



**CLIENT INFORMATION SHEET  
FOR  
SLOAN & MOYER LLP**

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

**CLIENT INFORMATION**

Client's full name (Legal name):

\_\_\_\_\_

Residence Address (Street, City, State, Zip):

\_\_\_\_\_

\_\_\_\_\_

Mailing address (if different from above) where you want to receive correspondence from this office: (Street, City, State, Zip)

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number and State of Issue \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address (Street, City, State, Zip)

\_\_\_\_\_

Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Monthly Take-home pay: \_\_\_\_\_

Please list the schools you attended and the degrees earned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPOUSE INFORMATION

Spouse's full name (Legal name):

\_\_\_\_\_

Residence Address(Street, City, State, Zip):

\_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different from above) where you want to send correspondence from this office:  
(Street, City, State, Zip)

\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number and State of Issue \_\_\_\_\_

Does your spouse live in Texas? Yes \_\_\_\_\_ No \_\_\_\_\_,  
If "No," where (City, State, County, or Country)

\_\_\_\_\_

If "Yes", which county and how long?

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Employer: \_\_\_\_\_

Employer's Address (Street, City, State, Zip)

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Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Monthly Take-home pay: \_\_\_\_\_

If your spouse is self-employed, to what extent are you involved in the business?

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Please list the schools your spouse attended and the degrees earned

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### OTHER CLIENT INFORMATION

Your wife's maiden name

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Do she wish to have her maiden name or a previous name restored? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," what name does she want (Include first, middle, and last name)?

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Is she pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, what is the expected date of birth?

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#### **Residence:**

Have you lived in Texas for the past 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you lived in this county for the past 90 days? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Marriage and Separation:**

Date and place of current marriage (Include city, state, and zip):

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If you and your spouse are no longer living together, state the date of last separation:

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Describe the general nature of marital difficulties you and your spouse are having:

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Is there any type of protective order in effect or any application for a protective order pending with regard to you and your spouse?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or your spouse ever engaged in abusive behavior or domestic violence?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," was incident reported to social service agency or law enforcement agency, or was medical care or psychological counseling sought? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," state name of agency.

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**Client's Previous Marriages:**

If you have previous marriage(s), please complete the following:

Number of previous marriages: \_\_\_\_\_

Did the previous marriage(s) end by death or court order (divorce / annulment)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If your previous marriage(s) ended by court order (divorce), did you and your former spouse(s) sign an agreement incident to divorce? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," please provide a copy of the decree(s) and any agreements you signed.

**Spouse's Previous Marriages:**

Number of previous marriages: \_\_\_\_\_

Did the previous marriage(s) end by death or by court order (divorce / annulment)

Yes \_\_\_\_\_ No \_\_\_\_\_

**Pre-Marital Agreements:**

Did you and your spouse sign a pre-marital agreement or post marital agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," attach a copy.

**INFORMATION ABOUT YOUR CHILDREN**

**List information for only those children UNDER THE AGE OF 18.**

**Clients Children**

**List all of your children including children from previous marriages:**

<b>Full Name</b>	<b>Sex</b>	<b>Birth Date</b>	<b>Birthplace</b>	<b>Lives With</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any of your children are the children of a former spouse, specify which child(ren) are/is the child(ren) of your **current** spouse:

<b>Full Name</b>	<b>Child's Drivers License Number and State issued</b>	<b>Child's Social Security Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any of the children have physical or mental disabilities to the point that he or she requires special care, give the child's name, disability, and current arrangements for care:

<b>Full Name</b>	<b>Disability</b>	<b>Current Arrangements</b>
_____	_____	_____
_____	_____	_____

If you are paying / receiving child support for any child(ren) from a previous marriage, state the name of each child and the amount of child support that you pay or receive.

Full Name	Amount Paid	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Spouses Children By Previous Marriage(s)**

Full Name	Sex	Birth Date	Birthplace	Lives With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If your spouse is paying / receiving child support for any child(ren) from a previous marriage, state the name of each child and the amount of child support that is paid or received.

