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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

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: _____

SECOND 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: _____

THIRD 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 more than three children, please continue on back or separate page.

Required Information Regarding Health Insurance for Children

STATE LAW REQUIRES SUITS INVOLVING CHILD(REN) TO INCLUDE HEALTH INSURANCE INFORMATION WITH THE FIRST PLEADING FILED.

Is/Are the Child(ren) Covered by Health Insurance? Yes No

If YES, please answer the questions below:

Name of Insurance Company: _____

Who is Responsible for Premium Payments: _____

Is Coverage Provided Through and Employer? Yes No

If YES, Through Whom is Insurance Covered? _____

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): _____

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