

THE LAW OFFICES OF PAUL T. FANNING, P.C.

Tyler, Texas
(903) 597-7878

POST-DIVORCE BASIC INFORMATION

Please complete this questionnaire. If you will expend the time and effort to complete all items, you will give us some of the basic background information necessary to begin to understand the complexity of your Family Law problem. All information will be held in confidence subject to legal limitations.

Today's Date: _____

CLIENT:

Full Name: _____

Residence Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____ Fax: _____

Mobile Phone: _____ Pager: _____ Alternate Phone: _____

E-Mail: _____ Secure? _____

Do you Check Daily? _____ Okay to communicate with you online? _____

Mailing Address (where you wish correspondence from this office to be sent, if other than the above):

Street or Box: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Place where born: _____

Social Security No. _____ Driver's License No. _____

Employer: _____
(Name) (Complete Address)

Position or Job Title: _____

Gross Pay: _____ Pay Period: _____

Length of Employment: _____ Education: _____

CLIENT'S PRESENT SPOUSE (if any):

Full Name: _____

Residence Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Birth Date: _____ Place where born: _____

Social Security No. _____ Driver's License No. _____

Employer: _____
(Name) (Complete Address)

Position or Job Title: _____

Gross Pay: _____ Pay Period: _____

Length of Employment: _____ Education: _____

Date Of Marriage: _____ Place of Marriage: _____

How often spouse married before? _____ Religious Preference: _____

CLIENT'S FORMER SPOUSE:

Full Name: _____

Residence Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Birth Date: _____ Place where born: _____

Social Security No. _____ Driver's License No. _____

Employer: _____
(Name) (Complete Address)

Position or Job Title: _____

Gross Pay: _____ Pay Period: _____

Length of Employment: _____ Education: _____

CLIENT'S FORMER SPOUSE'S PRESENT SPOUSE (if any):

Full Name: _____

Residence Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Birth Date: _____ Place where born: _____

Social Security No. _____ Driver's License No. _____

Employer: _____
(Name) (Complete Address)

Position or Job Title: _____

Gross Pay: _____ Pay Period: _____

Length of Employment: _____ Education: _____

Date Of Marriage: _____ Place of Marriage: _____

How often spouse married before? _____ Religious Preference: _____

JURISDICTION AND VENUE:

If the subject of your visit relates to an action to modify a prior judgment, please state with respect to that judgment:

Its date: _____ Place: _____ Number: _____

Do you have a copy of that judgment with you? _____

If there is an Agreement Incident To Divorce, have you brought it? _____

PRIOR MARRIAGE:

Date of Marriage: _____ City: _____ State: _____

RELIGIOUS PREFERENCE:

Your religious preference: _____

If you regularly attend religious services, where: _____

Your former spouse's religious preference: _____

If former spouse regularly attends religious services, where: _____

OTHER MARRIAGES:

Have you been married other than to the former spouse who is the subject of this visit? _____ If so, how many times? _____

Do you have children by any other marriage? _____ If so, give full name, date and place of birth, and sex of each child of your other marriage(s):

<u>Name and Sex (M/F)</u>	<u>Date of Birth</u>	<u>Place of Birth County, State</u>
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- a. _____ / ____ / ____ _____
- b. _____ / ____ / ____ _____
- c. _____ / ____ / ____ _____
- d. _____ / ____ / ____ _____

With whom do these children reside? _____

Are you supposed to pay/receive child support? _____

If so, how much? \$ _____ per _____

Do you actually pay/receive it on time on a regular basis? _____

Has your former spouse been married other than to you? _____ If so, how many times? _____

Does your former spouse have children by another marriage? ____ If so, give full name, date and place of birth, and sex of each child of your former spouse's other marriage(s):

	Name and Sex (M/F)	Date of Birth	Place of Birth County, State
a.	_____	____ / ____ / ____	_____
b.	_____	____ / ____ / ____	_____
c.	_____	____ / ____ / ____	_____
d.	_____	____ / ____ / ____	_____

With whom do these children reside? _____

Is your former spouse supposed to pay/receive child support? _____

If so, how much? \$ _____ per _____

Does your former spouse actually pay/receive it on time on time? _____

Attorneys: If you have consulted with another attorney on this matter, give attorney's name: _____

If your former spouse has consulted with an attorney on this matter whose identity is known to you, give attorney's name: _____

MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL:

Do you have any unusual medical problems? _____ Does your former spouse? _____ If so, please explain on reverse. Please include *all* hospitalizations.

Please list on reverse all medications you regularly take. Please list on reverse all medications your former spouse regularly takes, if known.

Do you or your former spouse have a history of HIV+? _____ Chlamydia? _____ Genital herpes? _____ Genital warts? _____ Gonorrhea? _____ Syphilis? _____ Any other S.T.D.? _____ As to each, please explain on reverse, including time and method of contraction.

Have you or your former spouse ever had breast augmentation? _____ Penis enlargement? _____ An abortion? _____ As to each, please explain on reverse, including time and place and physician and hospital involved.

