

JUBCfa Ub/ 5gg]WHg

Attorney at Law

1790 Hughes Landing Blvd Ste 400 The Woodlands, TX 77380

Tel 713-650-8800 Fax 346-224-7936

New Client Information Form

Date: _____

Your Legal Name: _____
First Middle Last Maiden

Social Security Number: _____ - - TX Driver's License Number: _____

Date of Birth: _____ Place of Birth: _____ Race: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____

Have you/your spouse ever filed for divorce? Yes No If yes, when & where? _____

Name other attorney's that you have discussed this case with, if any: _____

Do you request your name changed? Yes No If yes, give full name: _____

Is it okay to telephone you at home? Yes No Is it okay to telephone you at work? Yes No

Home Number: _____ Work Number: _____

Cell Number: _____ Fax Number: _____

Email Address: _____

Home Address: _____
Street City State Zip Code

5 Year Address History (& whom resided with you at each address): *MUST BE COMPLETED*

Name of Employer: _____ Length of Employment: _____

Work Address: _____
Street City State Zip Code

OPPOSING PARTY INFORMATION

Legal Name: _____
First Middle Last Maiden

Social Security Number: _____ - _____ - _____ TX Driver's License Number: _____

Date of Birth: _____ Place of Birth: _____ Race: _____

Employer: _____ Length of Employment: _____

Make & Model of Vehicle: _____

Home Address: _____
Street City State Zip Code

Work Address: _____
Street City State Zip Code

Place/Address to have served with paperwork:

Home Number: _____ Work Number: _____

Cell Number: _____

Name of Spouse/Ex Attorney (If known): _____

MINOR CHILDREN Where are the children living at this time? _____

Full Name: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Sex: M F

Social Security Number: _____ - _____ - _____

Full Name: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Sex: M F

Social Security Number: _____ - _____ - _____

Full Name: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Sex: M F

Social Security Number: _____ - _____ - _____

Full Name: _____ Age: _____

Date of Birth: _____ Birthplace: _____ Sex: M F

Social Security Number: _____ - _____ - _____

HEALTH INSURANCE MUST BE COMPLETE

Name of Insurance Company: _____ Policy Number: _____

Cost of Premiums: \$ _____ per month

Is this insurance provided through employment? Yes No

If yes, whose employment? _____ Name of Employer: _____

If no, how is insurance provided for the children? _____

If health insurance is not provided for the children through employment of either party, or through another source, is health insurance available to either parent? Yes No

If so, please explain and the cost of the premiums? _____

MOTOR VEHICLES (CARS, BOATS, CYCLES, TRAILERS, AIRPLANES)

1. Type: _____ Year: _____ Model: _____ Who Drives? _____

Financing Company: _____

2. Type: _____ Year: _____ Model: _____ Who Drives? _____

Financing Company: _____

3. Type: _____ Year: _____ Model: _____ Who Drives? _____

Financing Company: _____

4. Type: _____ Year: _____ Model: _____ Who Drives? _____

Financing Company: _____

ACCOUNTS (BANK, SAVINGS, CREDIT UNION)

1. Type of Account: _____ Name of Bank: _____

Account Number: _____

2. Type of Account: _____ Name of Bank: _____

Account Number: _____

3. Type of Account: _____ Name of Bank: _____

Account Number: _____

LIFE INSURANCE

Name of Insurance Company: _____

Insuring Life of: _____

PURPOSE OF THIS VISIT

- DIVORCE MODIFICATION CONTEMPT CUSTODY
 CHILD SUPPORT ADOPTION/TERMINATION

HOW DID YOU HEAR ABOUT OUR OFFICE?

- CONROE DIRECTORY LAKE CONROE DIRECTORY INTERFAITH DIRECTORY
 INTERNET FRIEND OR FAMILY MEMBER: _____
 OTHER, PLEASE SPECIFY: _____