MOORE LAW, PLLC
YOU DESERVE MORE

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Client Information - Divorce

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

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 form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. 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 Texas Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

1. CLIENT

Full legal name: _____

Maiden name, if applicable: _____

Date of birth: _____ Place of birth: _____

Social Security number (last 3 digits): _____

Driver's license number and state (last 3 digits): _____

2. SPOUSE

Full legal name: _____

Maiden name, if applicable: _____

Date of birth: _____ Place of birth: _____

Social Security number (last 3 digits): _____

Driver's license number and state (last 3 digits): _____

3. CHILDREN OF THIS MARRIAGE

Texas law now requires parties to file a copy of the child's original birth certificate with each petition. If you have your children's birth certificates, please provide them with this intake form.

Child 1

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Do you have a copy of this child's birth certificate? _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

With whom does this child reside? _____

Child 2

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Do you have a copy of this child's birth certificate? _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

With whom does this child reside? _____

Child 3

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Do you have a copy of this child's birth certificate? _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

With whom does this child reside? _____

4. MARRIAGE AND SEPARATION

Date of marriage: _____ County and State: _____

Are you now separated?

If so, please state date of separation: _____

If not, please state date you stopped living together as spouses (i.e. not sharing a bed): _____

Have you seen a marriage counselor? _____

If so, please state name: _____

Do your marital issues involve any of the following:

_____ drug abuse	_____ alcohol abuse	_____ financial disputes
_____ infidelity	_____ sex issues	_____ sex abuse
_____ religious issues	_____ mental health issues	_____ arrests/confinement
_____ living separately	_____ child abuse	_____ child sex abuse

For each checkmark above, please give a 1-2 sentence explanation:

_____

_____

_____

5. YOUR INFORMATION

Phone: _____

Email: _____

Current Address: _____

How long have you lived at this address? _____

How long have you lived in Texas? _____

How long have you lived in this county?_____

Who else lives in your household? _____

_____

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

If you use social media, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

Snapchat: _____

Twitter: _____

LinkedIn: _____

Other: _____

If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.

_____

_____

_____

_____

6. YOUR SPOUSE'S INFORMATION

Phone: _____

Email: _____

Address if not living with you: _____

How long has your spouse lived at this address? _____

How long has your spouse lived in Texas? _____

How long has your spouse lived in this county?_____

Who else lives in your spouse's household? _____

_____

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

If your spouse uses social media, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

Snapchat: _____

Twitter: _____

LinkedIn: _____

Other: _____

7. INFORMATION FOR CHILDREN NOT OF THIS MARRIAGE

If you have children with a person other than your current spouse, please fill out the following:

Child 1

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

Other Parent's Name: _____

With whom does this child reside? _____

Are you ordered to pay child support for this child? _____

If there is a court order concerning this child, please list the county, state, and cause number :

_____

Child 2

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

Other Parent's Name: _____

With whom does this child reside? _____

Are you ordered to pay child support for this child? _____

If there is a court order concerning this child, please list the county, state, and cause number :

_____

Child 3

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

Other Parent's Name: _____

With whom does this child reside? _____

Are you ordered to pay child support for this child? _____

If there is a court order concerning this child, please list the county, state, and cause number :

_____

If your spouse has children with a person other than you, please fill out the following:

Child 1

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

Other Parent's Name: _____

With whom does this child reside? _____

Are you ordered to pay child support for this child? _____

If there is a court order concerning this child, please list the county, state, and cause number :

_____

Child 2

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

Other Parent's Name: _____

With whom does this child reside? _____

Are you ordered to pay child support for this child? _____

If there is a court order concerning this child, please list the county, state, and cause number :

_____

Child 3

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

Other Parent's Name: _____

With whom does this child reside? _____

Are you ordered to pay child support for this child? _____

If there is a court order concerning this child, please list the county, state, and cause number :

_____

8. HEALTH INSURANCE INFORMATION

Do you have health insurance? _____

Who carries the policy? _____

Does your spouse have health insurance? _____

Who carries the policy? _____

Do your children have *private* health insurance?

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

If private health insurance is not in effect for the children, please answer the following questions:

Are the children receiving Medicaid benefits? _____

Are the children receiving health benefits coverage under CHIP? _____

If so, what is the cost of the premium? _____

Do you have access to private health insurance? _____

Does your spouse have access to private health insurance? _____

9. PROPERTY INFORMATION

Do you and/or your spouse own a home? _____

Address: _____

Mortgage provider: _____

Names on mortgage: _____

Names on deed: _____

Was the property acquired before or after marriage? _____

Approximate value: _____

Approximate mortgage balance: _____

Do you and/or your spouse own a second home, vacation property, or other land or buildings?

