

**LAW OFFICES OF
BREWER JACKSON & LANG, P.C.**

DIVORCE QUESTIONNAIRE

**ATTORNEY/CLIENT PRIVILEGE ASSERTED AS TO ALL
INFORMATION CONTAINED HEREIN**

Full Name: _____ Date: _____
 (First) (Middle) (Last)

Maiden Name (If applicable): _____

Who referred you to our office?

Name: _____

Address: _____

Phone: _____

Please fill out the questionnaire and answer all questions relevant to your case. 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 divorce. All information provided herein is subject to the attorney-client relationship and will be held in strict confidence. If a question does not apply to your particular situation, please indicate by marking the question "N/A." Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney/client privilege.

Please be advised that it is the policy of this firm to prepare and enter into a written fee agreement with each client on a case by case basis prior to accepting representation; unless provided otherwise in a written fee agreement (example: contingent fee or set fee arrangement), or unless waived by attorney in whole or in part, you will be charged and you agree to pay on an hourly basis for initial consultation as well as other requested services provided to you prior to entry of a written fee agreement.

(Signature)

CLIENT

1. Where are you living now?
 - a. Address: _____
 - b. City, State, Zip: _____
 - c. Driver's License Number: _____
 - d. Social Security Number: _____
 - e. Date of Birth: _____
 - f. Place of Birth: _____
(City) (State) (Country)
 - g. Race: _____

2. Please provide the following:
 - a. Residence telephone number: _____
 - b. Business telephone number: _____
 - c. Mobile or cellular telephone number: _____
 - d. E-mail address (personal email only): _____

3. Please complete the following concerning your employment:
 - a. Employer: _____
 - b. Job Title: _____
 - c. Employer's Street Address: _____
 - d. City, State, Zip: _____
 - e. Gross salary per year: _____
 - f. Length of Employment: _____
 - g. Do you receive income from the following sources? (Check all that apply)
Child Support _____ Spousal Support _____ Unemployment Benefits _____

4. At what address do you wish to receive mail from this office?
 - a. Address: _____
 - b. City, State, Zip: _____

SPOUSE

5. Please provide the following regarding your spouse:
- a. Full Name: _____
(First) (Middle) (Last)
 - b. Maiden Name (If applicable): _____
 - c. Date of Birth: _____
 - d. Place of Birth: _____
(City) (State) (Country)
 - e. Social Security Number: _____
 - f. Driver's License Number: _____
 - g. Race: _____
6. Please provide the following contact information regarding your spouse?
- a. Address: _____
 - b. City, State, Zip: _____
 - c. Residence Telephone Number: _____
 - d. Email address: _____
7. Complete the following concerning your spouse's employment:
- a. Employer: _____
 - b. Job Title: _____
 - c. Street Address: _____
 - d. City, State, Zip: _____
 - e. Telephone Number: _____
 - f. Gross Salary per Year: _____
 - g. Length of Employment: _____
 - h. Education of Spouse: _____
8. Please give the date and place of your marriage.
- Date: _____
- City, State: _____
9. Are you now separated from your spouse? Yes ____ No ____
- If so, give date of separation: _____ Who left? _____

10. If a divorce is granted, should the wife's maiden/prior name be restored? Yes ____ No ____
If so, what name should be used? _____

11. Please provide the following for each child of this marriage:

1) Full Name: _____
(First) (Middle) (Last)
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No: _____ State: _____
Social Security Number: _____
Age: _____

2) Full Name: _____
(First) (Middle) (Last)
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

3) Full Name: _____
(First) (Middle) (Last)
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

4) Full Name: _____
(First) (Middle) (Last)
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

5) Full Name: _____
(First) (Middle) (Last)
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

6) Full Name: _____
(First) (Middle) (Last)
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

12. Have you seen a marriage counselor? _____
If so, give name: _____
Address: _____
Time Period Seen: _____

13. What is your religious preference? _____
14. Will there be a dispute over custody of the children?
 Yes ____ No ____
 If not, custody will be with whom? _____
15. Where are the children living at this time?
 a. Address: _____
 b. City, State, Zip: _____
16. How long have you lived in Texas? _____
17. What County do you reside in? _____
18. How long have you resided in that County? _____
19. Have you or your spouse ever filed for a divorce?
 Yes ____ No ____
 If so, who (spouse or yourself)? _____
 When? _____ Where? (County, State) _____
20. Does your spouse now have an attorney? Yes ____ No ____
 If so, who? _____
21. Have you been married before? _____
 If so, how many times? _____
22. Do you have children by a previous marriage or relationship? _____
 If so, provide the following regarding each child:
- 1) Name: _____
 Sex: _____
 Date of Birth (mm/dd/yyyy): _____

Birthplace: _____
(City) (State) (County)

Driver's License No. _____ State: _____

Social Security Number: _____

Age: _____

2) Name: _____

Sex: _____

Date of Birth (mm/dd/yyyy): _____

Birthplace: _____
(City) (State) (County)

Driver's License No. _____ State: _____

Social Security Number: _____

Age: _____

3) Name: _____

Sex: _____

Date of Birth (mm/dd/yyyy): _____

Birthplace: _____
(City) (State) (County)

Driver's License No. _____ State: _____

Social Security Number: _____

Age: _____

With whom do these children reside? _____

23. Do you pay/receive child support? Yes ____ No ____

If so, how much? \$ _____ per _____

24. Has your spouse been married before? _____

If so, how many times? _____

25. Does your spouse have children by a previous marriage or relationship? _____

If so, provide the following regarding each child:

1) Name: _____
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

2) Name: _____
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

3) Name: _____
Sex: _____
Date of Birth (mm/dd/yyyy): _____
Birthplace: _____
(City) (State) (County)
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

With whom do these children reside? _____

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

27. **FAMILY HISTORY**

Your Father's Name: _____

Age: _____ Phone Number: _____

Address: _____

Occupation: _____

If deceased, age and year he died: _____

Your Mother's Name: _____

Age: _____ Phone Number: _____

Address: _____

Occupation: _____

If deceased, age and year she died: _____

How many brothers? _____ How many sisters? _____

List name, address and phone number of all brothers and sisters:

28. **PERSONAL HISTORY**

Your education:

Highest grade and year completed: _____

Where: _____

When: _____

Military Service: Branch: _____ Serial No.: _____

Type of discharge: _____ When: _____

Last Base: _____

Your living arrangements: House _____ Apt. (Include name of complex) _____

Buying _____ Renting _____

Number of Occupants: Adults _____ Minors _____

Name of Occupants: _____

29. Income Tax:

Have you filed for all previous years? _____

Prepared by whom? _____

Refund received? _____

If so, how much? _____

30. Last Will and Testament:

Do you have a will? _____

If so, prepared by whom? _____

Does your spouse have a will? _____

If so, prepared by whom? _____

31. Nearest Relative or Person to be contacted in Case of Emergency:

Name: _____

Address: _____

Phone: _____

Please continue filling out this portion if you have children of this marriage.

32. If you want primary custody of your children, please tell me why you think you should have primary custody in fifty words or less: _____

33. With whom do the children currently live? _____

34. How long has the current living arrangement been in effect? _____

35. Names and addresses of schools the children attend or have attended, dates attended, and the name(s) of the teacher or principal there that is familiar with the child:

Childs Name: _____

School: _____

Address: _____

Dates Attended: _____

Grade(s): _____

Teacher or Principal: _____

Childs Name: _____

School: _____

Address: _____

Dates Attended: _____

Grade(s): _____

Teacher or Principal: _____

Childs Name: _____

School: _____

Address: _____

Dates Attended: _____

Grade(s): _____

Teacher or Principal: _____

CARE OF THE CHILDREN

36. To the extent that both you and your spouse have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared, and what percentage of the time you have shared in each: _____

a. Who helps the children get dressed in the morning? _____

b. Who bathes the children and grooms them? _____

- c. Are any of the children nursing? _____
- d. Who takes care of the children during the day? _____
- e. Who arranges for getting children together with playmates? _____
- f. Who puts the children to bed at night? _____
- g. Who prepares meals? _____
- h. Who arranges for medical and dental care and takes the children to doctor's appointments?

- i. Who takes the children to school? _____
- j. Who picks the children up for school? _____
- k. Who shops for the children's clothes? _____
- l. Who transports the children to extracurricular activities? _____
- m. Do you and your spouse participate in recreational or educational activities with the children? _____
- n. If so, describe the nature of the activities and how often you and your spouse participate in them: _____

- o. Do the children receive religious training? _____
- p. If so, from whom? _____

- q. Who arranges the children's birthday parties? _____
- r. Who helps the children with their homework? _____
- s. Who attends parent-teacher conferences? _____
- t. Are the children more likely to turn to you or to your spouse when they have problems?

- u. Do you feel the children are closer to you or your spouse? _____
- v. Are the children in day-care or with a sitter? _____
- w. If so, how many hours per week? _____
- x. Give name, address, and telephone number of the day-care service or sitter: _____

- y. Who arranges for the day-care or sitter? _____
- z. Who cares for the children when they are ill? _____
- aa. Who disciplines the children? _____
- bb. By what method? _____
- cc. Has the division of responsibility for child care changed over the years? _____
- dd. If so, describe: _____

TIME AVAILABLE AND PLANS FOR THE FUTURE

37. What are your working hours? _____
What time do you leave home? _____
When do you return? _____
38. Do you have flexible working hours? _____
39. Does your work require travel? _____
If so, what distances and amounts of time? _____

40. Is your work schedule likely to change in the future? _____
41. What are your plans for child care? _____

42. Describe your housing arrangements, including number of bedrooms: _____

43. What are your spouse's working hours? _____
What time does your spouse leave home? _____
When does your spouse return? _____
44. Are your spouse's working hours flexible? _____
45. Does your spouse's work require travel? _____
If so, what distances and amounts of time? _____

46. Is your spouse's work schedule likely to change in the future? _____

47. What are your spouse's plans for child care? _____

48. Describe your spouse's housing arrangements, including number of bedrooms:

SPECIAL NEEDS OF THE CHILDREN

49. Do the children have any special or unusual educational or health care needs? _____
If so, describe them: _____

Who has worked to meet the needs? _____
Are you or your spouse better able to meet those needs? _____
50. Has the children's academic performance changed in the last few years or months? _____
If so, what is the reason for the change? _____

51. Have you or your spouse disparaged the other spouse or his or her family in the presence of the children? _____
If so, explain: _____

COOPERATION

52. How well have you and your spouse been able to cooperate on matters concerning the children and on matters concerning visitation or access to the children?

53. To what extent do you and your spouse share values regarding how the children should be raised, what type of education they should have, and what type or religious training they should have (if any)? _____

FREQUENCY OF MOVES AND PLANS TO MOVE

54. Have you or your spouse moved in the last ten years? _____

If so, when and where (include moves in the same city?) _____

55. Do you or your spouse plan to move in the near future? _____

If so, when and where? _____

Does the parent who is not moving oppose the move? _____

Why? _____

"SKELETONS IN THE CLOSET" AND SENSITIVE TOPICS

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY/CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST WITH ME IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

IF AN ANSWER TO ONE OF THE QUESTIONS BELOW IS "YES," PLEASE DESCRIBE THE SITUATION IN DETAIL.

56. Have you or your spouse:

- _____ committed a felony?
- _____ been arrested?
- _____ was in jail or prison?
- _____ used illegal drugs?
- _____ abused prescription drugs?
- _____ abused alcohol?
- _____ been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?
- _____ engaged in gambling activities (legal or illegal)?
- _____ engaged in other illegal activities?
- _____ attempted suicide?
- _____ been hospitalized for an emotional or psychiatric disorder?
- _____ suffered from or received treatment for an emotional or psychiatric condition?
- _____ abused your spouse?
- _____ abused your child?
- _____ had a sexual relationship during the marriage with someone other than your spouse?
- _____ had a sexual relationship (during or not during the marriage) with someone other than your spouse of whom the children were aware? If so, describe the children's reaction to the relationship and the children's feelings about the persons(s) involved in the relationship.

- _____ had a homosexual relationship?
- _____ engaged in unusual sexual practices?
- _____ had a pregnancy outside of marriage?
- _____ had a venereal disease?
- _____ drunk socially? If so, what do you drink and with what frequency?

57. If you or your spouse have a relationship with a person whom the children see frequently and that person would answer “yes” to one or more of the preceding “skeleton in the closet” questions, describe the situation: _____

58. Do you or your spouse suffer from any physical disability that would interfere with being able to care for the children? _____
If so, describe: _____

CHILDREN’S PREFERENCES

59. Have the children told you with whom they want to live? _____
If so, who? _____
What is the basis for the preference? _____
How strong is the preference? _____

How long has the preference been held? _____
Has the preference changed? _____

How would you feel about the children talking to the judge regarding their preferences? _____

CHILDREN'S RELATIONSHIP WITH OTHER FAMILY MEMBERS

60. How do the children get along with each other? _____

61. How do the children get along with stepparents? _____

62. How do the children get along with stepbrothers and stepsisters? _____

63. Do the children have a particularly close relationship with either or both sets of grandparents? _____

64. Do the children have a strong relationship with anyone else that you believe is important? _____

GOALS

65. What are your future goals with the children and the reasons for your goals? _____

66. To what extent do you believe that you and your spouse should have joint custody under which you both would share equally in making major decisions affecting the child and/or being with the child for substantial periods of time? _____

67. What are your spouse's future goals with the children and the reasons for those goals?

68. Have you and your spouse attempted to work out a settlement of the case between you? What progress have you made? What are your positions?

69. Who do you think would make good witnesses for you and what do you think the testimony would be? Possible witnesses include neighbors, the children's teachers, friends, doctors, baby sitters, day-care workers, clergy and family members.

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

70. Who do you think will be witnesses for your spouse and what do you think will be the testimony of those persons?

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

Can Testify To: _____

PENDING PROCEEDINGS OR PROBLEMS

71. Are there any court proceedings pending on this matter? _____

If so, give name of court, name of judge, date of filing, court docket number, and status of case: _____

72. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

If so, state who and when: _____

73. Did your spouse have any previous attorneys? _____

If so, who? _____
