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# LAW FIRM OF G. DAVID HEIMAN

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## INITIAL FAMILY LAW CLIENT INFORMATION FORM

**INSTRUCTIONS:** Answer all questions truthfully and as completely as possible. 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, unless otherwise required by law.

**DATE:** \_\_\_\_\_

**TYPE OF CASE:** (please check)

Divorce  Child Support Enforcement  Visitation Enforcement  Paternity  
 Modification of Child Support  Modification of Visitation  Modification of Custody  
 Annulment  Grandparents' Access  Termination of Parental Rights  
 Other: \_\_\_\_\_

## **YOUR INFORMATION**

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Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ How Long Have You Lived at Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_

Other Names You Have Been Known By: \_\_\_\_\_

**YOUR EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Facsimile: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Is Health Insurance Available Through This Employment? Yes No

**OTHER PARTY INFORMATION**

Full Legal Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ How Long Has Other Party Lived at Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_

Other Names Other Party Has Been Known By: \_\_\_\_\_

**OTHER PARTY'S EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Facsimile: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Is Health Insurance Available Through This Employment? Yes No

**OTHER PARTY'S LEGAL REPRESENTATION**

Is Other Party Represented by an Attorney in this Matter? Yes No

**If YES, please answer the questions below:**

Name of Attorney/Firm: \_\_\_\_\_

Address of Attorney/Firm: \_\_\_\_\_

Phone Number of Attorney/Firm: \_\_\_\_\_

Indicate if this or any other attorney has:

Represented other party in 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

**IF THIS IS A DIVORCE CASE, PLEASE COMPLETE THE FOLLOWING:**

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage (County and State): \_\_\_\_\_

Have You or Your Spouse Previously Filed for Divorce? Yes No

Should the Maiden Name of the Wife be Restored in the Final Decree of Divorce? Yes No

If YES, What is the Wife's Full Maiden Name: \_\_\_\_\_

**REAL PROPERTY**

Is There Any Real Property to be Divided? Yes No

If YES, Please Provide Street Address and Legal Description (found in the Deed of Trust): \_\_\_\_\_

Who Will be Awarded the Real Property? \_\_\_\_\_

Will the Real Property be Sold? Yes No

If YES, How Will the Proceeds be Divided? \_\_\_\_\_

**LIFE INSURANCE PLANS**

Is/Are There Any Life Insurance Plans? Yes No

If YES, please answer the questions below:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Term Policy: \_\_\_\_\_

Face Value of Policy: \_\_\_\_\_ Cash Surrender Value of Policy: \_\_\_\_\_

Who is Insured? \_\_\_\_\_ Who is Beneficiary? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Term Policy: \_\_\_\_\_

Face Value of Policy: \_\_\_\_\_ Cash Surrender Value of Policy: \_\_\_\_\_

Who is Insured? \_\_\_\_\_ Who is Beneficiary? \_\_\_\_\_

If more than two policies, please continue on back or separate page.

**MOTOR VEHICLES**

Is/Are There Any Motor Vehicles? Yes    No

***If YES, please answer the questions below:***

Year, Make, and Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Who Will Receive This Vehicle in the Decree? \_\_\_\_\_

Name on Title: \_\_\_\_\_

If Lien, Name of Lienholder: \_\_\_\_\_

Amount of Lien: \_\_\_\_\_

Who Will be Responsible for Payments? \_\_\_\_\_

Year, Make, and Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Who Will Receive This Vehicle in the Decree? \_\_\_\_\_

Name on Title: \_\_\_\_\_

If Lien, Name of Lienholder: \_\_\_\_\_

Amount of Lien: \_\_\_\_\_

Who Will be Responsible for Payments? \_\_\_\_\_

If more than two vehicles, please continue on back or separate page.

**RETIREMENT ACCOUNTS**

Is/Are There Any Retirement Account(s)? Yes    No

***If YES, please answer the questions below:***

Retirement Account in the Name of: \_\_\_\_\_

Description of Account: \_\_\_\_\_

Current Balance of Account: \_\_\_\_\_

Will Retirement be Divided Between Husband and Wife? Yes No

If YES, How Will the Retirement Account be Divided? \_\_\_\_\_

Retirement Account in the Name of: \_\_\_\_\_

Description of Account: \_\_\_\_\_

Current Balance of Account: \_\_\_\_\_

Will Retirement be Divided Between Husband and Wife? Yes No

If YES, How Will the Retirement Account be Divided? \_\_\_\_\_

If more than two retirement accounts, please continue on back or separate page.

**IF RETIREMENT ACCOUNTS ARE TO BE DIVIDED, A QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) MUST BE PREPARED.**

**BANK ACCOUNTS**

Is/Are There Any Joint Bank Account(s)? Yes No

*If YES, please answer the questions below:*

Name of Bank for Checking/Savings Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Who Will Receive This Account? \_\_\_\_\_

Are There Any Joint Bank Account(s)? Yes No

*If YES, please answer the questions below:*

Name of Bank for Checking/Savings Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Who Will Receive This Account? \_\_\_\_\_

If more than two bank accounts, please continue on back or separate page.

