



Stagg and Associates, PLLC

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FAMILY LAW INFORMATION SHEET

Please fill out all of the information required to the best of your knowledge. The more information you provide, the more we can help you. Please be very specific in your answers.

Today's Date _____
(Fecha)

How Did You Hear About Us? _____
(Como Se Entero de Nostros?)

YOUR INFORMATION (INFORMACION)

OUR CLIENT: Petitioner; Respondent; Counter-Petitioner; Counter-Respondent

Name

(First, Middle, Last) (Nombre Completo)

List any other names that you go by or have used

Maiden Name (If you are a female)

Address

(Direccion) City(Cuidad),County State(Estado) Zip(Codigo Postal)

Is there another address that you would like us to contact you at? _____

If yes, what is the address? _____

Home Phone _____
(Numero de Casa)

Other _____
(Numero de Otro)

Pager Number _____ Fax Number _____

E-mail Address _____

Date of Birth ____/____/____ Social Security Number _____

(Fecha de Nacimiento)

(Numero Social)

Place of Birth: City _____ State _____ Country _____

(Donde Nacimiento?)

(Estado)

Race _____

Age _____

Driver's License No. _____ State _____

(Numero de Licencia)

(Estado)

Employer _____

(Trabajo)

Your job title: _____

Employer Address _____

(Direccion de Trabajo)

Work Number _____ Work Fax _____

(Numero de Trabajo)

(Fax de Trabajo)

May we call you at work? _____

Salary/Income _____ Other sources of income _____

Length of employment: _____

Education: _____

Who should we contact in the event of an emergency?

Name _____ Phone Number _____

Have you consulted or retained any other attorneys on this matter before coming to this office?

If so, please state who and when:

YOUR SPOUSE/EX-SPOUSES INFORMATION, CHILD(REN)'S PARENT

(INFORMACION DE ESPOSO)

OTHER PART(IES): Petitioner; Respondent; Counter-Petitioner; Counter-Respondent

Spouse's/Child(ren)'s Parent's Full Name

(First, Middle, Last)

(Nombre Completo de Espos)

Maiden Name (If Female)

Address

(Direccion) City(Cuidad), County State(Estado) Zip(Codigo Postal)

Home Phone _____ **Other** _____
(Numero de Casa) (Numero de Otro)

Date of Birth ____/____/____ **Social Security Number** _____

Place of Birth: City _____ **State** _____ **Country** _____
(Donde Nacimiento) (Estado)

Race _____ **Age** _____

Driver's License No. _____ **State** _____
(Numero de Licencia) (Estado)

Employer _____
(Trabajo)

Job Title: _____

Employer Address _____
(Direccion de Trabajo)

Work Number _____ **Work Fax** _____
(Numero de Trabajo) (Fax de Trabajo)

Salary/Income: _____ **Other Sources of Income** _____

Length of employment: _____

Education: _____

Email: _____

OTHER PART(IES): Petitioner; Respondent; Counter-Petitioner; Counter-Respondent

Spouse's/Child(ren)'s Parent's Full Name

(First, Middle, Last) (Nombre Completo de Esposo)

Maiden Name (If Female)

Address

(Direccion) City(Cuidad), County State(Estado) Zip(Codigo Postal)

Home Phone _____ **Other** _____
(Numero de Casa) (Numero de Otro)

Date of Birth ____/____/____ Social Security Number _____

Place of Birth: City _____ State _____ Country _____
(Donde Nacimiento) (Estado)

Race _____ Age _____

Driver's License No. _____ State _____
(Numero de Licencia) (Estado)

Employer _____
(Trabajo)

Job Title: _____

Employer Address _____
(Direccion de Trabajo)

Work Number _____ Work Fax _____
(Numero de Trabajo) (Fax de Trabajo)

Salary/Income: _____ Other Sources of Income _____

Length of employment: _____

Education: _____

GENERAL INFORMATION

(If applicable)

Date of Marriage ____/____/____

Place of Marriage: City _____ State _____ Country _____
(Ciudad) (Estado)

Are you now separated from your spouse? _____

Date of Separation ____/____/____

Have you or your spouse/ex-spouse lived in Texas for the last six months? _____

If not, where have you lived? _____

What county have you lived in for the last 90 days? _____

Are both you and your spouse a United State Resident or Citizen?

Have your or your spouse/ex-spouse ever filed for divorce? _____

If so, when and where? _____

Does your spouse or ex-spouse have an attorney? _____

If so, who (name and phone)?

Have you ever been married before? _____

If so, how many times? _____

Do you or your spouse have any other children for whom a duty of support is owed? _____

If so, please provide the following information:

Name: _____

Sex _____ **Date of Birth** _____ **Age** _____

Place of Birth _____

Social Security Number: _____

Name: _____

Sex _____ **Date of Birth** _____ **Age** _____

Place of Birth _____

Social Security Number: _____

Name: _____

Sex _____ **Date of Birth** _____ **Age** _____

Place of Birth _____

Social Security Number: _____

Where and with whom do these children live? _____

Do you pay/receive child support? _____

If so, how much? \$ _____ **per** _____

Does your spouse pay/receive child support? _____

Are you or your spouse currently expecting a child? _____

Has there been any child born since the date of marriage which whom the husband is not the father?

Are there any children under 18 years of age born to or adopted of the marriage?

Has a Protective Order already been issued? ____ Yes or ____ No

If no, would you like to request one? _____ (This is an extra charge)

IMPORTANT ISSUES:

1. Will you or a child suffer harassment, abuse, serious harm, harm to health, or injury if information about your address (or the address of your child), your telephone numbers, the name of your employer, the address where you work, or your driver's license number and social security number were to be released to the opposing party? (§§ 85.007, 105.006, 152.209(e), TFC) _____
2. Has the Office of the Attorney General ever been a party to a suit or an advocate in a suit concerning financial support of one or more of your children?

3. Has any child in your family been the recipient of TANF (formerly AFDC) or been covered by Medicaid? _____

**ONLY ANSWER THE FOLLOWING IF YOU HAVE
CHILDREN WITH YOUR SPOUSE/EX-SPOUSE**

Child's Full Name

1. _____

Date of Birth _____ Age _____

Place of Birth of each child _____

Sex of child: Male or Female _____

Social Security Number of Child _____

List whether child is living with the father or mother _____

Child's Full Name

2. _____

Date of Birth _____ Age _____

Place of Birth of each child _____

Sex of child: Male or Female _____

Social Security Number of Child _____

List whether child is living with the father or mother _____

Child's Full Name

3. _____

Date of Birth _____ **Age** _____

Place of Birth of each child _____

Sex of child: Male or Female _____

Social Security Number of Child _____

List whether child is living with the father or mother _____

Child's Full Name

4. _____

Date of Birth _____ **Age** _____

Place of Birth of each child _____

Sex of child: Male or Female _____

Social Security Number of Child _____

List whether child is living with the father or mother _____

Child's Full Name

5. _____

Date of Birth _____ **Age** _____

Place of Birth of each child _____

Sex of child: Male or Female _____

Social Security Number of Child _____

List whether child is living with the father or mother _____

Where and with whom are the children living now? _____

Spouse's monthly earnings: _____

Is your spouse willing to pay child support? Yes or No

If so, how much? _____

If not, why not? _____

Are the children covered by health insurance? _____

Which parent provides health insurance for the children? _____

What is the policy number for the health insurance coverage? _____

Monthly Premium _____

What are the legal issues of concerning regarding your case?