Full Name	Amount Paid	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Information Regarding Children**

Does your child(ren) own property other than personal effects of ordinary value?

Yes \_\_\_\_\_ No \_\_\_\_\_.

If "yes," describe property and estimated value of each item of property.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which parent(s) desire(s) custody of the children? Mother \_\_\_\_\_ Father \_\_\_\_\_

What kind of conservatorship (custody) arrangements do you want?

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Do you expect a dispute over custody? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your religious preferences? \_\_\_\_\_

What are your spouse's religious preferences? \_\_\_\_\_

How much child support do you expect to receive or pay?

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If any person has a court-ordered relationship with your child, state:

- Name, address, and relationship of that person:

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- Date of court order:

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- Name of court that rendered order:

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If the children involved have been appointed an Attorney Ad Litem or Guardian Ad Litem, please provide that information here:

**Attorney Ad Litem** \_\_\_\_\_

Name / Firm \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

**Guardian Ad Litem** \_\_\_\_\_

Name / Firm \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

## INFORMATION ABOUT YOUR PROPERTY

### Real Estate

Are you renting or buying your home? Renting \_\_\_\_\_ Buying \_\_\_\_\_

If you and your spouse own any Real Estate, for each piece of property state (attach a separate piece of paper if necessary):

- Address \_\_\_\_\_
- Legal description (including volume and page number where deed is recorded)  
\_\_\_\_\_
- Record owner \_\_\_\_\_
- Date acquired \_\_\_\_\_
- How property acquired and for what purpose \_\_\_\_\_  
\_\_\_\_\_
- Purchase price and source of funds used to acquire (Example: Separate property money, community property money, inheritance, loan, etc.)  
\_\_\_\_\_
- Estimated fair market value if it would be sold today \_\_\_\_\_
- Amount of equity \_\_\_\_\_
- Mortgage balance \_\_\_\_\_
- Monthly payments (and amount of insurance and taxes if not included in monthly payment)  
\_\_\_\_\_
- Mortgage holder name and phone number  
\_\_\_\_\_
- Is this property "homestead" property? Yes \_\_\_\_\_ No \_\_\_\_\_
- If this property produces income, describe your property interest and income  
\_\_\_\_\_

**Vehicles**

(Include automobiles, boats, airplanes, or other recreational vehicles. Attach a separate piece of paper if necessary.)

Please state for each vehicle:

**Vehicle 1**

**Vehicle 2**

Type of vehicle	_____	_____
Year and model	_____	_____
Vehicle identification number	_____	_____
Record owner of vehicle	_____	_____
Date vehicle was acquired	_____	_____
Who is in actual possession of vehicle	_____	_____
Original purchase price	_____	_____
Estimated value of vehicle today	_____	_____
Amount still owed on vehicle	_____	_____
Source of funds used to acquire vehicle	_____	_____
Name and address of secured creditor	_____	_____

**Bank Accounts**

If you and your spouse have any bank, savings and loan, or credit union accounts, certificates of deposit, savings bonds, etc., state for each (attach a separate piece of paper if necessary):

- Name of Institution \_\_\_\_\_
- Amount on Deposit \_\_\_\_\_
- Account Number \_\_\_\_\_
- Type of Account \_\_\_\_\_
- Source of Funds \_\_\_\_\_

- Person Authorized to Withdraw Funds \_\_\_\_\_

If **you** had cash before this marriage, or if you obtained cash by gift or inheritance after marriage, state (attach a separate piece of paper if necessary):

- Amount of cash \_\_\_\_\_
- Source \_\_\_\_\_
- Present location and account numbers \_\_\_\_\_  
\_\_\_\_\_

If **your spouse** had cash before this marriage, or if your spouse obtained cash by gift or inheritance after marriage, state (attach a separate piece of paper if necessary):

- Amount of cash \_\_\_\_\_
- Source \_\_\_\_\_
- Present location and account numbers \_\_\_\_\_  
\_\_\_\_\_

### **Securities**

If you and your spouse own any securities, such as stocks, bonds, debentures, etc., state for each (attach a separate piece of paper if necessary):

