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CLIENT INFORMATION QUESTIONNAIRE - DIVORCE

Date: _____

Please fill out this fact sheet and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

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.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Attorney/Client-Privileged Information

PERSONAL

About you:

1. Please give your *full* name, date and place of birth, and Social Security number.
First name: _____
Middle name: _____
Last name: _____
Suffix: _____
Maiden name: _____
Birth date: _____ City and State where born: _____
Social Security number: _____
Driver's license number: _____
2. Where are you living now, and what is your phone number and email address?
Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home phone: _____
Cell phone: _____ Email address: _____
3. At what address do you wish to receive mail from this office? _____

4. How do you prefer that we contact you?
Address: _____
Phone: _____ Fax: _____
Pager: _____ Mobile phone: _____
E-mail: _____ (e-mail communications may not be confidential)
5. Who referred you to this office? _____
6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____
If so, please state who and when: _____

Attorney/Client-Privileged Information

7. Please complete the following information concerning your employment.

Employer: _____
Job title: _____
Street address: _____
City, State, Zip: _____
Phone: _____ May we call you at work? _____
E-mail: _____ May we e-mail you at work? _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

About your spouse or ex-spouse:

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

First name: _____
Middle name: _____
Last name: _____
Suffix: _____
Maiden name: _____
Birth date: _____ City and State where born: _____
Social Security number: _____
Driver's license number: _____

2. Where is your spouse or ex-spouse living now, and what is his or her phone number and e-mail address?

Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home phone: _____
Home e-mail: _____

3. Please complete the following information concerning your spouse's or ex-spouse's employment.

Employer: _____
Job title: _____

Attorney/Client-Privileged Information

Street address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

About your children:

1. Please give the full name, date and place of birth, sex, Social Security number, and driver’s license number of each child of this marriage.

1.A. First name: _____
Middle name: _____
Last name: _____
Suffix: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____
Driver’s license number: _____

1.B. First name: _____
Middle name: _____
Last name: _____
Suffix: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____
Driver’s license number: _____

Attorney/Client-Privileged Information

- 1.C. First name: _____
Middle name: _____
Last name: _____
Suffix: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____
Driver's license number: _____
2. Is private health insurance in effect for the children?
If so, please give the following information.
Name of insurance company: _____
Policy number: _____
Party responsible for premium: _____
Monthly cost of premium: _____
Is the insurance coverage provided through a parent's employment? _____
If so, which parent? _____
3. If private health insurance is not in effect for the children, please answer the following questions.
Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? If so, what is the cost of the premium?

Does the mother have access to private health insurance at reasonable cost to her?

Does the father have access to private health insurance at reasonable cost to him?

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____
If so, who applied? _____
What is the status of the application? _____

Attorney/Client-Privileged Information

- 4. Will there be a dispute over the children? _____
If *not*, who will have custody? _____
- 5. Where and with whom are the children living now? _____

- 6. List all Property (other than furniture and clothing) owned by the children.

About your marriage and separation:

- 1. Please give the date and place of your marriage.
Date: _____ Place: _____
Are you now separated from your spouse? _____
If so, please state date of separation:

- 2. Have you seen a marriage counselor? _____
If so, please state name: _____
- 3. What is your religious preference? _____
If none, are you agnostic or atheist? _____
- 4. What is your spouse's or ex-spouse's religious preference? _____
If none, is your spouse or ex-spouse agnostic or atheist? _____
- 5. 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: _____
- 6. How long have you lived in Texas? _____
- 7. Have you or your spouse ever filed for divorce? _____
If so, when and where? _____
- 8. Does your spouse or ex-spouse have an attorney? _____
If so, who? _____
- 9. Have you ever been married before? _____
If so, how many times? _____

Attorney/Client-Privileged Information

Do you have children by a previous marriage? _____

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child.

9.A. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

9.B. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

9.C. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Where and with whom do these children live? _____

Do you pay/receive child support? _____

Attorney/Client-Privileged Information

If so, how much? \$ _____ per _____

10. Has your spouse or ex-spouse been married before? _____

If so, how many times? _____

Does your spouse or ex-spouse have children by a previous marriage?

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child.

10.A. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

10.B. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

10.C. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Where and with whom do these children live? _____

Attorney/Client-Privileged Information

Does your spouse or ex-spouse pay/receive child support?

