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CLIENT DIVORCE QUESTIONNAIRE

Client Name: _____ Date: _____

INSTRUCTIONS: 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 the personal aspects of your family law problem. All information will be held in strict confidence. The LAW OFFICE OF TOBIE KUYKENDALL, PLLC makes every effort to ensure compliance with the regulations and conditions set forth in the Health Insurance Portability and Availability Act of 1996 (HIPAA) and with Texas HB 300.

NOTICE: Pursuant to Texas Rule of Civil Procedure 192.5 along with all corresponding Rules of Evidence associated therewith, the information contained within this document comprise the work product of the attorney whose client name is referenced above. All information herein has been prepared in anticipation of litigation or for trial by or for a party or a party's representatives, including the party's attorneys, consultants, sureties, indemnitors, insurers, employees, or agents.

Referral Information

- ☐ My friend whose name is: _____
- ☐ An Attorney whose name is: _____
- ☐ Law Office Website: _____
- ☐ Advertisement: Radio or Magazine? _____
- ☐ Other _____

For Office Use Only

Case Information

1. Please give your full name, date and place of birth, Social Security number, and driver's license number

   a. Name:
      Maiden Name:
   b. Date of Birth
   c. Place of Birth
   d. Social Security **(last 3 digits only)**
   e. Driver's License **(last 3 digits only)**

2. Where are you living now?

   a. Street Address:
   b. City:
   c. State & Zip Code:
      How Long in State:
   d. County of Residence:
   e. How Long in County:
   f. Residence Telephone:
   g. Mobile Telephone:
   h. Email Address:

3. Please complete the following concerning your employment:

   a. Employer:
   b. Job Title:
   c. Full Address:
   d. Telephone Number:
   e. Gross Salary/Monthly:
   f. Annual Gross (including bonuses, Stock options, etc.):
   g. Length of Employment:
   h. Education/Training:

4. Please give your spouse's full name, date and place of birth, Social Security Number, Driver's License Number

a. Name:

Maiden Name:

b. Date of Birth

c. Place of Birth

d. Social Security **(last 3 digits only)**

d. Driver's License **(last 3 digits only)**

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

a. Street Address:

b. City:

c. State & Zip Code:

How Long in State:

d. County of Residence:

How Long in County:

e. Residence Telephone:

6. Please complete the following concerning your spouse's employment:

a. Employer:

b. Job Title:

c. Full Address:

d. Telephone Number:

e. Gross Salary/Monthly:

f. Annual Gross (including bonuses, Stock options, etc.):

g. Length of Employment:

h. Education/Training:

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

a. Date:

b. City, State:

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

8. Date of Separation:

9. Enter name of Marriage Counselor, if applicable:

10. If there are any children of this marriage, thoroughly answer all questions.

If no children, skip to question #15:

Child #1

a. Name of Child:

b. Sex of Child:

c. Date of Birth:

d. Place of Birth:

e. Social Security **(last 3 digits only)**:

f. Disability, if any:

g. Child's Address:

h. Driver's License # **(last 3 digits only)**:

Child #2

a. Name of Child:

b. Sex of Child:

c. Date of Birth:

d. Place of Birth:

e. Social Security **(last 3 digits only)**:

f. Disability, if any:

g. Child's Address:

h. Driver's License # **(last 3 digits only)**:

Child #3

a. Name of Child:

b. Sex of Child:

c. Date of Birth:

d. Place of Birth:

e. Social Security **(last 3 digits only)**:

f. Disability, if any:

g. Child's Address:

h. Driver's License # **(last 3 digits only)**:

Child #4

a. Name of Child:

b. Sex of Child:

c. Date of Birth:

d. Place of Birth:

e. Social Security **(last 3 digits only)**:

f. Disability, if any:

g. Child's Address:

h. Driver's License # **(last 3 digits only)**:

11. Health Care Coverage for Children: Yes No

a. Name of Provider:

b. Policy Number:

c. Responsible Party:

d. Monthly Premium Cost: $

e. Medicaid Benefits: Yes No

f. Children's Health Insurance Program (CHIPS): Yes No

12. Will there be a dispute over custody of children?: Yes No

If not, who will have custody?

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

14. Religious Preference:

a. Your Preference:

b. Your Spouse's:

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

Drugs/Alcohol

Sexual Disappointment

Sexual Infidelity

Financial Dispute

Physical Violence

Religion

Incompatibility

Other

16. Have you or your spouse ever filed for a divorce?

If so, when and where?

17. Does your spouse now have an attorney?

If so, whom?

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

If so, what name will be used?

19. Have you been married before?

If so, how many times?

Any children?

If there are children from a previous marriage (or relationship), please give full name, sex, date and place of birth.

Child #1

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

Child #2

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

Child #3

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

Child #4

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

With whom do these children reside?

20. Do you pay or receive child support?

How much is the court ordered Child Support payment?

21. Has your spouse been married before?

If so, how many times?

Any Children?

If there are children from a previous marriage (or relationship), of your spouse, please give full name, sex, date and place of birth.

Child #1

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

Child #2

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

Child #3

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

Child #4

a. Name of Child:

b. Sex of Child:

a. Date of Birth:

b. Place of Birth:

22. Do your Spouse pay or receive child support?

How much is the Child Support payment?

23. **Please list all Real Estate Property:**

[1.1] Real Estate Property #1

a. Address:

b. Mortgage Company:

Amount of Original Note:

Note Executed by:

Date of Original Note:

c. Year Bought:

d. Estimate Current Mkt. Value:

e. Monthly Payments:

f. Mortgage Balance:

g. General Comments:

[1.2] Real Estate Property #2

a. Address:

b. Mortgage Company:

Amount of Original Note:

Note Executed by:

Date of Original Note:

c. Year Bought:

d. Estimate Current Mkt. Value:

e. Monthly Payments:

f. Mortgage Balance:

g. General Comments:

[1.3] Real Estate Property #3

a. Address:

b. Mortgage Company:

Amount of Original Note:

Note Executed by:

Date of Original Note:

c. Year Bought:

d. Estimate Current Mkt. Value:

e. Monthly Payments:

f. Mortgage Balance:

g. General Comments:

[1.4] Real Estate Property #4

a. Address:

b. Mortgage Company:

Amount of Original Note:

Note Executed by:

Date of Original Note:

c. Year Bought:

d. Estimate Current Mkt. Value:

e. Monthly Payments:

f. Mortgage Balance:

g. General Comments:

24. **List all Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:**

[2.1] Account #1

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

[2.2] Account #2

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

[2.3] Account #3

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

[2.4] Account #4

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

[2.5] Account #5

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

[2.6] Account #6

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

[2.7] Account #7

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

[2.8] Account #8

a. Name of Bank:

Address:

b. Account Type: (Checking, Savings, IRA, etc.)

c. Account Name:

d. Account Number (last 4 digits):

e. Amount on Deposit:

f. Authorized Users:

24. **List all Motor Vehicles, Boats, Airplanes, Cycles, Trailers:**

[3.1] Vehicle #1

a. Year / Make / Model:

b. Vehicle ID Number:

c. Name on Title:

d. Vehicle in Possession of:

e. Financed with:

Address

Loan Balance:

[3.2] Vehicle #2

a. Year / Make / Model:

b. Vehicle ID Number:

c. Name on Title:

d. Vehicle in Possession of:

e. Financed with:

Address

Loan Balance:

[3.3] Vehicle #3

a. Year / Make / Model:

b. Vehicle ID Number:

c. Name on Title:

d. Vehicle in Possession of:

e. Financed with:

Address

Loan Balance:

[3.4] Vehicle #4

a. Year / Make / Model:

b. Vehicle ID Number:

c. Name on Title:

d. Vehicle in Possession of:

e. Financed with:

Address

Loan Balance:

25. **List all Retirement, Pensions, and Savings Plans.**

Defined Contribution, Defined Benefit, IRA/SEP, Military Benefits, Nonqualified, Government Retirement

a. Do you participate in any retirement plans?

