

ANDERSON LEGAL GROUP, P.C.

—A PROFESSIONAL CORPORATION—

5209 HERITAGE AVENUE

BUILDING 2 • SUITE 200

COLLEYVILLE, TEXAS 76034

TELEPHONE: (817) 424-3405 METRO

FACSIMILE: 1 (866) 347-3944 TOLL-FREE

DIVORCE QUESTIONNAIRE

Please complete this questionnaire. If you 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 case. All information will be held in strict confidence.

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

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security number: _____
- e. Driver's license number: _____ State: _____
- f. E-mail address: _____

2. Where are you living now?

- a. Address: _____
- b. City, state, zip: _____

3. What are your telephone numbers?

Home: _____
Work: _____
Cellular: _____
Facsimile: _____

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

5. Who referred you to this office:

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

Yes: _____ No: _____

If yes, please state who and when?

7. Please complete the following information concerning your employment.

- a. Employer: _____
- b. Job title: _____
- c. Street address: _____
- d. City, state, zip: _____
- e. Telephone number: _____
- f. Gross salary per month or annually:
\$ _____
- g. Length of employment: _____
- h. Education: _____

8. Please give your spouse's full name, date and place of birth, and Social Security number:

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security number: _____
- e. Driver's license number: _____

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

- a. Address: _____
- b. City/State: _____
- c. Phone #: _____

10. Please complete the following information concerning your spouse's employment.

- a. Employer: _____
- b. Job title: _____
- c. Street address: _____
- d. City, state, zip: _____
- e. Telephone number: _____
- f. Gross salary per month or annually:

- g. Length of employment: _____
- h. Education: _____

11. Has your spouse ever served for the Armed Forces?

Yes: _____ No: _____

12. Please give the date and place of your marriage:
- a. Date: _____
- b. Place: _____
13. Please give the full name, date and place of birth, sex, and social security number of each child of this marriage:
- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____
- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____
- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____
14. Are you now separated from your spouse? _____
If so, please state date of separation: _____
15. Have you seen a marriage counselor? _____
If yes, please state the counselor's name: _____
16. What is your religious preference? _____
What is your spouse's religious preference? _____
17. Check as appropriate if your marital difficulties involve any of the following:
- | | |
|--|--|
| <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: _____ |

18. Will there be a dispute over the children? _____
 If not, custody will be with whom? _____
 What possession/visitation/access should the other parent have with the children?

19. Where are the children living at this time and with whom?

20. List all property (other than furniture and clothing) that is owned by the children.

21. How long have you lived in Texas? _____
22. What county do you reside in? _____
23. How long have you resided in that county? _____
24. Have you or your spouse ever filed for divorce? _____
 If yes, when and where? _____
25. Does your spouse now have an attorney? _____
 If yes, who? _____
26. Have you ever been married before? _____
 If yes, how many times? _____
27. Do you have children by a previous marriage? _____
 If yes, please give the full name, date and place of birth, sex, and social security number
 of each child of your previous marriage(s).
- a. Name: _____
 - b. Sex: Male _____ Female _____
 - c. Date of birth: _____
 - d. Place of birth: _____
 - e. Social Security number: _____
 - f. With whom does this child reside? _____

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. With whom does this child reside? _____

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. With whom does this child reside: _____

27. Do you pay/receive child support? _____ If so, how much? \$ _____ per _____.

28. 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 marriages.

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. With whom does this child reside? _____

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. With whom does this child reside? _____

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. With whom does this child reside: _____

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

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

If so, what name should be used? _____

SUMMARY OF PROPERTY

Real Estate

1. Address: _____
Name of mortgage company: _____
Estimated fair market value: _____
Year purchased: _____ Monthly payments: \$ _____
Mortgage debt balance: \$ _____ as of _____

2. Address: _____
Name of mortgage company: _____
Estimated fair market value: _____
Year purchased: _____ Monthly payments: \$ _____
Mortgage debt balance: \$ _____ as of _____

3. Address: _____
Name of mortgage company: _____
Estimated fair market value: _____
Year purchased: _____ Monthly payments: \$ _____
Mortgage debt balance: \$ _____ as of _____

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1. Year: _____ Make: _____ Model: _____
Balance owed: \$ _____ Monthly payments: \$ _____
Payments made to: _____
Estimated fair market value: \$ _____
VIN # _____
Who drives: _____
Name(s) of party who is currently on the title/financing for this vehicle: _____

2. Year: _____ Make: _____ Model: _____
Balance owed: \$ _____ Monthly Payments: \$ _____
Payments made to: _____
Estimated fair market value: \$ _____
VIN # _____
Who drives: _____
Name(s) of party who is currently on the title/financing for this vehicle: _____

3. Year: _____ Make: _____ Model: _____
Balance owed: \$ _____ Monthly payments: _____
Payments made to: _____
VIN # _____
Estimated fair market value: \$ _____

Who drives: _____
Name(s) of party who is currently on the title/financing for this vehicle: _____

4. Year: _____ Make: _____ Model: _____
Balance owed: \$ _____ Monthly payments: _____
Payments made to: _____
Estimated fair market value: \$ _____
VIN # _____
Who drives: _____
Name(s) of party who is currently on the title/financing for this vehicle: _____