If so, how much? \$ _____ per _____

11. If a divorce is granted, should the wife’s maiden name be restored? _____
If so, what name should be used? _____

Jurisdictional information regarding children:

1. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period. _____

2. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

SUMMARY OF PROPERTY

NOTE: Include ALL property, even if there will not be a dispute as to who will be awarded the property and include all property in your possession, your spouse’s possession or in the possession of a third party but titled in the name of either spouse.

Real Estate:

1. Address: _____

Mortgage Company: _____

Attorney/Client-Privileged Information

Estimated fair market value: \$ _____ Year bought: _____

Mortgage balance: \$ _____ Monthly payments: \$ _____

2. Address: _____

Mortgage Company: _____

Estimated fair market value: \$ _____ Year bought: _____

Mortgage balance: \$ _____ Monthly payments: \$ _____

3. Address: _____

Mortgage Company: _____

Estimated fair market value: \$ _____ Year bought: _____

Mortgage balance: \$ _____ Monthly payments: \$ _____

Motor Vehicles, Boats, Airplanes, Motorcycles, Trailers:

1. Year: _____ Model: _____ Who drives? _____

Mortgage with: _____

2. Year: _____ Model: _____ Who drives? _____

Mortgage with: _____

3. Year: _____ Model: _____ Who drives? _____

Mortgage with: _____

4. Year: _____ Model: _____ Who drives? _____

Mortgage with: _____

5. Year: _____ Model: _____ Who drives? _____

Mortgage with: _____

Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:

1. Name of bank: _____

Account name: _____ Amount of deposit: \$ _____

Names on withdrawal card: _____

2. Name of bank: _____

Account name: _____ Amount of deposit: \$ _____

Names on withdrawal card: _____

3. Name of bank: _____

Account name: _____ Amount of deposit: \$ _____

Names on withdrawal card: _____

Attorney/Client-Privileged Information

4. Name of bank: _____
Account name: _____ Amount of deposit: \$ _____
Names on withdrawal card: _____

Life Insurance:

1. Name of company: _____
Insuring life of: _____
2. Name of company: _____
Insuring life of: _____
3. Name of company: _____
Insuring life of: _____

Stocks, Mutual Funds:

1. Name of stock: _____
Estimated amount invested: \$ _____
2. Name of stock: _____
Estimated amount invested: \$ _____
3. Name of stock: _____
Estimated amount invested: \$ _____
4. Name of stock: _____
Estimated amount invested: \$ _____

Businesses (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures and other nonpublicly traded business entities)

1. Name of business: _____
2. Address of business: _____
3. Type of business organization: _____
4. Percentage of ownership: _____
5. Date business formed: _____
6. Your role at the business: _____
7. Your spouse's role at the business: _____

Attorney/Client-Privileged Information

Retirement, Pensions, Other Company Benefits:

- 1. Do you participate in any retirement plan? _____
Does your spouse participate in any plan? _____
- 2. Do you participate in any company savings plan? _____
If so, how much do you have in that savings plan? \$ _____
- 3. Does your spouse participate in any company savings plan? _____
If so, how much does your spouse have in that savings plan? \$ _____
- 4. Does anyone owe you or your spouse any money? _____ If so, how much? \$ _____
Owed by whom? _____
- 5. Are you involved in any lawsuits? _____ If so, explain.

- 6. Do you own any livestock or mineral interests? _____
- 7. Do you belong to any clubs with an equity interest? _____
If so, where? _____
- 8. Do you have flight miles? _____
- 9. Does your spouse have flight miles? _____

Debts: (Other than house and/or automobiles)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____
- 7. _____ \$ _____
- 8. _____ \$ _____
- 9. _____ \$ _____
- 10. _____ \$ _____

Income Tax:

Have you filed for all previous years? _____

Attorney/Client-Privileged Information

Prepared by whom? _____

Refund received? _____ If so, how much? _____

Separate Property

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

2. Does your spouse own any separate property? _____ if so, detail the separate property.

Last Will and Testament:

1. Do you currently have a Last Will and Testament? _____

If so, prepared by whom? _____

2. Does your spouse currently have a Last Will and Testament? _____

If so, prepared by whom? _____

Signature: _____