

Information & Instructions: ~~New family law client general information form & Client interview sheet~~

**PREVIEW**

1. This internal information form and checklist is used to set up a new family law client or matter.

**Form: New family law client general information form**

**NEW CLIENT GENERAL INFORMATION FORM**

**ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION**

**PLEASE DO <sup>[Date]</sup> NOT COPY**

ATTORNEY: [Attorney's name]

FILE NO.: [Law firm case file number]

CLIENT'S NAME: [Client's name]

ADDRESS: [Client's address]

PRIMARY PHONE: [Client's telephone number]

BUSINESS PHONE: [Client's work telephone number]

FACSIMILE NUMBER: [Client's fax number]

AGE: [Client's age]

DATE OF BIRTH: [Client birthdate]

PLACE OF BIRTH: [Client's birthplace]

MARITAL STATUS: [Client marital status]

SPOUSE'S NAME: [Client's spouse name]

SOCIAL SECURITY NO.: [Client's social security number]

DRIVER'S LICENSE NO.: [Client's drivers license number]

EMPLOYER: [Client's employer]

ADDRESS: [Client's employer address]

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OTHER NAMES WHICH CLIENT OR FIRM HAS BEEN KNOWN BY:

[Client's former names]

EMPLOYMENT HISTORY FOR PAST 5 YEARS:

[Client's employment history]

MILITARY STATUS: [Client's military status]

CLIENT'S YEARLY INCOME: \$[Client's annual income]

OTHER SOURCES OF INCOME: [Client's sources of income]

PERSON WE CAN CONTACT IF WE CANNOT REACH YOU:

NAME: [Emergency contact name]

ADDRESS: [Emergency contact address]

PHONE: [Emergency contact telephone number]

BUSINESS PHONE: [Emergency work telephone number]

RELATIONSHIP: [Emergency relationship to client]

REFERRED BY: [Name of referral source, i.e. Yellow Pages, etc]

PERSON RESPONSIBLE FOR BILL, IF OTHER THAN CLIENT:

[Person responsible for client's bill]

TYPE OF MATTER: [New client]

OPPOSING COUNSEL

NAME: [Other attorney's name]

ADDRESS: [Other attorney's address]

PHONE NO.: [Other attorney's telephone number]

FACSIMILE NO.: [Other attorney's fax number]

TYPE OF CASE: [Basic client matter]

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ADVERSE PARTY NAME: [Other party's name]

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PHONE NO.: [Other party's telephone number]

ADDRESS: [Other party's address]

FEE ARRANGEMENT: [Fee basis]

ESTIMATED FEE: \$[Estimated fee]

HOURLY RATE: \$[Case attorney hourly rate]

RETAINER RECEIVED: \$[Amount of retainer]

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WITNESSES: [Witness names]

NOTES:

CASE ACCEPTED OR REJECTED:

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Form: Client interview sheet

# PREVIEW

[Date]

## CLIENT INTERVIEW SHEET

[Client Name]

**NOTE: THIS DOCUMENT IS PROTECTED BY THE CLIENT-ATTORNEY PRIVILEGE OF CONFIDENTIALITY AND ITS CONTENTS CONSTITUTE ATTORNEY "WORK PRODUCT." THE CONTENTS ARE NOT TO BE AND WILL NOT BE DIVULGED TO ANY PERSON OTHER THAN THOSE ASSOCIATED WITH THIS SUBJECT PROVISION OF LEGAL SERVICES TO THE CLIENT**

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This questionnaire is intended to provide information which can expedite the handling of your case. This firm utilizes a computer software program which processes information in a way that "assembles" the needed documents in your case. The information will eliminate additional questions at a later time or will provide data that will assist in formulation of the proper strategy in this matter. The information is confidential and you are asked to take the amount of time to complete all of the items. They are asked for a reason.

Personal information.

Name	[Petitioner Name]
Birth date	[Birth Date]
Birth place	[Birthplace]
Social Security No.	[Social Security Number]
Driver's license/Issuing State	[Driver's License Number]0/Texas

Present Residence

Address	[Address]
Home Telephone	[Telephone Number]

Present Employment and Education Level

Employer	[Employer]
Job title	[Job title]
Employer Address	[Work Address]
Work Phone	[Work Telephone Number]
Gross Salary/Pay Period	[\$[Gross Salary/per increment]
Time at Employment	[Length of Employment]
Education	[Educational Level]

Spouse Personal Information

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Name	[Name] / [Spouse Name]
Birth date	[Birthdate]
Birth place	[Birthplace]
Social Security No.	[Social Security Number]
Driver's license/Issuing State	[Drivers License Number]/Texas

## Spouse Present Residence

Address	[Address]
Home Telephone	[Telephone Number]

## Spouse Employment information

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Employer	[Employer]
Job Title	[Job Title]
Work Address	[Work Address]
Work Phone	[Telephone Number]
Gross Salary/Time	[\$[Gross Salary per increment]
Time at Work	[Length of Employment]
Educational Level	[Educational Level]

## Personal information for each child:

Name: [Child Name]  
Sex: [[Gender]]  
Birthdate: [Birthdate]  
Birthplace: [Birth City], TX  
Social Security Number: [Social Security Number]  
Address: [Child Address]  
Home State: TX  
Driver's License Number: [Driver's License Number]

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## Cohabitation Status

Separated?	yes
Date of separation	[Date of Separation]

# THANK YOU

## Counseling in Marriage

Has there been a counselor?	
Name of Counselor	

Religion **LegalFormsForTexas.Com**

Client religion	[religion]
Spouse religion	[religion]

**PREVIEW**

Marital Problems

Have any of the following caused problems in your marriage?

