

Please fill out this questionnaire. It is important that you answer each question fully because your attorney will use this information to prepare your case and your answers are protected by confidentiality and are protected by the attorney-client privilege.

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".

Your response to these questions will help to organize your case and allow our firm to better represent you.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

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.

NOTICE OF WAIVER OF CONFLICT

YOU HEREBY AGREE THAT, BY MEETING WITH A MEMBER OF KIMLY LAW FIRM P.L.L.C. TO CONDUCT A CONSULTATION OF THE FACTS OF YOUR CASE. SHOULD YOU NOT RETAIN OUR FIRM, NO ATTORNEY CLIENT RELATIONSHIP HAS BEEN ESTABLISHED.

WITHOUT THIS RELATIONSHIP, KIMLY LAW FIRM IS NOT CONFLICTED FROM REPRESENTING ANOTHER PERSON IN THE SAME LEGAL MATTER OR SOME OTHER LEGAL MATTER WHICH MAY BE ADVERSE TO YOUR INTERESTS.

I have read the above notices and I agree to the notice evidence by my signature below:

Signed by: _____

Date: _____

PERSONAL INFORMATION

1. Please provide the following personal information:

Full name: _____

Address: _____ County: _____

City _____ State: _____ Zip Code _____

SSN: _____ Driver's license number: _____

Race: _____ Maiden Name: _____

Home Phone: _____ Cellular: _____

Work Phone: _____ Email address: _____

2. How did you learn about our office?

Letter _____ La Subasta _____ Greensheet _____ Internet _____ Prepaid Legal Services _____

State Bar Referral Services _____ Previous Client _____ Referred by: _____

3. Do you have an account with any of the following social media websites?

Facebook _____ MySpace _____ Twitter _____ Other (specify) _____

4. If you moved out of the marital home and currently reside in new address, please state:

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Mobile phone: _____

Work Phone: _____ E-mail address: _____

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

How would you like your documents sent to you? U.S. Mail _____ or E-mail _____

6. How do you prefer that we contact you? Home _____ Work _____

List an emergency number of someone who can always reach you:

Name: _____ Telephone: _____

7. Have you consulted or retained any other attorney on this matter before coming to this office? _____ If so, please state who and when: _____

EMPLOYMENT INFORMATION

8. Your Employer: _____

Job title: _____

Address: _____

City, state, and zip code: _____

Telephone number: _____

Gross salary per month: \$ _____ Length of employment: _____

Education: _____

SPOUSE'S INFORMATION

10. Please give your spouse's full name, date and place of birth, and SSN.

Full name: _____

Birth date: _____ City and State where born: _____

SSN: _____ Driver's license number: _____

Race: _____

11. Where is your spouse living now, and what is his or her contact information?

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Mobile phone: _____

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

Employer: _____

Job title: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone number: _____

Gross salary per month \$ _____ Length of employment: _____

Education: _____

CHILD(REN)'S INFORMATION

13. How many children do you have with your spouse: _____

Are you (or your spouse) pregnant this time? No _____ Yes _____

14. While you are still married to your spouse, did you have any child(ren) with any other man? No _____ Yes _____ How many: _____

If so, please state the name(s) and age(s) of child(ren) fathered by someone other than your current spouse during this marriage:

Who is the biological father? _____

15. Please give the biological father's full name, date and place of birth, and SSN.

Full name: _____

Birth date: _____ City and State where born: _____

SSN: _____ Driver's license number: _____

Race: _____

16. Where is the biological father living now, and what is his contact information?

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Mobile phone: _____

CHILDREN'S PERSONAL INFORMATION

17. Please give the full name, date and place of birth, sex, and SSN of each child born during the marriage:

a. Name: _____

Sex: _____ Date of birth: _____ Age: _____ SSN: _____

Place of birth: _____ Name of Father _____

b. Name: _____

Sex: _____ Date of birth: _____ Age: _____ SSN: _____

Place of birth: _____ Name of Father _____

c. Name: _____

Sex: _____ Date of birth: _____ Age: _____ SSN: _____

Place of birth: _____ Name of Father _____

d. Name: _____

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Sex: _____ Date of birth: _____ Age: _____ SSN: _____

Place of birth: _____ Name of Father _____

e. Name: _____

Sex: _____ Date of birth: _____ Age: _____ SSN: _____

Place of birth: _____ Name of Father _____

f. Name: _____

Sex: _____ Date of birth: _____ Age: _____ SSN: _____

Place of birth: _____ Name of Father _____

g. Name: _____

Sex: _____ Date of birth: _____ Age: _____ SSN: _____

Place of birth: _____ Name of Father _____

IS THERE ANY ATTORNEY GENERAL ORDER OR PRIOR COURT ORDER THAT GOVERNS THE ISSUES OF CHILD SUPPORT & VISITATION REGARDING YOUR CHILD(REN):

NO _____

YES _____ CAUSE NO. _____ COUNTY: _____

In all cases that has an existing Attorney General Order, the Attorney General is required to be a party to the suit and must sign the order too.

18. Will there be a dispute over the children? _____

If not, with whom will the children live? _____

19. Where and with whom are the children currently living now? _____

MARRIAGE AND SEPARATION INFORMATION

20. Please give the date and place of your marriage: _____

Date: _____ Place: _____

Are you currently separated from your spouse? No _____ If Yes, please state the date of separation: _____

21. Please indicate the main reasons for the break up of the marriage relationship and the grounds for the suit.

_____ drugs/alcohol _____ sexual disappointment _____ infidelity
_____ financial dispute _____ physical violence _____ religion
_____ insupportability (most divorces are granted based on this reason):

JURISDICTION

22. How long have you lived in Texas? _____

23. What county are you filing this suit in? _____

23. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

Is this case still pending and active: Yes _____ No. _____

24. Does your spouse have an attorney? _____

CHILDREN OF PAST RELATIONSHIP

25. Do you or your (ex-) spouse have any other children from another relationship for whom a duty support is owed? _____

26. Please give the full name, date and place of birth, sex, and SSN of each such child:

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ SSN: _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ SSN: _____

27. Do you pay/ receive child support? _____

If so, how much? \$ _____ per _____

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

If so, how much? \$ _____ per _____

NAME CHANGE PROVISION

28. If a divorce is granted, should the wife's maiden name be restored? No _____

If yes, what is the Full Name that should be used? _____

29. If the parent-child relationship is established, should the child(ren) last name be changed?

If yes, what is the Full Name that should be used? _____

GENERAL INFORMATION: