

TINDALL & ENGLAND, P.C.

CONFIDENTIAL FAMILY LAW QUESTIONNAIRE

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of your family law matter. All information will be held in strict confidence.

1. Please give your **full** name, date and place of birth, social security number, and driver's license number:
 - a. Name: _____
(First) (Middle) (Last) (Maiden)
 - b. Date of Birth: _____
 - c. Place of Birth: _____
 - d. Social Security Number: _____
 - e. Driver's License Number (and State): _____

2. Where are you living now and what is your telephone number?
 - a. Street Address: _____
 - b. City, State & Zip: _____
 - c. Residence telephone number: _____
 - d. Beeper: _____
 - e. Mobile phone: _____
 - f. Home fax number: _____
 - g. E-Mail: _____

3. Please complete the following concerning your employment:
 - a. Employer: _____ Job Title: _____
 - b. Street Address: _____
 - c. City, State & Zip: _____
 - d. Telephone Number: _____
 - e. Fax Number: _____
 - f. E-Mail: _____
 - g. Length of Employment: _____
 - h. Gross salary per month or annually: \$ _____
 - i. Education: _____
 - j. Name of contact person at office: _____

4. Please give your spouse's **full** name, date and place of birth, social security number, and driver's license number:
 - a. Name: _____
(First) (Middle) (Last) (Maiden)
 - b. Date of Birth: _____ Place of Birth: _____
 - c. Social Security Number: _____
 - d. Driver's License Number (and State): _____

5. Where is your spouse living and what is your spouse's telephone number?
- Address: _____
 - City, State & Zip: _____
 - Residence telephone number: _____
6. Complete the following concerning your spouse's employment:
- Employer: _____ Job Title: _____
 - Street Address: _____
 - City, State & Zip: _____
 - Telephone Number: _____
 - Fax Number: _____
 - E-Mail: _____
 - Length of Employment: _____
 - Gross salary per month or annually: \$ _____
 - Education: _____
 - Name of contact person at office: _____
7. Please give the date and place of your marriage:
- Date: _____ City: _____
8. Please give **full** name, date and place of birth, social security number, and sex of each child of this marriage:
- Name of child: _____
Sex: _____
Date of birth: _____
Place of birth: _____
Social security number: _____
Driver's License number (and state): _____
- Name of child: _____
Sex: _____
Date of birth: _____
Place of birth: _____
Social security number: _____
Driver's License number (and state): _____
- Name of child: _____
Sex: _____
Date of birth: _____
Place of birth: _____
Social security number: _____
Driver's License number (and state): _____
9. Are you now separated from your spouse? _____
If so, give date of separation: _____
10. Have you seen a marriage counselor? _____. If so, give name(s): _____
11. What is your religious preference? _____

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

13. Do your marital difficulties involve:

<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: _____

14. Will there be a dispute over custody of the children? _____
If not, custody will be with whom? _____

15. Where are the children living at this time? _____

16. List all property (other than furniture and clothing) owned by the children: _____

17. How long have you lived in Texas? _____

18. What county do you reside in? _____

19. How long have you resided in that county? _____

20. What is the state of last marital residence? _____

21. Have you or your spouse ever filed for a divorce? _____. If so, when & where (include court if known)?

22. Does your spouse now have an attorney? _____. If so, whom? _____

23. Have you been married before? _____. If so, how many times? _____. Do you have children by a previous marriage? _____. If so, give **full** name, date and place of birth, and sex of each child of your previous marriage(s):

	Name and Sex (M/F)	Date & Place of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

With whom do these children reside? _____

24. Do you pay/receive child support? _____ If so, how much per month? _____

25. 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 marriage:

	Name and Sex (M/F)	Date & Place of Birth
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

With whom do these children reside? _____

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

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

If so, what name should be used? _____

28. Mail:

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

(Street address)

(City)

(Zip)

29. Referral:

Who referred you to this office? _____

30. Consultation Fee:

I understand that there will be an initial consultation fee as indicated below regardless of whether I decide to take any legal action. This consultation fee is to be paid on the same date as the consultation.

Harry L. Tindall Consultation Fee -	\$550.00
Angela Pence England Consultation Fee -	\$350.00
Jennie R. Smith Consultation Fee -	\$150.00

(Your signature)