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DIVORCE

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FAMILY LAW INTERVIEW QUESTIONNAIRE

DATE: _____

COUNTY: _____

Please fully complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF:

Name: _____
First Middle Maiden Nickname Last

SSN: _____ TDL _____

Date of Birth: _____ Place of Birth: _____

Physical Address:

Street City State Zip

Address to receive mail from this office:

Street City State Zip

Telephone Number: _____ / _____ / _____
Work Home Cell

E-Mail Address: _____ Fax #: _____

Employer: _____

Employer's Address: _____
Street City State Zip

Job Title: _____ Gross Salary/Mo.: _____

How long?: _____ Education: _____

Please name County and how long have you lived in your present County of residence?

Have you been married before? _____

If so, to whom and dates of marriage: _____

SPOUSE OR OTHER PARTY INFORMATION (MODIFICATION, SAPCR, CONTEMPT/ENFORCEMENT)

Name: _____
First Middle Maiden Nickname Last

SSN: _____ TDL _____

Date of Birth: _____ Place of Birth: _____

Address: _____
Street City State Zip County

Telephone Number: _____
Work Home

Address of where you would like party served: _____

Employer: _____

Employer's Address: _____
Street City State Zip

Job Title: _____ Gross Salary/Mo.: _____

How long?: _____ Education: _____

Name of spouse's attorney? _____

Has your spouse been married before? _____

If so, to whom and dates of marriage: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place: _____
City County State

Date of Separation: _____

Have either of you filed for divorce from each other before? _____

If so, who filed, when, and where? _____

MARITAL DIFFICULTIES INVOLVE:

- | | |
|--|--|
| <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Physical Violence |
| <input type="checkbox"/> Sexual Disappointment | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sexual Infidelity | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Financial Disputes | <input type="checkbox"/> Children |
| <input type="checkbox"/> Mental Abuse | <input type="checkbox"/> Other: _____ |

CHILDREN OF THIS MARRIAGE

1. Name: _____ Sex: _____
Birthplace: _____ Birth date: _____
Social Security Number: _____
Driver's License Number and State: _____
2. Name: _____ Sex: _____
Birthplace: _____ Birth date: _____
Social Security Number: _____
Driver's License Number and State: _____
3. Name: _____ Sex: _____
Birthplace: _____ Birth date: _____
Social Security Number: _____
Driver's License Number and State: _____
4. Name: _____ Sex: _____
Birthplace: _____ Birth date: _____
Social Security Number: _____
Driver's License Number and State: _____

Do you pay/receive child support? _____
If so, how much and from whom? _____
Do the children have valuable property, trust funds, etc? If so, Please describe:

CUSTODY

Will there be a dispute over child custody?: _____

If not, custody will be with whom? _____

Where are the children living at this time? _____

CHILDREN OF PREVIOUS MARRIAGE(S)

1. Name: _____ Sex: _____

Birthplace: _____ Birth date: _____

Social Security Number: _____

Driver's License Number and State: _____

2. Name: _____ Sex: _____

Birthplace: _____ Birth date: _____

Social Security Number: _____

Driver's License Number and State: _____

Do these children receive child support? _____

If so, how much and from whom? _____

NAME RESTORATION

Should the wife's maiden/prior name be restored? _____

If so, give full name to be used? _____

INCOME TAX

Have you filed for all previous years? _____

Who prepared the returns? _____

Refund received? _____ If so, how much? _____

DESCRIPTION OF SPOUSE OR OTHER PARTY

Please provide a current photograph or description of spouse or other party.

Male or Female: _____ Height: _____ Weight: _____

Age: _____ Hair Color: _____ Eye Color: _____

Other: _____

Any distinguishing birthmarks, scars, etc.: _____

Car description (make/model/license plate): _____

Any other names used: _____

Recent Criminal History-(Offense, County, Year, Disposition): _____
