometimes
- never

Conflict

My spouse and I are able to manage conflict

- always
- sometimes
- never

My spouse and I are frequently in open conflict

- always
- sometimes
- never

My spouse and I have difficulty making decisions together

- always
- sometimes
- never

My spouse and I have difficulty considering each other interests

- always
- sometimes
- never

My spouse and I interact with blame of one another

- always
- sometimes
- never

My spouse and I are unable to manage conflict

- always
- sometimes
- never

Parenting

My spouse and I parent well together

- always
- sometimes
- never

My spouse and I have difficulty agreeing about how to parent

- always
- sometimes
- never

My spouse and I have an equal understanding of what our children need at their age levels

- always
- sometimes
- never

My spouse and I are able to put our feelings aside and talk as “mom” and “dad”

- always
- sometimes
- never

My spouse and I show respect for each others’ parenting decisions

- always
- sometimes
- never

My spouse and I are able to agree about what our children need during the divorce process

- always
- sometimes
- never

Finances

My spouse and I have equal information concerning our assets

- always
- sometimes
- never

My spouse and I have equal understanding of our assets

- always
- sometimes
- never

My spouse and I have equal information concerning our debts

- always
- sometimes
- never

My spouse and I have equal understanding of our debts

- always
- sometimes
- never

My spouse and I are able to make decisions about our finances together

- always
- sometimes
- never