

ALISON C. LEBECK

Attorney and Counselor at Law

Lebeck @ Law

6060 Central Expressway
Suite
Dallas, Texas 75206
214.295.5563
Fax:
ALISONLEBECK@THETEXASLAW.COM

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

CUSTODY CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ You have lived at current address since: _____

Mailing Address: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names you have been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

How long have you worked at this employer? _____

Position: _____ Salary/Earnings: \$ _____

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Do you have children with your current spouse? _____

If yes, complete the following:

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

Have you been married previously: _____ if yes when were you divorced: _____

Do you have children from a previous marriage/relationship? _____. If yes complete the following:

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

CLIENT'S SPOUSE'S INFORMATION

Your Spouse's Name: _____

Home Address (if different then yours): _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ He/she has lived at current address since: _____

Mailing Address: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names your spouse has been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

How long has your spouse worked at this employer? _____

Position: _____ Salary/Earnings: \$_____

Name of Emergency Contact, and Relation to your spouse: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Have your spouse been married previously: _____? if yes when was he/she divorced: _____

Do your spouse have children from a previous marriage/relationship? _____. If yes complete the following:

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

Name: _____

Age: _____

Place of Birth: _____

Social Security Number: _____

EX-SPOUSE'S INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ She/he has lived at this address since: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names this person has been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

How long has she/he worked at this employer? _____

Position: _____ Salary/Earnings: \$ _____

Ex-Spouse's feelings regarding custody? _____

Is your ex-spouse represented by an ATTORNEY in this matter? _____ Yes _____ No

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this or any other attorney has:

Represented other party in other matters (besides this case)? _____ Yes _____ No

Provided advice or other services to you regarding this case? _____ Yes _____ No

Provided advice or other services to you regarding other matters? _____ Yes _____ No

Talked with you in person or by telephone regarding this case? _____ Yes _____ No

Sent a letter or other written communications to you related to this case? _____ Yes _____ No

Served papers (by a sheriff or process server) upon you in this case? _____ Yes _____ No

EX-SPOUSE'S NEW PARAMOUR INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ She/he has lived at this address since: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names this person has been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