**DEBTS**

Is/Are There Any Debts? Yes No

*If YES, please answer the questions below:*

Name of Creditor: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance of Account: \_\_\_\_\_

Primary Name on Account: \_\_\_\_\_

Who Will be Responsible for Payment on This Account? \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance of Account: \_\_\_\_\_

Primary Name on Account: \_\_\_\_\_

Who Will be Responsible for Payment on This Account? \_\_\_\_\_

Name of Creditor: \_\_\_\_\_

Account Number: \_\_\_\_\_ Balance of Account: \_\_\_\_\_

Primary Name on Account: \_\_\_\_\_

Who Will be Responsible for Payment on This Account? \_\_\_\_\_

If more than three accounts, please continue on back or separate page.

**IN A JOINT ACCOUNT SITUATION, ONE OF THE PARTIES CAN AGREE TO BE RESPONSIBLE FOR THE PAYMENT OF A JOINT ACCOUNT. HOWEVER, IN THE EVENT THAT THE PARTY DOES NOT MAKE A PAYMENT, THE CREDITOR WILL LOOK TO THE OTHER PARTY FOR PAYMENT.**

**TAX INFORMATION**

If Child(ren) are Involved, Who Will Retain the Tax Exemption for the Child(ren)? \_\_\_\_\_

Are Any Back Taxes Owed to the IRS by Either Party? Yes No

***If YES, please answer the questions below:***

What is the Approximate Amount of Back Taxes Owed? \_\_\_\_\_

For What Years are Back Taxes Owed? \_\_\_\_\_

Who Will be Responsible for the Payment of Back Taxes? \_\_\_\_\_

**IN LIEU OF ANY AGREEMENTS, FEDERAL LAW MANDATES THAT THE PARTY WHO HAS PRIMARY POSSESSION OF THE CHILD(REN) WILL BE ALLOWED TO CLAIM THE CHILD(REN) FOR TAX PURPOSES.**

**SEPARATE PROPERTY**

Do You Have Property That was Acquired Prior to the Marriage? Yes No

If YES, Please List the Property: \_\_\_\_\_

Does Your Spouse Have Property That was Acquired Prior to the Marriage? Yes No

If YES, Please List the Property: \_\_\_\_\_

Do You Have Property That was Acquired by Gift or Inheritance? Yes No

If YES, Please List the Property: \_\_\_\_\_

Does Your Spouse Have Property That was Acquired by Gift or Inheritance? Yes No

If YES, Please List the Property: \_\_\_\_\_

**VIOLENCE**

Has There Been Any Acts of Violence During Your Marriage? Yes No

If YES, Please Explain: \_\_\_\_\_

Were the Police Called and a Record Made? Yes No

If YES, Please List the Citation Number and Provide a Record of the Police Report: \_\_\_\_\_

Was Anyone Ever Hospitalized as a Result of Violence? Yes No

If YES, Please List the Hospital and Provide All Medical Records: \_\_\_\_\_

Do You Have a Protective Order Against Any Person? Yes No

If YES, Who is the Protective Order Against? \_\_\_\_\_

Is There a Protective Order Against You? Yes No

If YES, Who Has a Protective Order Against You? \_\_\_\_\_

Have You Ever Filed an Application for a Protective Order? Yes No

If YES, Explain Why: \_\_\_\_\_

Are You Requesting a Protective Order in This Divorce Proceeding? Yes No

If YES, Explain in Detail Your Grounds for Requesting a Protective Order: \_\_\_\_\_

\_\_\_\_\_

**FOR CASES PERTAINING TO CHILDREN, PLEASE COMPLETE THE FOLLOWING:**

**FIRST CHILD**

Full Legal Name: \_\_\_\_\_

Present Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Social Security Number: \_\_\_\_\_

Does this Child Own Any Property? Yes No

If YES, Please Explain: \_\_\_\_\_

Does this Child Have a Disability? Yes No

If YES, Please Explain: \_\_\_\_\_





**If NO, please answer the questions below:**

Is/Are the Child(ren) Receiving Public Aid? Yes No

If YES, Through Which Organization: \_\_\_\_\_

Is Private Health Insurance Available? Yes No

Who Will Have the Primary Possession of the Child(ren)? \_\_\_\_\_

Will There be an Agreement for Possession of the Child(ren)? Yes No

Will Visitation be Through a Standard Possession Order (1st, 3rd, & 5th Weekends of Each Month; Thursdays Each Week; Alternating Holidays; & Summer Visitation)? Yes No

If NO, Please Describe the Specific Visitation Periods: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is There Any Reason the Court Should Deviate from a Standard Possession Order? Yes No

If YES, Please Explain Why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who Will Pay Child Support? \_\_\_\_\_

Amount of Child Support: \_\_\_\_\_ How Often is Child Support to be Paid? \_\_\_\_\_

Will There be an Agreement for Child Support? Yes No

If YES, Please Describe the Agreement: \_\_\_\_\_

\_\_\_\_\_

Is Either Party Obligated to Pay Child Support for Child(ren) Outside of This Case? Yes No

If YES, How Many Child(ren) Outside of This Case are Entitled to Support? \_\_\_\_\_

**IN LIEU OF ANY AGREEMENTS, CHILDD SUPPORT WILL BE SET ACCORDING TO GUIDELINES MANDATED BY LAW AND CALCULATED BY THE INCOME OF THE PARTY PAYING CHILD SUPPORT.**

Who Will Maintain Health Insurance for the Child(ren)? \_\_\_\_\_

Will the Party Who Provides the Health Insurance be Reimbursed by the Other Party for Such Health Insurance Expense? Yes No

Cost of Health Insurance Coverage (for the Child(ren) Only): \_\_\_\_\_