[4.1] If so, describe the plan:

b. Does your Spouse participate in any retirement plans?

[4.2] If so, describe the plan:

c. Do you participate in any company savings plan?

[4.3] How much is in the plan:

d. Does your Spouse participate in any company savings plan:

[4.4] How much is in the plan?

26. List any other Deferred Compensation Benefits (e.g., workers' compensation, disability benefits, bonuses and other "special payments," employee stock options, and other forms of compensation)

a. **[5.1]** Name or Type of Your Benefit:

Please describe the benefit:

b. **[5.1]** Name or Type of Your Spouse's Benefit:

Please describe the benefit:

26. **List all Life Insurance or Annuities:**

[6.1] Insurance Policy #1

a. Insurance Company:
Policy (last 4 digits):
Date of Issue:
b. Face Amount:
c. Insuring Life of:
d. Beneficiary:
e. Type of Policy: Whole Life Term Universal
f. Amount of Premiums:
Frequency:
Cash Value:
g. Loans Against Policy:

[6.1] Insurance Policy #2

a. Insurance Company:
Policy (last 4 digits):
Date of Issue:
b. Face Amount:
c. Insuring Life of:
d. Beneficiary:
e. Type of Policy: Whole Life Term Universal
f. Amount of Premiums:
Frequency:
Cash Value:
g. Loans Against Policy:

[6.1] Insurance Policy #2

a. Insurance Company:
Policy (last 4 digits):
Date of Issue:
b. Face Amount:

c. Insuring Life of:

d. Beneficiary:

e. Type of Policy: Whole Life Term Universal

f. Amount of Premiums:

Frequency:

Cash Value:

g. Loans Against Policy:

27. **List any Brokerage or Mutual Fund Accounts:**

[7.1] Account #1

a. Name on Account:

b. Estimate amount invested:

[7.2] Account #2

a. Name on Account:

b. Estimate amount invested:

[7.3] Account #3

a. Name on Account:

b. Estimate amount invested:

[7.4] Account #4

a. Name on Account:

b. Estimate amount invested:

27. **List all Stocks, Bonds, and Other Securities (include securities not previously disclosed in the interview:**

[8.1] Investment #1

a. Name of Stock:

b. Estimate amount invested:

[8.2] Investment #2

a. Name of Stock:

b. Estimate amount invested:

[8.3] Investment #3

a. Name of Stock:

b. Estimate amount invested:

[8.4] Investment #4

a. Name of Stock:

b. Estimate amount invested:

28. **List all Closely Held Business Interests:**

[9.1] Interest #1

a. Name of Business:

b. Percentage of Ownership:

Number of Shares Owned:

c. Value of Interest:

[9.2] Interest #2

a. Name of Business:

b. Percentage of Ownership:

Number of Shares Owned:

c. Value of Interest:

29. Does anyone owe you or your spouse money?

How much is owed?

Owed by whom?

30. Are you involved in any lawsuits?

If so, please explain:

31. Do you own any livestock or mineral interest?

32. Do you belong to any clubs with an equity interest?

If so, where:

33. List any and all Other Assets:

Name any other assets or property not named above:

34. Debts: (Other than house and/or automobiles; e.g. Charge Cards (last 4 digits), Personal Loans, etc.)

a. $
b. $
c. $
d. $
e. $
f. $
g. $
h. $
i. $
j. $
k. $
l. $
m. $
n. $

35. Income Tax

a. Have you filed for all previous years?

Prepared by whom?

b. Refund receive?

If so, how much?

36. Last Will and Testament

a. Do you have a will?

Prepared by whom?

b. Does your spouse have a will?

Prepared by whom?

37. Separate Property

a. Do you own any separate property (property owned before marriage or property received during marriage as a gift or inheritance)?

If so, detail property:

38. Does your spouse own separate property?

If so, detail property:

VERIFICATION

I HAVE COMPLETED AND REVIEWED THE FOREGOING INFORMATION AND STATE ALL INFORMATION IS FULLY DISCLOSED.

Client Name

Client Signature

Date