

LINNENBANK LAW OFFICE
FAMILY LAW CLIENT INFORMATION SHEET
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CLIENT QUESTIONNAIRE

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

A. CLIENT INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ Place of Birth: _____

Home Phone: _____ Work Phone: _____ Cel: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Maiden Name: _____

Dates of residency at current address: _____

List any previous residences in the past five (5) years, and dates resided in each:

Employer's Name (if any): _____

Employer's Address: _____

Employer's Telephone No.: _____

Date of Employment: _____ Occupation: _____

Salary: \$ _____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Highest level of education completed: _____

What is your religious preference? _____

How did you hear about our office? _____

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) _____

B. SPOUSE'S INFORMATION:

Name: _____ Soc. Sec. No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ DOB: _____ Place of Birth: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail Address: _____ Facsimile Number: _____

Driver's License Number: _____ Issuing State: _____

Maiden Name: _____

Is spouse represented by counsel in this matter? ___ Yes ___ No - If yes, complete the following:

Spouse's Attorney: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Facsimile Number: _____

Employer's Name (if any): _____
Employer's Address: _____

Job Title: _____ Nature of Job: _____
Date of Employment: _____ Occupation: _____
Salary: \$_____ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: _____

Highest level of education completed: _____

What is your spouse's religious preference? _____

C. GENERAL MARITAL HISTORY:

Date of Marriage: _____

Place of Marriage: _____
(Please attach a marriage certificate)

Are you and your spouse currently living together? ___ Yes ___ No

If not, then Date of Separation: _____

Do you have an interest in reconciliation? ___ Yes ___ No

To the best of your knowledge, does your spouse want reconciliation? ___ Yes ___ No

Describe the circumstances that caused your separation: _____

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized: _____

Is the wife currently pregnant? ___ No ___ Yes; date child is due: _____

Describe the parties' understanding regarding Wife's employment during marriage: _____

MARITAL MISCONDUCT

From the list below, select if you or your spouse has done any of the following:

	You	Spous
Physically abused spouse	_____	_____
Verbally abused spouse	_____	_____
Sexually abused spouse	_____	_____
Abused a child	_____	_____
Engaged in an extramarital relationship	_____	_____
Spent marital funds on an extramarital	_____	_____
relationship	_____	_____
Tried to commit suicide	_____	_____

	You	Spous
Has an emotional or psychiatric condition	_____	_____
Committed a crime	_____	_____
Been arrested	_____	_____
Been detained in jail	_____	_____
Abused alcohol	_____	_____
Abused prescription drugs	_____	_____
Used illegal drugs	_____	_____
Been hospitalized for alcohol and/or drugs	_____	_____
Spent marital funds for drugs or excessive alcohol	_____	_____
Been arrested for driving while intoxicated	_____	_____
Engaged in fraud	_____	_____
Gambled	_____	_____
Other illegal activities: _____	_____	_____
Destroyed property or other items	_____	_____
Hidden, wasted or dissipated assets	_____	_____
Spent beyond means, or poorly managed	_____	_____
Other not listed above: _____	_____	_____
Other not listed above: _____	_____	_____

Describe when and how you first learned of spouse's marital misconduct, if spouse has admitted misconduct to you, and if you are aware of the frequency of the misconduct: __

What effect has spouse's misconduct had on you? _____

FAMILY FINANCES:

Which spouse has primary responsibility for the finances? _____

Did this responsibility shift (if so, please explain)? _____

Was income consolidated? _____

Was any income or asset treated differently (if yes, please explain)? _____

Describe the method of filing tax returns: _____

Describe any family savings plans or retirement plans: _____

Describe anything unusual or significant about the handling of family finances not mentioned above: _____

Provide any information not already requested in the preceding questions that you consider important to a fair and equitable result in your case (add additional pages, if necessary):
