

MCFERRIN & ZAYED, PLLC
LAW FIRM

COLIN A. MCFERRIN
FAMILY LAW
BUSINESS LAW

COLIN@MZLAWFIRM.COM



ASHRAF F. ZAYED
CRIMINAL LAW
WILLS AND PROBATE LAW

ASH@MZLAWFIRM.COM

187 ELMHURST DRIVE, SUITE A
KYLE, TEXAS 78640
TELEPHONE: (512) 268-9415
FAX: (512) 532-7766

Client Name: _____

CLIENT QUESTIONNAIRE—DIVORCE

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. 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

Attorney/Client-Privileged Information

TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY OR DISABLED PERSON AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES 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 OR THAT THE ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

INFORMATION REQUESTED

ABOUT YOU:

1. Please give the following information.

Full name: _____

Previous name(s): _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

Do you wish to change your name?: _____

If so, please provide the desired name: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

How long have you lived at this address? _____

3. Who else lives in your household? _____

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

5. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Mobile phone: _____

Attorney/Client-Privileged Information

E-mail: _____
(e-mail communications may not be confidential)

6. Who referred you to this office? _____
7. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

Is so, please state who and when: _____

8. Please give the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

ABOUT YOUR SPOUSE:

9. Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Attorney/Client-Privileged Information

Maiden name, if applicable: _____

10. Where is your spouse living now, and what is his or her phone number and e-mail address?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home e-mail: _____

How long has your spouse lived at this address? _____

11. Who else lives in your spouse's household? _____

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

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

ABOUT YOUR MARRIAGE AND SEPARATION:

13. Please give the date and place of your marriage.

Date: _____ Place: _____

Attorney/Client-Privileged Information

Are you now separated from your spouse? _____

If so, please state date of separation: _____

14. Have you seen a marriage counselor? _____

If so, please state name: _____

15. Have you and your spouse attempted reconciliation? _____

If not, would you like to attempt reconciliation? _____

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

____ drugs/alcohol ____ financial dispute ____ physical violence

____ emotional abuse ____ your infidelity ____ religion

____ confinement in ____ noncohabitation ____ your spouse's
mental institution for at least 3 years infidelity
for at least 3 years

____ other _____

17. How long have you lived in Texas? _____

How long have you lived in the county where you now reside? _____

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

If so, when and where? _____

19. Does your spouse have an attorney? _____

If so, who? _____

20. Have you ever been married before? _____

Attorney/Client-Privileged Information

If so, how many times? _____

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

If so, please give the following information for each such child.

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

22. Where and with whom do these children live? _____

Attorney/Client-Privileged Information

- 23. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____
- 24. Does your spouse pay/receive child support? _____
If so, how much? \$ _____ per _____
- 25. If a divorce is granted, should the wife's maiden name be restored? _____
If so, what name should be used? _____
- 26. Have you or your spouse ever sought or been subject to a protective order? _____
If so, explain _____

- 27. Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? _____
- 28. Have you or your spouse ever contacted or been contacted by child protective services for any reason? _____
- 29. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

ABOUT WEAPONS AND AMMUNITION:

- 30. Are there firearms or ammunition in your possession or subject to your control? ____
If so, please describe the items and state their location. _____

- 31. Are there firearms or ammunition in your spouse's possession or subject to your spouse's control? _____
If so, please describe the items and state their location. _____

Attorney/Client-Privileged Information

BACKGROUND:

32. Have you ever been arrested? _____
 If so, please provide the following information:

Date of Arrest	Arresting Agency	Charge	Disposition of Case

33. Has your spouse ever been arrested? _____
 If so, please provide the following information:

Date of Arrest	Arresting Agency	Charge	Disposition of Case

34. Have you ever used any controlled substances or drugs? _____
 If so, please provide the following information:

Name of Controlled Substance or Drug Used	Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use

Attorney/Client-Privileged Information

35. Has your spouse ever used any controlled substances or drugs? _____
 If so, please provide the following information:

Name of Controlled Substance or Drug Used	Prescription?	Frequency (Daily, Weekly, etc.)	Date of Last Use

36. Do you drink alcohol? _____
 If so, how many drinks do you consume on average in a month? _____
 Would you characterize your alcohol consumption as rare, social, moderate, or heavy? _____
 Would your spouse characterize your alcohol consumption as rare, social, moderate, or heavy? _____

37. Does your spouse drink alcohol? _____
 If so, how many drinks does your spouse consumer on average in a month? _____
 Would you characterize your spouse's alcohol consumption as rare, social, moderate, or heavy? _____
 Would your spouse characterize their alcohol consumption as rare, social, moderate, or heavy? _____

38. Has your spouse ever committed family violence against you? _____
 If so, please provide the date(s) of any such family violence and a brief description of the incident. _____

39. Have you ever committed family violence against your spouse? _____

Attorney/Client-Privileged Information

If so, please provide the date(s) of any such family violence and a brief description of the incident. _____

40. Has your spouse committed adultery at any time during the marriage? _____

41. Have you committed adultery at any time during the marriage? _____

42. Have you been diagnosed with any mental health disorders? _____
If so, what? _____
Are you currently taking medication for any mental health disorder? _____
If so, what? _____

43. Has your spouse been diagnosed with any mental health disorders? _____
If so, what? _____
Does your spouse take medication for any mental health disorder? _____
If so, what? _____

44. Has CPS (Child Protective Services) opened any investigations or cases involving you or your spouse? _____
If so, please provide the date(s) of any such investigation, the reason/allegations for the investigation, the status of the investigation, the name of any investigator, if available, and a brief description. _____

Attorney/Client-Privileged Information

45. Are there any additional claims or allegations your spouse would make against you in court? If so, what claims or allegations would your spouse make? _____

46. Is there any additional information we need to know about your spouse? _____

INFORMATION ABOUT THE HOME:

47. Please describe the home (*i.e.*, apartment, single-family residence, mobile home, number of bedrooms, amount of acreage/land): _____

Mortgage Holder (Lender): _____

Current Monthly Payment:\$ _____

Date Home Purchased:_____ Down Payment:\$ _____

Original Mortgage Amount:\$ _____

Current Mortgage Balance:\$ _____

VEHICLES:

48. List the year, make, model, and VIN of any vehicles that you currently drive: _____

49. List the year, make, model, and VIN of any vehicles that your spouse currently drives:____

Attorney/Client-Privileged Information

50. Provide the following information for any vehicles that currently have an outstanding balance:

Vehicle	Lender	Monthly Payment	Current Value

51. Are any of the vehicles you have listed above titled in the name of anyone other than you or your spouse? If so, please explain: _____

ASSETS:

52. If you or your spouse has an account with any financial institution (*i.e.*, checking or savings), please provide the following information:

Name of Institution	Joint or Separate Account	Current Balance

Attorney/Client-Privileged Information

53. If you or your spouse has a retirement account, 401(K), IRA, Roth IRA, life insurance policy, money market, mutual fund, certificate of deposit, or other financial account, please provide the following information:

Name of Institution	Joint or Separate Account	Current Balance or Coverage Amount

54. If you or your spouse has any boats, trailers, motorcycles, water recreation vehicles, campers, RVs, ATVs, etc., please provide the following information:

Year	Make	Model	Current Value	Amount Owed

55. If you or your spouse owns any expensive jewelry, please describe. If any piece was a gift, please indicate to whom, from whom, the occasion, and the date: _____

Attorney/Client-Privileged Information

Your Expenses:

Description of Expense	Monthly Amount
Rent or Mortgage Payment for Residence:	\$
Real Property Taxes on Residence:	\$
Real Property Insurance for Residence:	\$
Maintenance Costs for Residence:	\$
Food:	\$
Utilities:	\$
Telephone/Cell Phone:	\$
Laundry:	\$
Clothing (for you and children):	\$
Medical, Dental, Life Insurance Deductions:	\$
Medical and Dental Expenses Not Paid by Insurance:	\$
Child Care and Babysitting:	\$
School (supplies, lunch, etc.):	\$
Entertainment (including movies, eating out, clubs, social obligations, travel)	\$
Donations and Tithes:	\$
Vehicle Expenses (gas, oil, repairs, tires, tags, inspections):	\$
Vehicle Insurance:	\$
Vehicle Payments:	\$
Credit Card Payments:	\$
Other Expense (please identify):	\$
Other Expense (please identify):	\$
Other Expense (please identify):	\$
Other Expense (please identify):	\$
Total Monthly Expenses:	\$

Other Information You Think We May Need To Know:
