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Divorce Questionnaire

Instructions: Please complete the Divorce Questionnaire to the best of your ability and knowledge. All information contained within will be held in strict confidence. It is especially important that names are spelled correctly and that the information provided is accurate. If you are unable to include all of the given information within the allotted space, please provide additional pages to ensure that all your goals and objectives are reflected.

The purpose of this questionnaire is to provide a wide range of information about you and your family to ensure that you are properly advised regarding your marital estate. Some of the information will be incorporated directly into the court filings. Some information will not, but the information will be helpful as we discuss your marital estate.

If a question does not apply to your situation, you may insert N/A or simply skip over to the next question. 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.

Please attach the completed questionnaire and email it to christy@motonlaw.com and/or bring to the client meeting. Should you have any questions while filling out the questionnaire, please contact my office at (713) 554-4975.

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 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



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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. Moton Law Firm PLLC 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 Moton Law Firm PLLC 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 Moton Law Firm PLLC 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: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver’s license number and state: _____

Maiden name, if applicable: _____

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

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____



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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: _____

Pager: _____ Mobile phone: _____

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: _____

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: _____

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: _____

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. What is your religious preference? _____

17. What is your spouse's religious preference? _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> drugs/alcohol | <input type="checkbox"/> financial dispute | <input type="checkbox"/> physical violence |
| <input type="checkbox"/> emotional abuse | <input type="checkbox"/> your infidelity | <input type="checkbox"/> religion |
| <input type="checkbox"/> confinement in
mental institution
for at least 3 years | <input type="checkbox"/> non-cohabitation
for at least 3 years | <input type="checkbox"/> your spouse's
infidelity |
| <input type="checkbox"/> other _____ | | |

19. How long have you lived in Texas? _____

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

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

If so, when and where? _____

21. Does your spouse have an attorney? _____

If so, who? _____

22. Have you ever been married before? _____

If so, how many times? _____

23. Do you and your spouse have children born of or before your marriage? _____

If so, please give the following information for each such child. (on the following page).



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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: _____

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

25. 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: _____

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

25. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

26. Does your spouse pay/receive child support? _____

- If so, how much? \$ _____ per _____
27. If a divorce is granted, should the wife's maiden name be restored? _____
If so, what name should be used? _____
28. Have you or your spouse ever sought or been subject to a protective order? _____
29. Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? _____
30. Have you or your spouse ever contacted or been contacted by child protective services?
31. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

About weapons and ammunition:

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

33. 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. _____

About Transfer on Death Deeds:

34. Have you executed a transfer on death deed in favor of your spouse? If so, please provide us a true and correct copy of the deed.



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CERTIFICATION

I, (print your name) _____, hereby represent to Moton Law Firm PLLC that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that Moton Law Firm PLLC will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Moton Law Firm PLLC may not be appropriate.

Signature

Date