- Name of Security \_\_\_\_\_
- Unit value \_\_\_\_\_
- Number of units owned \_\_\_\_\_
- Date acquires \_\_\_\_\_
- Source of funds used to acquire \_\_\_\_\_
- Location of securities \_\_\_\_\_
- Do you have access to securities \_\_\_\_\_
- Account numbers, if in brokerage account \_\_\_\_\_

### **Insurance Policies**

If you and your spouse own any life insurance policies, state for each (attach a separate piece of paper if necessary):

- Name of insurer \_\_\_\_\_
- Owner of policy \_\_\_\_\_
- Type of policy (e.g., term, whole life, universal, split dollar) \_\_\_\_\_
- Amount and frequency of premiums paid \_\_\_\_\_
- Source of funds used to acquire policy \_\_\_\_\_
- Cash surrender value of policy \_\_\_\_\_
- Beneficiary of Policy (A divorce will affect the beneficiary status of a life insurance policy)  
\_\_\_\_\_
- Do you have possession of the policy? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Investments**

If you and your spouse have any other investments or business interest, state for each (attach a separate piece of paper if necessary):

- Nature of Investment \_\_\_\_\_
- Date investment made \_\_\_\_\_
- Source of funds used to acquire investment \_\_\_\_\_
- Present value \_\_\_\_\_
- Amount of encumbrance, if any \_\_\_\_\_

### Retirement Plans

If you or your spouse have any retirement plan, pension plan, profit sharing plan, company savings plan, or other employer-provided benefits, state for each (attach a separate piece of paper if necessary):

- Which spouse is member \_\_\_\_\_
- Type of benefit \_\_\_\_\_
- Value of benefit \_\_\_\_\_
- Date benefit began \_\_\_\_\_
- Identity of administrator \_\_\_\_\_

### Other Property

What is the approximate fair market value of you and your spouse's household goods and furniture?

\_\_\_\_\_

If you and your spouse own any other property of significant value, such as notes receivable, jewelry, coin collections, antiques, etc., for each item state (attach a separate piece of paper if necessary):

- Description of item \_\_\_\_\_
- Who has possession of item \_\_\_\_\_
- Date item was obtained \_\_\_\_\_
- Source of funds used to acquire \_\_\_\_\_

If **you** acquired property before this marriage, or if you obtained property by gift or inheritance after marriage, for each item state (attach a separate piece of paper if necessary):

- Description of property \_\_\_\_\_
- Present fair market value of property \_\_\_\_\_
- Amount of encumbrances, if any \_\_\_\_\_

If **your spouse** acquired property before this marriage, or if your spouse obtained property by gift or inheritance after marriage, for each item state (attach a separate piece of paper if necessary):

- Description of property \_\_\_\_\_
- Present fair market value of property \_\_\_\_\_

- Amount of encumbrances, if any \_\_\_\_\_

If you and your spouse lived outside Texas at any time during your marriage, state:

- Place where you lived \_\_\_\_\_
- Duration of residence in that place \_\_\_\_\_
- Property accumulated during that period \_\_\_\_\_

### **Employment**

What amount of retirement, profit-sharing, or other employee benefits would you and your spouse receive if you left employment today?

#### **Client:**

Lump Sum: \$ \_\_\_\_\_ Amount per time period: \$ \_\_\_\_\_

#### **Spouse:**

Lump Sum: \$ \_\_\_\_\_ Amount per time period: \$ \_\_\_\_\_

### **Debts:**

If you and your spouse have debts in **both** your names, state:

- Name and address of creditors \_\_\_\_\_  
\_\_\_\_\_
- Amount owed \_\_\_\_\_
- Account numbers, if applicable \_\_\_\_\_
- Amount of periodic payments \_\_\_\_\_
- Purpose for which money was used \_\_\_\_\_

If you and your spouse have debts in **your name only**, state:

- Name and address of creditors \_\_\_\_\_  
\_\_\_\_\_
- Amount owed \_\_\_\_\_
- Account numbers, if applicable \_\_\_\_\_
- Amount of periodic payments \_\_\_\_\_