Substance/Drugs/Alcohol	
Violence/Abuse	
Sexual problems	
Religion	
Infidelity	
Incompatibility	
Financial Disputes	
Other:	

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Child Custody Arrangements

Expected agreement?	
Who will children live with?	

Children Residence and Property

What is children' residence address?	[Address]
Personal Property (Please list separate sheet)	[Child Property]

**THIS DOCUMENT**

History of Domicile

How many months have you been in Texas?	[Number of months residence in Texas]
County of residence, last 90 days?	[County of Residence]
Actual County residence length	[Actual length of residence in county]
Previous Divorce?	
When and where was it filed?:	

Spouse History

**THANK YOU**

Spouse Attorney?	
Who is it?	
Spouse married before?	
How many times?	
Does spouse have children of previous marriage?	

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Prior marriage?	<b>PREVIEW</b>
State how often:	

Spouse Previous Marriage

Spouse previous children?	
Spouse child support, pay or receive?	
How Much?	[\$Amount] per month

Maiden Name

Wife Restore?	
What is maiden name?	

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SUMMARY OF PROPERTY

Real Estate

Address:	[Real Estate Address]
Mortgage Company:	[Mortgage Company]
Estimated Market Value	[\$Amount]
Purchase year bought	[Year of Purchase]
Mortgage Balance	[\$Amount]

Motor Vehicles, Boats, Airplanes, Cycles, Trains, etc

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Year and Model:	[Make and Model]
Vehicle ID number:	[VIN Number]
Who drives:	[Driver]
Mortgage with:	[Finance Company]

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

Name of Bank:	[Bank Holding Payments]
Account Name:	[Account Name]
Amount on Deposit:	[\$Amount]
Withdrawal names:	[Authorized Withdrawal Name]

**THANK YOU**

Life Insurance:

Name of Company:	Insuring Life of:
[Insurance Company]	[Insured]

Stocks, Mutual Funds:

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Name of Stock: [Company Stock]	Estimated Amount Invested: \$[Amount]
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**PREVIEW**

Retirement, Pensions, Other Company Benefits:

Client retirement plan?	
Spouse retirement plan?	

Client company savings plan?	
Valuation	

Spouse company savings?	
Valuation	[Valuation]

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Debts owed?	
Amount and Debtor	\$(Amount owed) owed by [Who owes money"]

Lawsuits?	
Details:	[Details of Lawsuit]

Livestock or mineral interests?	
Details:	[Livestock and minerals]

Club membership with equity?	
What?	[Membership Clubs]

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Federal Income Tax

Taxes filed in all years?  
 Who prepared? [Tax Preparer]  
 Refund Received? If so, how much? \$(Amount)

Separate Property:

1. Is there any property you owned prior to marriage or property received during marriage by gift or inheritance?

**THANK YOU**

Specify: [Separate Client Property]

2. Is there any separate property owned by your spouse?

Specify: [Spouse Separate Property]

Last Will and Testament **LegalFormsForTexas.Com**



1. Do you have a will?

Who prepared it? [Will preparer]

**PREVIEW**

2. Does your spouse have a will?

Who prepared it? [Spouse will preparer]

Mail:

Preferred mailing address: [Preferred Mailing address]

Referral:

Source of referral, if any: [Who referred case]

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**Information & Instructions: Case evaluation form**

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1. This form is a checklist for the attorney to evaluate the case to determine if the case should be taken, if the statute of limitation deadlines can be met and helps the attorney project the expected expenses and recovery.

**Form: Case evaluation form**

**CASE EVALUATION FORM**

Date: \_\_\_\_\_

Client Name: [Client Name]

Matter: [Matter Name]

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Parties to Suit:

Plaintiffs

[Client]

Defendants

[Name of other party]

Petitioner and Respondent

[Client Name], Petitioner

[Respondent Name], Respondent

Potential Parties to Suit:

Name	Address	Telephone Number
[Potential Party]	[Address]	

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**THANK YOU**

Legal theories, and in general, the factual bases of claims or defenses.

1. [Legal Theory]

2. Amount and method of calculating economic damages.

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\$\_\_\_\_\_ in economic damages.

Method of calculation:

[Method of Damage Calculation]

# PREVIEW

Name, address, and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified person's connection with the case.

