

# TINDALL ENGLAND PC

## CONFIDENTIAL FAMILY LAW QUESTIONNAIRE

Date: \_\_\_\_\_

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of your family law matter. All information will be held in strict confidence.

1. Please give your **full** name, date of birth and place of birth:

- a. Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)
- b. Date of Birth: \_\_\_\_\_
- c. Place of Birth: \_\_\_\_\_

2. Where are you living now and what is your telephone number?

- a. Street Address: \_\_\_\_\_
- b. City, State & Zip: \_\_\_\_\_
- c. Residence telephone number: \_\_\_\_\_
- d. Mobile phone: \_\_\_\_\_
- e. Home fax number: \_\_\_\_\_
- f. E-Mail: \_\_\_\_\_

*NOTE: We recommend you refrain from communicating with us on any device provided by your employer or any computer, smart phone, tablet computer, or other device shared with someone else. In addition, when communicating with us, please do not use your work email address or a shared email account. You should utilize only a private email account that is password protected and accessed solely by you when you communicate with us.*

3. Please complete the following concerning your employment:

- a. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State & Zip: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_
- e. Fax Number: \_\_\_\_\_
- f. E-Mail: \_\_\_\_\_
- g. Length of Employment: \_\_\_\_\_
- h. Gross salary per month or annually: \$ \_\_\_\_\_
- i. Education: \_\_\_\_\_

4. Please give your spouse's **full** name, date of birth, and place of birth:

- a. Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)
- b. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

- a. Address: \_\_\_\_\_
- b. City, State & Zip: \_\_\_\_\_
- c. Residence telephone number: \_\_\_\_\_

6. Complete the following concerning your spouse's employment:

- a. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State & Zip: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_
- e. Fax Number: \_\_\_\_\_
- f. E-Mail: \_\_\_\_\_
- g. Length of Employment: \_\_\_\_\_
- h. Gross salary per month or annually: \$ \_\_\_\_\_
- i. Education: \_\_\_\_\_

7. Please give the date and place of your marriage:

Date: \_\_\_\_\_ City: \_\_\_\_\_

8. Please give **full** name, date and place of birth, and sex of each child of this marriage:

Name of child: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_

Name of child: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_

Name of child: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_

9. Are you now separated from your spouse? \_\_\_\_\_  
If so, give date of separation: \_\_\_\_\_

10. Have you seen a marriage counselor? \_\_\_\_\_. If so, give name(s): \_\_\_\_\_

11. What is your religious preference? \_\_\_\_\_

12. What is your spouse's religious preference? \_\_\_\_\_

13. Do your marital difficulties involve:

- |  |  |
|--|--|
| <input type="checkbox"/> Drugs/Alcohol         | <input type="checkbox"/> Physical Violence |
| <input type="checkbox"/> Sexual Disappointment | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Sexual Infidelity     | <input type="checkbox"/> Incompatibility   |
| <input type="checkbox"/> Financial Disputes    | <input type="checkbox"/> Other: _____      |

14. Will there be a dispute over custody of the children? \_\_\_\_\_  
If not, custody will be with whom? \_\_\_\_\_

15. Where are the children living at this time? \_\_\_\_\_
16. List all property (other than furniture and clothing) owned by the children: \_\_\_\_\_  
\_\_\_\_\_
17. How long have you lived in Texas? \_\_\_\_\_
18. What county do you reside in? \_\_\_\_\_
19. How long have you resided in that county? \_\_\_\_\_
20. What is the state of last marital residence? \_\_\_\_\_
21. Have you or your spouse ever filed for a divorce? \_\_\_\_\_. If so, when & where (include court if known)?  
\_\_\_\_\_
22. Does your spouse now have an attorney? \_\_\_\_\_. If so, whom? \_\_\_\_\_
23. Have you been married before? \_\_\_\_\_. If so, how many times? \_\_\_\_\_. 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 marriage(s):

	Name and Sex (M/F)	Date & Place of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

With whom do these children reside? \_\_\_\_\_

24. Do you pay/receive child support? \_\_\_\_\_ If so, how much per month? \_\_\_\_\_

25. Has your spouse been married before? \_\_\_\_\_ If so, how many times? \_\_\_\_\_

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 marriage:

	Name and Sex (M/F)	Date & Place of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

With whom do these children reside? \_\_\_\_\_

26. Does your spouse pay/receive child support? \_\_\_\_\_ If so, how much? \$\_\_\_\_\_

27. If a divorce is granted, should the wife's maiden or prior name be restored? \_\_\_\_\_

If so, what name should be used?\_\_\_\_\_

28. Mail:

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

\_\_\_\_\_

(Street address)

(City)

(Zip)

29. Referral:

Who referred you to this office?\_\_\_\_\_

30. Consultation Fee:

I understand that there will be an initial consultation fee equal to the hourly rate for the attorney with whom I am consulting. This consultation fee is to be paid on the same date as the consultation.

\_\_\_\_\_

(Your signature)