- Purpose for which money was used \_\_\_\_\_

If your spouse has debts in **his or her name only**, state:

- Name and address of creditors \_\_\_\_\_  
\_\_\_\_\_
- Amount owed \_\_\_\_\_
- Account numbers, if applicable \_\_\_\_\_
- Amount of periodic payments \_\_\_\_\_
- Purpose for which money was used \_\_\_\_\_

If you have debts in **your name only**, state:

- Name and address of creditors \_\_\_\_\_  
\_\_\_\_\_
- Amount owed \_\_\_\_\_
- Account numbers, if applicable \_\_\_\_\_
- Amount of periodic payments \_\_\_\_\_
- Purpose for which money was used \_\_\_\_\_

**Miscellaneous**

Did **you** make any gifts of community property without your spouse's consent? Yes \_\_\_ No \_\_\_  
If "yes," itemize the gifts and state the value of each gift:

\_\_\_\_\_  
\_\_\_\_\_

Did **your spouse** make gifts of community property without your consent? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes," itemize the gifts and state the value of each gift:

\_\_\_\_\_  
\_\_\_\_\_

Have you filed tax returns for all previous years? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, which tax years were not filed? \_\_\_\_\_

Do you expect any tax refunds? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount if any \_\_\_\_\_

Do you have copies of your tax returns? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been notified by the I.R.S. of any audit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for which tax years? \_\_\_\_\_

If you and your spouse have a safety deposit box, state location and contents of box.

\_\_\_\_\_

Do you have access to your safety deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you owed any wages, commissions, or accrued pay of any type?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", state amount and who owes you the money:

\_\_\_\_\_

Is your spouse owed any wages, commissions, or accrued pay of any type?

If "yes", state amount and who owes you the money:

\_\_\_\_\_

Have you or your spouse deferred any income?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", state amount deferred and who owes you the money:

\_\_\_\_\_

Is any lawsuit currently pending in which you or your spouse may recover damages?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", state name of Plaintiff and Defendant and cause of action:

\_\_\_\_\_

Is any lawsuit pending in which you or your spouse are defendants?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", state name of Plaintiff and Defendant:

\_\_\_\_\_

Has a judgment been signed in any lawsuit against you or your spouse?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", state name of Plaintiff and Defendant and amount of judgment:

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During your marriage, did you or your spouse receive an award for personal injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," state date and terms of judgment. \_\_\_\_\_

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**Contested Issues**

If there is likely to be disputed issues of custody and visitation, or contested issues concerning earnings, income, or assets of one or both of the parties, more detailed information will be required regarding these issues.

**Wills**

Do you have a will? (A divorce will automatically void any rights and privileges you gave to your spouse in your will).

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your spouse have a will? (A divorce will automatically void any rights and privileges your spouse gave to you in their will).

Yes \_\_\_\_\_ No \_\_\_\_\_

**Counseling:**

If you have ever sought marriage counseling, give dates and counselor:

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Would counseling help now?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your spouse willing to participate in counseling?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Attorneys:**

If you have consulted with another attorney in this matter, please give that attorney's name.

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If your spouse has consulted an attorney on this matter, please give that attorney's name.

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**Other Contact Person.** Person not living with client whom counsel may contact to leave a message for client about the case if client cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

**CLIENT WANTS**

**Tell me what you want:**

Divorce from Spouse \_\_\_\_\_ Custody \_\_\_\_\_

Change of Name \_\_\_\_\_ Visitation \_\_\_\_\_

Use of Residence \_\_\_\_\_ Child Support \_\_\_\_\_

Temporary Alimony \_\_\_\_\_ Other \_\_\_\_\_

Use of Vehicle \_\_\_\_\_

Temporary Restraining Order \_\_\_\_\_

**PLEASE SIGN** this document and make a copy for your records. Return the original to me at the address listed below.

\_\_\_\_\_  
[name, address, city, state, zip]

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

Sloan & Moyer LLP  
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Houston, Texas 77079  
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