If so, please complete the information below for each property. Feel free to add more pages if necessary.

Property 1:

Type of property : _____

Address: _____

Mortgage provider: _____

Names on mortgage: _____

Names on deed: _____

Was the property acquired before or after marriage? _____

Approximate value: _____

Approximate mortgage balance: _____

Property 2:

Type of property : _____

Address: _____

Mortgage provider: _____

Names on deed: _____

Was the property acquired before or after marriage? _____

Approximate value: _____

Approximate mortgage balance: _____

If you or your spouse own any vehicles (automobile, water, or recreational), please fill out the information below for each vehicle. Feel free to add more pages if necessary.

Vehicle 1:

Type of vehicle: _____

Year, make, and model: _____

Who is the primary user of this vehicle: _____

Was the vehicle acquired before or after marriage? _____

If there is a loan or lease, whose name(s) is on the account: _____

VIN #: _____

Vehicle 2:

Type of vehicle: _____

Year, make, and model: _____

Who is the primary user of this vehicle: _____

Was the vehicle acquired before or after marriage? _____

If there is a loan or lease, whose name(s) is on the account: _____

VIN #: _____

Vehicle 3:

Type of vehicle: _____

Year, make, and model: _____

Who is the primary user of this vehicle: _____

Was the vehicle acquired before or after marriage? _____

If there is a loan or lease, whose name(s) is on the account: _____

VIN #: _____

10. FINANCIAL INFORMATION

Please fill out the following information for each bank account. Add additional pages if necessary:

Type of Account (checking, savings, brokerage, etc.) _____

Financial Institution: _____

Account Number: _____

Name(s) on Account: _____

Was the account opened before or after marriage: _____

Estimated balance: _____

Type of Account (checking, savings, brokerage, etc.) _____

Financial Institution: _____

Account Number: _____

Name(s) on Account: _____

Was the account opened before or after marriage: _____

Estimated balance: _____

Type of Account (checking, savings, brokerage, etc.) _____

Financial Institution: _____

Account Number: _____

Name(s) on Account: _____

Was the account opened before or after marriage: _____

Estimated balance: _____

Please fill out the following information for all *retirement accounts* including pensions:

Type of Account _____

Financial Institution: _____

Account Number: _____

Name(s) on Account: _____

Was the account opened before or after marriage: _____

Estimated balance: _____

Type of Account _____

Financial Institution: _____

Account Number: _____

Name(s) on Account: _____

Was the account opened before or after marriage: _____

Estimated balance: _____

Type of Account _____

Financial Institution: _____

Account Number: _____

Name(s) on Account: _____

Was the account opened before or after marriage: _____

Estimated balance: _____

Type of Account _____

Financial Institution: _____

Account Number: _____

Name(s) on Account: _____

Was the account opened before or after marriage: _____

Estimated balance: _____

11. GENERAL

Do you and your spouse have a premarital or marital agreement? _____

Have you or your spouse sued or been sued in the last ten years? _____

Has a bankruptcy been filed by you or your spouse in the last ten years? _____

Have you filed an income tax return for each year of your marriage? _____

Do you have unpaid taxes? _____

If so, what years and how much? _____

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

If so, please provide the date, county, state, and a brief explanation:

_____

_____

_____

_____

_____

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

If so, please briefly explain: _____

_____

_____

_____

_____

_____

Have you or your spouse ever been arrested for or convicted of a crime? _____

If yes, please list the date, county, state, and name of the offense:

_____

_____

Do you own or possess firearms? _____

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

_____

_____

_____

_____

12. ESTATE PLANNING

Do you have a will? _____

Have you signed a medical or financial power of attorney or other estate planning documents authorizing your spouse to act on your behalf? _____

Have you executed a transfer on death deed in favor of your spouse? If so, please provide us a copy of the deed. _____

13. OTHER INFORMATION

Is there someone we can contact in an emergency? _____

Name and Relationship: _____

Address: _____

Telephone:_____

When a divorce is granted, a wife's maiden name or prior name may be restored. If this is desired, what name should be used? _____

Who referred you to this office? _____