



The following form is designed to help us to better litigate your divorce case.

Please complete this questionnaire and return it as soon as possible. It is important that you answer this worksheet **HONESTLY, ACCURATELY, and COMPLETELY.**

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please mark the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire. Be advised, your completion and submission of this form does not establish an attorney-client relationship.

Your responses to these questions will help organize your case and will help reduce attorney fees by limiting the time required to assemble information after the case is in progress. Note, however, completing this form or simply submitting it to Hunt Law Firm does not create an attorney-client relationship.

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 OR 261.401 OF THE TEXAS FAMILY 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 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT MAY 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. The firm 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 the firm 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 the firm in file folders and file drawers. Client information will eventually be shredded.

EMAIL YOUR COMPLETED WORKSHEET TO INFO@HUNTLAWTEXAS.COM.

I. Prospective Client Information

First Name		Middle Name		Last Name	
Maiden Name (if applicable)			How did you learn about Hunt Law Firm, PLLC?		
Date of Birth		City, County, & State of Birth		Race (<i>for BVS</i>)	
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		County		State	
Email			Phone Number		
Who else lives in your household?					
Do you currently have an attorney for this divorce matter?			If YES, please provide the name of your current or former attorney, as well as any details you believe may be helpful.		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you work outside the home?					
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO					
Company Name			Job Title		
Company Street Address					
Company City		Company State		Company ZIP	
Company Telephone		Average Gross Monthly Income		Average Number of Hours Worked Per Week	
Length of Employment			Education / Training		

II. Spouse Information

First Name		Middle Name		Last Name	
Maiden Name (if applicable)					
Date of Birth		City, County, & State of Birth		Race (for BVS)	
Social Security Number			Texas Driver License or State ID Number		
Street Address					
City		County		State	
Email			Phone Number		
Does your spouse currently have a divorce attorney?			If YES, please provide the attorney's name (if known).		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE					
Does your spouse work outside the home?					
<input type="checkbox"/> YES (answer below) <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE					
Company Name			Job Title		
Company Street Address					
Company City		Company State		Company ZIP	
Company Telephone		Average Gross Monthly Income		Average Number of Hours Worked Per Week	
Length of Employment			Education / Training		
Do you speak regularly with your spouse?			If NO, when is the last time you have spoken with your spouse?		
<input type="checkbox"/> YES <input type="checkbox"/> NO					

III. Marriage Information

Did you and your spouse have a marriage ceremony?		
<input type="checkbox"/> YES, this is a formal marriage <input type="checkbox"/> NO, this is a common law marriage		
If YES, Date of Marriage Ceremony	City, County, & State of Marriage	
Are you now separated from your spouse?	If YES, Date of Separation?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will your spouse sign a WAIVER of SERVICE? (if spouses agree and divorce is UNCONTESTED)		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
Check as appropriate if your marital difficulties involve any of the following:		
<input type="checkbox"/> drugs / alcohol <input type="checkbox"/> your infidelity <input type="checkbox"/> abandonment <input type="checkbox"/> other: _____	<input type="checkbox"/> financial dispute <input type="checkbox"/> your spouse's infidelity <input type="checkbox"/> parenting dispute	<input type="checkbox"/> physical violence <input type="checkbox"/> religion <input type="checkbox"/> in a mental institution for at least 3 years <input type="checkbox"/> emotional abuse <input type="checkbox"/> cruelty <input type="checkbox"/> not living together for at least 3 years
How long have you lived in Texas?	How long have you lived in the county where you now reside?	
If a divorce is granted, should the wife's maiden name (or another name) be restored?	If YES, what name should be used?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you or your spouse ever filed for divorce?	If YES, when?	If YES, where?
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have a paramour / boyfriend / girlfriend?	If YES, provide a name and state if he or she currently lives with you.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

IV. Child(ren) Information

**IF THERE ARE NO CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE,
OR ALL CHILDREN ARE 18+, SKIP DIRECTLY TO SECTION V.**

CHILD 1

First Name	Middle Name	Last Name
Does a court order currently exist that involves this child?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)		
Was the child born or adopted while you were married to your current spouse?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date of Birth	Age	Social Security Number
City, County, & State of Birth		Gender
Child's Current School or Daycare	Grade Level	Does the child have a disability or special needs?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

CHILD 2

First Name	Middle Name	Last Name
Does a court order currently exist that involves this child?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)		
Was the child born or adopted while you were married to your current spouse?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Date of Birth	Age	Social Security Number
City, County, & State of Birth		Gender
Child's Current School or Daycare	Grade Level	Does the child have a disability or special needs?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

CHILD 3

First Name		Middle Name		Last Name	
Does a court order currently exist that involves this child?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE					
If YES, please explain (provide details including the cause number, county, court, judge, etc., if available)					
Was the child born or adopted while you were married to your current spouse?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Date of Birth		Age		Social Security Number	
City, County, & State of Birth			Gender		
Child's Current School or Daycare		Grade Level		Does the child have a disability or special needs?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you or your spouse ever been contacted by Child Protective Services (CPS)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
What are your working hours?	Do you have flexible working hours?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
What are your spouse's working hours?	Does your spouse have flexible working hours?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

V. Financial Information

Are you giving or receiving child support to/from your spouse?	If YES, how much per month?
<input type="checkbox"/> YES, receiving <input type="checkbox"/> YES, giving <input type="checkbox"/> NO	
Do you or your spouse have any other children for whom a duty of support is owed?	
<input type="checkbox"/> YES, I do <input type="checkbox"/> YES, my spouse does <input type="checkbox"/> YES, we both do <input type="checkbox"/> NO	

If YES, provide details and amounts:			
List the name, age, date of birth, and primary residence of other children to whom YOU owe a duty of support.			
Full Name	Age	Date of Birth	Primary Residence
Full Name	Age	Date of Birth	Primary Residence
List the name, age, date of birth, and primary residence of other children to whom YOUR SPOUSE owes a duty of support.			
Full Name	Age	Date of Birth	Primary Residence
Full Name	Age	Date of Birth	Primary Residence

VI. Final Questions

Have your spouse ever made unwanted physical contact with you or the children? (e.g. hitting, shoving, dragging)
<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES:
<input type="checkbox"/> I told someone about the abuse <input type="checkbox"/> I told the authorities about the abuse <input type="checkbox"/> A protective order or restraining order was issued <input type="checkbox"/> Charges were filed <input type="checkbox"/> The other party was convicted or received deferred adjudication for family violence <input type="checkbox"/> There is remaining evidence of the abuse (e.g. photos, still existing physical injuries/bruises, holes in walls, etc.)
Has your spouse ever made unwanted physical contact with you or the children? (e.g. hitting, shoving, dragging)
<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES:
<input type="checkbox"/> I told someone about the abuse <input type="checkbox"/> I told the authorities about the abuse <input type="checkbox"/> A protective order or restraining order was issued <input type="checkbox"/> Charges were filed <input type="checkbox"/> I was convicted or received deferred adjudication for family violence <input type="checkbox"/> There is remaining evidence of the abuse (e.g. photos, still existing physical injuries/bruises, holes in walls, etc.)

Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket?	If YES, please provide details.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you and your spouse have a premarital or marital agreement?	If YES, date signed?	If YES, date ratified?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE		
Are you and/or your spouse currently involved in any type of bankruptcy proceeding?	Are there firearms or ammunition in your (or your spouse's) possession or control?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	