Is there a history of substance abuse (alcoholism, drugs, etc.) in your family? _____ In your former spouse's family? _____ Has there been any other problem with substance abuse? _____ If so, please explain.

Have you ever been evaluated, treated, or undergone therapy from a psychiatrist or psychologist, threatened to attempt suicide, or actually attempted suicide? _____ If so, please explain on reverse; include identity of doctor(s), dates, places, details and reasons.

Has your former spouse ever been evaluated, treated, or undergone therapy from a psychiatrist or psychologist, threatened to attempt suicide, or actually attempted suicide? _____ If so, please explain on reverse; include the identity (names, addresses, and phone numbers) of doctor(s), dates, places, details, and reasons.

COUNSELING:

If you have ever sought marriage counseling, give dates and counselor: _____

Would counseling help now? _____

Is your former spouse willing to cooperate in counseling? _____

PRIOR MARRIAGES:

Have you ever been married before? _____ If so, how many times? _____

Do you have children by previous marriage(s)? _____ If so, give full name, date and place of birth, and sex of each child of your previous marriage(s):

	<u>Name and Sex (M/F)</u>	<u>Date of Birth</u>	<u>Place of Birth County, State</u>
a.	_____	____/____/____	_____
b.	_____	____/____/____	_____
c.	_____	____/____/____	_____
d.	_____	____/____/____	_____

With whom do these children reside? _____

Do you pay/receive child support? _____ If so, how much? \$ _____ per _____

Has your former spouse ever been married before? _____ If so, how many times? _____ Does your former spouse have children by a previous marriage? _____ If so, give full name, date and place of birth, and sex of each child of your former spouse's previous marriage(s):

	<u>Name and Sex (M/F)</u>	<u>Date of Birth</u>	<u>Place of Birth County, State</u>
a.	_____	____/____/____	_____
b.	_____	____/____/____	_____
c.	_____	____/____/____	_____
d.	_____	____/____/____	_____

With whom do these children reside? _____

Does your spouse pay/receive child support? _____ If so, how much?

\$ _____ per _____ Name and address of child support payment agency: _____

Child support account number: _____

DEVELOPMENT OF THEMES:

In contested post-divorce cases, it is frequently important to develop and be prepared for the development of themes. Please list below ten (10) good things about you, ten (10) bad things about you, ten (10) good things about your former spouse, and ten (10) bad things about your former spouse:

Good About Me:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

Bad About Me:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

Good About Former spouse:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

Bad About Former spouse:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

7

8

9

10

Do either you or your former spouse have a Concealed Handgun License? _____

Do either you or your spouse possess any firearms? _____

List all firearms: _____

EMPLOYMENT HISTORY:

Please list in *reverse* chronological order, each employment or job you have had and the approximate years you had each, together with annual income:

- 1 _____

- 2 _____

- 3 _____

- 4 _____

- 5 _____

- 6 _____

- 7 _____

- 8 _____

Continue on reverse, if necessary.

To the best of your knowledge, please list in *reverse* chronological order, each employment or job your former spouse has had and the approximate years of each, together with annual income:

1 _____

 2 _____

 3 _____

 4 _____

 5 _____

 6 _____

 7 _____

 8 _____

CHILDREN AT INTEREST IN THIS SUIT:

<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Birthplace</u>	<u>Lives With</u>
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1. _____

Social Security Account Number: _____

School Name: _____ Grade: _____ G.P.A.: _____

School conduct: _____ Schoolteacher: _____

2. _____

Social Security Account Number: _____

School Name: _____ Grade: _____ G.P.A.: _____

School conduct: _____ Schoolteacher: _____

3. _____

Social Security Account Number: _____

School Name: _____ Grade: _____ G.P.A.: _____

School conduct: _____ School teacher: _____

4. _____

Social Security Account Number: _____

School Name: _____ Grade: _____ G.P.A.: _____

School conduct: _____ School teacher: _____

If any child has a physical or mental disability to the point that he or she requires special care, give the child's name, disability, and current arrangements for care:

Will child custody be disputed in your case? _____

Which parent presently has legal custody of the child(ren)? _____

Where do(es) the child(ren) **actually** live? _____

Has any child in the past signed, or do you believe that any child age 10 or more would now be willing to sign, an affidavit expressing preference as to whom the Court appoints as custodial parent? _____

If so, which child(ren) and what preference: _____

Is any property owned by the child(ren)? _____

If yes, please describe on reverse side.

Has any child ever been in trouble with the juvenile or school authorities or placed under the supervision of the courts? _____

If yes, please describe on reverse side.

Name of child support agency: _____ Account #: _____

Has new child support been agreed upon by you and your former spouse? _____

If so, how much \$ _____ per _____

Other terms (such as college tuition, medical insurance, dental insurance, etc.):

What are the present agreements/orders concerning custody/visitation? _____

Has any new agreement been negotiated concerning custody/visitation? _____

If so, what are your new agreements: _____

Have you made any statements which would damage or which would be harmful to you obtaining or maintaining custody? _____

Has your former spouse made any statements which would damage or which would be harmful to his/her obtaining or maintaining custody? _____

Have you signed any document(s) which would damage or which would be harmful to you obtaining or maintaining custody? _____

Has your former spouse signed any document(s) which would damage or which would be harmful to his/her obtaining or maintaining custody? _____

DIVORCE:

Have you brought all your divorce papers with you? _____

Have there been any court actions since date of divorce? _____

If so, have you brought all of those papers with you? _____

Name of your attorney(s)? _____

Name of former spouse's attorney(s)? _____

RESIDENCE:

How long have you lived in Texas most recently? _____

COUNSELING:

If you ever sought post-divorce counseling, give dates and counselor: _____

If you ever sought post-divorce counseling for child(ren), give same: _____

Would counseling help now? _____

Is your former spouse willing to cooperate in counseling? _____

Feelings: In your own words, what are your *feelings* about your former spouse?

Understandings: Do you understand this Firm has not and will not estimate your total fee for legal services? Answer: _____
Do you understand that no attorney can ethically represent or warrant any particular result in any case? Answer: _____
Do you understand this Firm will not estimate the total amount of time that will be required to represent you in your case? _____
Do you understand your obligation to be totally honest and candid with this Firm and that your failure to be that way would be wrong and could prevent us from effectively representing you and could adversely affect you in virtually every aspect of this matter? _____

Referrals: How did you select this Firm?

Southwestern Bell Business Pages _____ Yellow Pages? _____
TransWestern Business Pages _____ Yellow Pages? _____

If Personal Referral, indicate name : _____

May we write a "thank you" letter disclosing your identity? _____

Acknowledgment And Statement:

I have **read, understand, and agree with** the *General Information Concerning Post -Divorce Cases* **and** completed this questionnaire **before** communicating with any attorney of The Law Offices Of Paul T. Fanning, P.C. ("the Firm"). I understand that if I hire the Firm to represent me in a post -divorce case against my former spouse, its attorneys and staff will be relying upon the information I have submitted on this form and other information I give from time to time. I understand I have an obligation to be completely truthful and honest in my communications with my attorneys. I understand there will be an initial consultation of \$250.00 regardless of whether I decide to take any legal action or whether I choose to hire the Firm to represent me.

Your Signature

(FOR ATTORNEYS' OFFICE USE ONLY)

Card index checked for conflicts? _____ By whom? _____

Accept employment at present? _____, if paid retainer fee in full

Retainer fee: \$ _____ Minimum escrow deposit amount: \$ _____

Min. Hourly Rate:	Princ.	\$250.00	\$ _____
	Assoc.	\$150.00	\$ _____
	Staff	\$ 90.00	\$ _____

Check data processing to see if suit already filed. _____ or N/A

Post-divorce Counselor/Psychologist referral: _____

If "Yes," indicate name, phone number and date of referral: _____

Send thank you letter? _____ Forwarding attorney (referral) fee with
advance consent of client, percentage: _____ % of net fee for services. Will **not at all**
increase client's fee in any aspect.

ACTION RECOMMENDED NOW: Take no formal legal action at present _____

Petition/Answer _____ Counterclaim _____ T.R.O. _____ Show Cause _____

Subpoena(e) Duces Tecum: Former Spouse: _____ Employer of Former Spouse: _____

Other (indicate) _____

Authorizations (FLL): Client _____

Children _____

General _____

General _____

Attorney _____

Attorney _____

Dental records _____

Dental records _____

Employment records _____
Medical records _____
School records _____

Employment records _____
Medical records _____
School records _____

Election by Child(ren): _____ (DA) Witness Instructions _____ (FLL)
General Instructions _____ (FLL) Support Exhibit Preparation _____ (FLL)
Inventory Instructions _____ (FLL) Request Protective Order _____ (FLL)
Settlement Proposal _____ (FLL) Investigator/Surveillance (details)

Need Police Records Check? _____ Need Court Records Check? _____

Additional documents that client is to produce for us: *All items on pages 2 and 3 not brought already.* _____

BY SIGNING BELOW I AM NOT RETAINING THE LAW OFFICES OF PAUL T. FANNING, P.C. ("THE FIRM") TO APPEAR AS MY COUNSEL OF RECORD. I AM ONLY ACKNOWLEDGING THE ABOVE HAS BEEN EXPLAINED TO ME AND AGREEING TO PAY THE FIRM AT THE RATES ABOVE FOR ANY ADDITIONAL CONSULTATION OR ADVICE I REQUEST SHORT OF RETAINING THE FIRM. IN ORDER TO RETAIN THE FIRM AS MY COUNSEL OF RECORD, I KNOW I MUST PAY THE RETAINER FEE AND MINIMUM COST DEPOSIT, AND SIGN AND DELIVER A WRITTEN CONTRACT OF EMPLOYMENT TO THE FIRM.

Client Signature After Interview

Date Employment Contract Sent: _____, 2001.

Date Employment Contract Received Back And Examined: _____, 2001.