Name	Address	Telephone Number
[Person with Relevant Facts]	[Address]	

Testifying Experts

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1. Identification  
 [Expert Name], [Address]; telephone:

2. Subject Matter  
 [Subject Matter of Testimony]

3. General Substances  
**THIS DOCUMENT**  
 [Substance of Testimony]

4. Documents and Things  
 Attached

5. Resume and Bibliography  
 Attached

Discoverable indemnity and insuring agreements;

Discoverable settlement agreements;

Discoverable witness statements;

In a suit alleging physical or mental injury and damages from the occurrence that is the subject of the case, all medical records and bills that are reasonably related to the injuries or damages asserted or, in the absence of, in a litigation permitting the disclosure of such medical records and bills;

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In a suit alleging physical or mental injury and damage from the occurrence that is the subject of the case, all medical records and bills obtained by you by virtue of an authorization furnished by Plaintiff.

EVALUATION:

Client Strength or Weakness:

1. [Client Strength or Weakness]

Other Party Strength or Weakness:

1. Other Party (Strength or Weakness)

Financial Considerations:

1. [Financial Consideration]

Reasonable Probability of Success:

Statute of Limitations:

Date on which cause of action arose: \_\_\_\_\_

Limitations Date:

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Time to meet Statute:

Decision:

Accept \_\_\_\_\_ or Reject \_\_\_\_\_ case

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Form: Divorce procedural checklist

**PREVIEW**

1. First meeting with client

Date due      Date complete

\_\_\_\_\_      \_\_\_\_\_      Divorce client information sheet.

\_\_\_\_\_      \_\_\_\_\_      Employment Agreement.

\_\_\_\_\_      \_\_\_\_\_      Retainer paid.

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File opened date.

File closed date.

\_\_\_\_\_      \_\_\_\_\_      Client letter re: do's and don'ts during divorce.

2. No Fault -- Waiver -- Uncontested

\_\_\_\_\_      \_\_\_\_\_      Original Petition -- No Children

\_\_\_\_\_      \_\_\_\_\_      Date filed: \_\_\_\_\_ 60 days: \_\_\_\_\_

\_\_\_\_\_      **THIS DOCUMENT**      Mail copy of Original Petition  
and original of Waiver by Certified Mail,  
return receipt requested to Respondent.

\_\_\_\_\_      \_\_\_\_\_      Waiver -- Nonmilitary.

\_\_\_\_\_      \_\_\_\_\_      Waiver -- Military.

\_\_\_\_\_      \_\_\_\_\_      Waiver filed 30 days after Petition.

\_\_\_\_\_      \_\_\_\_\_      Final Decree of Divorce.

\_\_\_\_\_      \_\_\_\_\_      Complete Vital Statistics form

\_\_\_\_\_      **THANK YOU**      File Setting Request with District Clerk or Court  
Administrator for general docket.

\_\_\_\_\_      \_\_\_\_\_      Send Client notice of hearing date.

\_\_\_\_\_      \_\_\_\_\_      Order --  
Settle. Copies of Final Decree of Divorce  
from Will Call.

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**PREVIEW** Send Client  
"thank you" and closing file letter. Close file  
and log.

3. Long Divorce Petitions

\_\_\_\_\_ Original  
Petition for Divorce, Application for  
Temporary Restraining Order and Temporary  
Injunction and Temporary Orders.

See Office Staff Litigation Checklist.

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\_\_\_\_\_ See Litigation  
chapter for forms covering transmittal letters  
through appeals.

4. Respondent's Answer or Plea In Abatement

\_\_\_\_\_ General Denial.

\_\_\_\_\_ Special Denial.

\_\_\_\_\_ **THIS DOCUMENT**  
Respondent's Plea in Abatement.

5. Attorney Ad Litem and Guardian Ad Litem

\_\_\_\_\_ Original Answer Filed by Attorney Ad Litem.

\_\_\_\_\_ Answer of Guardian Ad Litem.

\_\_\_\_\_ Motion for Deposit of Costs.

\_\_\_\_\_ Ad Litem Cost Order.

6. Discovery and Inspection

**THANK YOU**

\_\_\_\_\_ Inventory and Appraisement.

\_\_\_\_\_ See litigation  
chapter for additional discovery and  
inspection forms.

7. Miscellaneous Pleadings

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# PREVIEW

Request for Psychiatric Evaluation of Parties.

Intervention.

Choice of Managing Conservator by Child 10 or Older.

Motion and Order To Strike Trial Setting.

Withdrawal of Contest.

Statement of Evidence.

8. Divorce Decrees

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Short Decree of Divorce.

Long Divorce Decree with Children Under the Age of 18.

Original Cross-Petition for Divorce.

Agreement Incident to Divorce.

9. Child Support

Order to Withhold Earnings for Child Support.

Order To Withhold Earnings for Child Support.

Letter to Employer Enforcing Child Support.

Wage Order.

10. Miscellaneous Posttrial Pleadings

Motion To Modify in Suit Affecting the Parent/Child Relationship.

Demand Letter To Enforce Visitation Rights.

Motion for Contempt, Arrearage Judgment and Assignment of Earnings.

**PREVIEW** Show Cause  
Order

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