5. Year: _____ Make: _____ Model: _____
Balance owed: \$ _____ Monthly payments: _____
Payments made to: _____
Estimated fair market value: \$ _____
VIN # _____
Who drives: _____
Name(s) of party who is currently on the title/financing for this vehicle: _____

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

1. Name of bank: _____
Type of account: _____
Amount on deposit: _____
Names on withdrawal cards: _____
Account number: _____

2. Name of bank: _____
Type of account: _____
Amount on deposit: _____
Names on withdrawal cards: _____
Account number: _____

3. Name of bank: _____
Type of account: _____
Amount on deposit: _____
Names on withdrawal cards: _____
Account number: _____

4. Name of bank: _____
Type of account: _____
Amount on deposit: _____
Names on withdrawal cards: _____
Account number: _____

5. Name of bank: _____
Type of account: _____
Amount on deposit: _____
Names on withdrawal cards: _____
Account number: _____

Life Insurance

1. Name of company: _____
Insuring life of: _____
Cash value: _____
Policy number: _____
2. Name of company: _____
Insuring life of: _____
Cash value: _____
Policy number: _____
3. Name of company: _____
Insuring life of: _____
Cash value: _____
Policy number: _____

Stocks and Mutual Funds

1. Name of stock: _____
Estimated value: _____ As of: _____
Certificate number: _____
2. Name of stock: _____
Estimated value: _____ As of: _____
Certificate number: _____
3. Name of stock: _____
Estimated value: _____ As of: _____
Certificate number: _____
4. Name of stock: _____
Estimated value: _____ As of: _____
Certificate number: _____
5. Name of stock: _____
Estimated value: _____ As of: _____
Certificate number: _____

Retirement, Pensions, and Other Company Benefits

1. Type of account: _____
Whose name is account in: _____
Estimated value of account: _____
Account number: _____

2. Type of account: _____
Whose name is account in: _____
Estimated value of account: _____
Account number: _____

3. Type of account: _____
Whose name is account in: _____
Estimated value of account: _____
Account number: _____

4. Type of account: _____
Whose name is account in: _____
Estimated value of account: _____
Account number: _____

Last Will and Testament

1. Do you have a Will? Yes _____ No _____
If yes, who prepared your Will? _____

2. Does your spouse have a Will? Yes _____ No _____
If yes, who prepared your spouse's Will? _____

Debts (other than house and/or automobile):

1. Amount owed:\$ _____ Monthly payments: \$ _____
To whom: _____
Account number: _____

2. Amount owed:\$ _____ Monthly payments: \$ _____
To whom: _____
Account number: _____

3. Amount owed:\$ _____ Monthly payments: \$ _____
To whom: _____
Account number: _____

4. Amount owed:\$ _____ Monthly payments: \$ _____

To whom: _____
Account number: _____

5. Amount owed: \$ _____ Monthly payments: \$ _____
To whom: _____
Account number: _____

6. Amount owed: \$ _____ Monthly payments: \$ _____
To whom: _____
Account number: _____

Income Tax:

1. Have you filed for all of previous year? Yes _____ No _____
If not, how much is owed? _____
If so, is a refund due? _____ How much? _____
Who prepares your returns? _____

Miscellaneous

1. Does anyone owe you or your spouse money? Yes ___ No ___
If yes, please state who: _____
If yes, please state how much is owed? _____

2. Are you or your spouse involved in any lawsuit? Yes _____ No _____
If yes, please explain: _____

3. Have you or your spouse ever filed for bankruptcy? Yes _____ No _____
If yes, what is the cause number: _____
If yes, what is the attorney's name? _____
If yes, are you filing under chapter 7 or chapter 13? _____
If yes, when will or did the bankruptcy proceeding end? _____

4. Do you own any livestock or mineral interests? Yes _____ No _____
If yes, please identify: _____

5. Do you belong to any club with an equity interest? Yes _____ No _____
If yes, where? _____

Separate Property:

1. Do you own any separate property (property owned before the marriage or property

received during the marriage by gift or inheritance)? Yes _____ No _____

If yes, list your separate property: _____

2. Does your spouse own any separate property (property owned before the marriage or property received during the marriage by gift or inheritance)? Yes _____ No _____

If yes, list their separate property: _____

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 in answering these questions, it could be disastrous to your case.

If an answer to one of the questions below is “yes”, please describe the situation in detail.

1. Have you or your spouse or ex-spouse:

SPOUSE	EX-SPOUSE	
_____	_____	committed a felony?
_____	_____	been arrested?
_____	_____	been in jail or prison?
_____	_____	used illegal drugs?
_____	_____	abused alcohol?
_____	_____	prescription drugs?
_____	_____	been arrested for or convicted of driving while under the influence of alcohol?
_____	_____	engaged in gambling activities (legal or illegal)?
_____	_____	engaged in 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 children?
_____	_____	had a sexual relationship during the marriage with another?
_____	_____	had a sexual relationship (during or not during the marriage) with someone other than your spouse of which the children were aware?

If yes, please describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

_____	_____	had a homosexual relationship?
_____	_____	engaged in unusual sexual preferences?
_____	_____	had a pregnancy outside of marriage?
_____	_____	had a venereal disease?
_____	_____	drank socially?

If yes, what do you drink and with what frequency?

2. If you answered yes to any of the above questions, please describe in further detail to help us prepare for your case:
