



TREY YATES LAW

THE LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.
SAM M. (TREY) YATES, III
BOARD CERTIFIED FAMILY LAW
TEXAS BOARD OF LEGAL SPECIALIZATION
FELLOW - AMERICAN ACADEMY OF MATRIMONIAL LAWYERS
treyyateslaw.com

Client Information

Client Initial Interview Form in a Divorce Matter

*****Personal and Confidential*****

Please fill out this questionnaire 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 should you retain our firm. 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 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.

1. **YOUR INFORMATION:**

a. Name: _____
(First) (Middle) (Last) (Maiden)

b. Birth Date: _____ Age: _____

c. Birth Place: _____
(City) (State) (County)

d. Social Security Number: _____

e. Driver's License Number and Issuing state: _____

f. County of Residence: _____

g. How long have you resided in that county: _____

h. Current Residence:
Address: _____

City, State & Zip: _____

How long at this address? _____

Residence Telephone: _____ Residence Fax: _____

Cellular Telephone: _____

Primary e-mail address: _____

Should we call prior to sending an e-mail and/or fax? Yes ____ No ____

i. Occupation: _____

Employer's Name: _____

Employer's Address: _____

Business Telephone: _____ Business Fax _____

Business email: _____

Should we call prior to sending an e-mail and/or fax: Yes _____ No _____

2. Address at which you wish to receive mail from this office if different from your residence address.

Address: _____

City, State & Zip: _____

3. What is your preferred method of receiving communications and documents from our office? _____

4. HAVE YOU BEEN SERVED WITH A LAWSUIT? _____
IF SO, ON WHAT DATE WERE YOU SERVED? _____
PLEASE HAVE A COPY OF THE DOCUMENT YOU WERE SERVED WITH
READY FOR OUR REVIEW.

5. **YOUR SPOUSE'S INFORMATION**

a. Name: _____
(First) (Middle) (Last) (Maiden)

b. Birth Date: _____ Age: _____

c. Birth Place: _____
(City) (State) (County)

d. Social Security Number: _____

e. Driver's License Number and Issuing state: _____

f. Current Residence:
Address: _____

City, State & Zip: _____

Residence Telephone: _____ Residence Fax: _____

Cellular Telephone: _____

Primary email address: _____

g. Occupation: _____

Employer's Name: _____

Employer's Address _____

Business Telephone: _____ Business fax: _____

Business email address: _____

IF APPLICABLE PLEASE PROVIDE ANY ADDITIONAL INFORMATION TO ASSIST US IN LOCATING AND SERVING YOUR SPOUSE WITH DOCUMENTS IN A LAWSUIT:

6. MARRIAGE AND SEPARATION:

Please give the date and place of your marriage:

Date: ____/____/____ City and State: _____

Do you and your spouse have a marital property agreement? _____
PLEASE HAVE A COPY OF THE DOCUMENT READY FOR OUR REVIEW.

Are you now separated from your spouse? _____

If so, please state date of separation: _____

7. Have you seen a marriage counselor or therapist? _____

If so, please state name: _____

8. What is your religious preference? _____

9. What is your spouse's religious preference? _____

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

___ drugs/alcohol ___ sexual disappointment ___ infidelity

___ financial dispute ___ physical violence ___ religion

___ incompatibility ___ other: _____

11. Have you or your spouse previously filed for divorce? _____

If so, when? _____

Cause Number _____

County _____

12. Did your spouse have an attorney? _____

If so, please provide name? _____

13. Have you ever been married before? _____

If so, how many times? _____

14. Did those marriages end in divorce? _____

If so, what was the date of the divorce? _____

In what County and State was the divorce granted? _____

15. **CHILDREN OF THIS MARRIAGE**

Do you and your spouse have children who have not yet graduated from high school? If so, please give us the requested information for each child of this marriage.

a. Name: _____

Sex (M/F): _____ DOB: ____/____/____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Residence: _____

b. Name: _____

Sex (M/F): _____ DOB: ____/____/____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Residence: _____

c. Name: _____

Sex (M/F): _____ DOB: ____/____/____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Residence: _____

d. Name: _____

Sex (M/F): _____ DOB: ____/____/____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Residence: _____

16. 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? _____

17. 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? _____

Do you have access to private health insurance at reasonable cost _____?

Does your spouse have access to private health insurance at reasonable cost? _____

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? _____

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

If *not*, which parent will have custody of the children? _____

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

Jurisdictional Information Regarding Children

20. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any.

21. If you know of any proceeding that could affect the current proceeding, including

proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

22. 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.

23. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.

24. 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.

25. Do you or your spouse have any other children for whom a duty of support is owed? _____

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

Name: _____

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

Place of birth: _____

Social Security number: _____

Residence: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Residence: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Residence: _____

26. Where and with whom do these children live? _____
27. Do you pay/receive child support? _____
If so, how much? \$ _____ per month.
28. Does your spouse pay/receive child support? _____
If so, how much? \$ _____ per month.
29. If a divorce is granted, should the wife's maiden name be restored? _____
If so, what name will be requested? _____
30. If you have consulted with another attorney on this matter give that attorney's name. _____
31. If your spouse has consulted with or retained an attorney on this matter give that attorney's name. _____
32. Who referred you to our office? _____
33. I UNDERSTAND that a consultation fee of \$450.00 will be charged. I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.
34. Please allow our office to make a copy of your current driver's license for our file.

Date: _____ Signature: _____

Consultation fee received by: _____

Method of Payment: _____