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

**DIVORCE 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: \_\_\_\_\_

Does your spouse consent to this divorce, your proposed property division, child custody and support?

\_\_\_\_\_

Is your 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

**GROUND**

Do you believe you may have grounds for divorce, or will you file due to irreconcilable differences? \_\_\_\_\_

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

**ASSETS**

Please list all the assets you had prior to marriage: \_\_\_\_\_

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



