

MYRES, DALE & ASSOCIATES, P.C. CLIENT INFORMATION SHEET (DIVORCE)

Attorney-Client Privileged Communication

YOUR FULL LEGAL NAME _____	HOME PHONE _____
HOME ADDRESS _____	WORK PHONE _____
_____	CELL NO. _____ FAX NO. _____
PREFERRED MAILING ADDRESS: HOME _____ WORK _____	E-MAIL ADDRESS _____
COUNTY OF RESIDENCE _____	LENGTH OF TIME IN THAT COUNTY _____
BIRTH DATE _____	BIRTH PLACE _____
Mo./Day/Year	City/County/State
DRIVER'S LICENSE NO. & STATE _____	SOCIAL SECURITY NO. _____
EMPLOYER _____	LENGTH OF EMPLOYMENT _____
ADDRESS _____	SERVICE: A. PERSONAL SERVICE AT HOME/WORK B. WAIVER TO BE SECURED C. OTHER- SUBSTITUTED, NON- RESIDENTIAL, PUBLIC OR MILITARY

LIST OTHER EMPLOYMENT DURING THE MARRIAGE _____	

SPOUSE'S or EX-SPOUSES NAME _____	HOME PHONE _____
ADDRESS _____	WORK PHONE _____
_____	CELL NO. _____ FAX NO. _____
COUNTY OF RESIDENCE _____	LENGTH OF TIME IN THAT COUNTY _____
BIRTH DATE _____	BIRTH PLACE _____
Mo./Day/Year	City/County/State
DRIVER'S LICENSE NO. & STATE _____	SOCIAL SECURITY NO. _____
EMPLOYER _____	LENGTH OF EMPLOYMENT _____
ADDRESS _____	SERVICE: A. PERSONAL SERVICE AT HOME/WORK B. WAIVER TO BE SECURED C. OTHER- SUBSTITUTED, NON- RESIDENTIAL, PUBLIC OR MILITARY

LIST OTHER EMPLOYMENT DURING THE MARRIAGE _____	

<u>MARRIAGE INFORMATION</u>
CITY, COUNTY, AND STATE OF MARRIAGE _____ DATE OF MARRIAGE _____
DATE OF SEPARATION _____ DATE BEGAN LIVING TOGETHER IF DIFFERENT FROM MARRIAGE _____
IF EITHER OF YOU HAVE EVER FILED FOR DIVORCE FROM THE OTHER BEFORE, WHERE AND WHEN? _____
LIST ALL NAMES YOU OR YOUR SPOUSE HAVE USED: _____
WOULD YOU LIKE TO RESTORE YOUR MAIDEN NAME? IF SO, PLEASE PROVIDE INFORMATION: _____
PLEASE DESCRIBE THE PROBLEM AREAS OF YOUR MARRIAGE: _____ _____

EDUCATIONAL BACKGROUND

YOUR EDUCATION: _____

YOUR SPOUSE'S EDUCATION: _____

CHILDREN OF THE MARRIAGE

FULL NAME _____

FULL NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

DATE OF BIRTH _____ AGE _____ SEX _____

PLACE OF BIRTH _____
City/County/State

PLACE OF BIRTH _____
City/County/State

PRESENT RESIDENCE _____

PRESENT RESIDENCE _____

SOCIAL SECURITY # _____

SOCIAL SECURITY # _____

FULL NAME _____

FULL NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

DATE OF BIRTH _____ AGE _____ SEX _____

PLACE OF BIRTH _____
City/County/State

PLACE OF BIRTH _____
City/County/State

PRESENT RESIDENCE _____

PRESENT RESIDENCE _____

SOCIAL SECURITY # _____

SOCIAL SECURITY # _____

DO ANY OF THE ABOVE-NAMED CHILDREN HAVE A PHYSICAL/MENTAL DISABILITY, AND IF SO, WHAT IS THE NATURE OF THE DISABILITY?

WHAT AGREEMENTS, IF ANY, HAVE BEEN MADE ABOUT CUSTODY?

WHAT CONTROVERSY, IF ANY, MAY ARISE BETWEEN YOU AND YOUR SPOUSE REGARDING YOUR CHILDREN?

DO ANY OF THE CHILDREN OWN ANY PROPERTY OR IS ANY PROPERTY BEING HELD FOR THE BENEFIT OF THE CHILDREN? IF SO, PLEASE DESCRIBE: _____

ARE YOU OR YOUR SPOUSE EXPECTING A CHILD AT THIS TIME? IF SO WHAT IS THE DUE DATE?

HAVE EITHER OF YOU EVER BEEN A RECIPIENT OF PUBLIC ASSISTANCE IN TEXAS DURING THE MARRIAGE?

HAVE EITHER OF YOU EVER HAD A CASE PENDING WITH THE ATTORNEY GENERAL OF TEXAS?

DO EITHER OF YOU HAVE ANY OTHER CHILDREN? PLEASE PROVIDE INFORMATION

FINANCIAL & INSURANCE INFORMATION

For all financial questions: if you do not know the exact amount, please state an approximate amount.

INCOME: (if you have any pay stubs, please provide them)

WHAT IS YOUR GROSS INCOME PER MONTH? \$ _____

WHAT ARE YOUR TOTAL DEDUCTIONS PER MONTH? \$ _____

ANY EMPLOYMENT BENEFITS (COMMISSION, CAR, EXPENSE ACCOUNT, ETC.)? \$ _____

WHAT IS YOUR SPOUSE'S GROSS MONTHLY INCOME? \$ _____

WHAT ARE YOUR SPOUSE'S MONTHLY DEDUCTIONS? \$ _____

DOES YOUR SPOUSE RECEIVE EMPLOYMENT BENEFITS (COMMISSION, CAR, EXPENSE ACCOUNT, ETC.)? \$ _____

DO YOU OR YOUR SPOUSE RECEIVE NON WAGE INCOME, SUCH AS RENTAL, ROYALTIES, ETC.? IF SO, PLEASE EXPLAIN THE SOURCE OF THE INCOME, THE AMOUNT, WHO RECEIVES IT, AND WHEN IT IS PAID:

DESCRIBE THE HEALTH INSURANCE COVERAGE: COMPANY, POLICY NUMBER, EMPLOYER AND WHAT FAMILY MEMBERS ARE COVERED; _____ (See attached Exhibit A)

WHAT IS THE MONTHLY PREMIUM COST TO YOU OR YOUR SPOUSE? (EMPLOYEE & DEPENDENT COVERAGE): _____

SEPARATE PROPERTY (Please attach additional pages as needed)

IF YOU OWNED PROPERTY, INCLUDING CASH, BEFORE MARRIAGE OR RECEIVED GIFTS OR INHERITED PROPERTY INCLUDING CASH DURING MARRIAGE PLEASE LIST _____

IF YOUR SPOUSE OWNED PROPERTY, INCLUDING CASH, BEFORE MARRIAGE OR RECEIVED GIFTS OR INHERITED PROPERTY INCLUDING CASH DURING MARRIAGE PLEASE LIST _____

COMMUNITY PROPERTY

DO YOU OR YOUR SPOUSE OWN ANY OF THE FOLLOWING PROPERTY? IF SO, PLEASE PROVIDE THE REQUESTED INFORMATION FOR EACH CATEGORY (Please estimate values and liabilities if known to you) :

REAL PROPERTY - description real property _____

Approximate market value _____

Approximate total mortgage currently due _____

Approximate monthly mortgage/escrow payment _____

Length of time owned _____

VEHICLES (cars, trucks, motorcycles, boats, etc.) - complete the following information for each vehicle

YEAR	MAKE/MODEL	PRIMARY DRIVER	NAME(S) ON TITLE	AMOUNT OF DEBT

STOCKS AND BONDS (brokerage accounts, and name(s) on accounts, not including employee benefits):

PERSONAL PROPERTY (a general description of furniture, furnishings, and personal items with an itemization of significant collections):

CASH ACCOUNTS (bank, type of account, approximate balance, and name(s) on each account):

YOUR EMPLOYEE BENEFITS & RETIREMENT ACCOUNTS (pension, stocks, options, 401K, profit sharing, retirement, IRAs, and SEPs):

YOUR SPOUSE'S EMPLOYEE BENEFITS & RETIREMENT ACCOUNTS (pension, stocks, options, 401K, profit sharing, retirement, IRAs, and SEPs):

ANY OTHER PROPERTY NOT PREVIOUSLY LISTED

REFERRAL/REPRESENTATION

WHAT ARE YOUR PRIORITIES REGARDING YOUR CASE, IF ANY?

WHO REFERRED YOU TO THIS FIRM OR HOW DID YOU HEAR ABOUT THIS FIRM?

IF YOUR SPOUSE HAS RETAINED AN ATTORNEY, WHAT IS THE ATTORNEY'S NAME, ADDRESS AND PHONE NUMBER?

FOR OFFICE USE ONLY

DATE OF INTERVIEW _____

RETAINER _____

EVERGREEN _____

CONTRACT PROVIDED TO CLIENT _____

CONTRACT EXECUTED AND RECEIVED _____

STATEMENT OF HEALTH INSURANCE AVAILABILITY

(Pursuant to Section 154.181(b)(1) Texas Family Code)

This statement is made by _____,
Petitioner/Respondent, in accordance with section 154.181 of the Texas Family Code.

1. Child(ren)

The following child(ren) is/are the subject of this suit:

(1) Name: _____

Birth date: _____

Social Security number: _____

(2) Name: _____

Birth date: _____

Social Security number: _____

2. Health Insurance Availability

Private health insurance is in effect for the child(ren):

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

The insurance coverage is provided through Petitioner/Respondent's employment.

The child(ren) is/are not receiving Medicaid benefits under chapter 32, Human Resources Code.

The child(ren) is/are not receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code.

Date: _____.

(Client's Signature)