

LAW OFFICE OF JAY D. SMITH
Client Information Form

A. PERSONAL INFORMATION

Full Name: _____ Original Surname: _____
Home Phone: () _____ Home Fax: () _____
Cell Phone: () _____ E-Mail Address _____

Home Address: _____ County: _____
City: _____ State: _____ Zip: _____
How long at above address? _____ () Own () Rent () Lease
How long in Williamson County? _____ How long in Texas? _____
Mailing Address (if different than above): _____
City: _____ State: _____ Zip: _____

Employer: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Business Phone: () _____ Business Fax: () _____

Date of Birth: ____/____/____ Age: _____ Social Security No.: _____
Birthplace (state or foreign country): _____
Driver's License No.: _____ State of Issuance: _____
Military Service: _____ Retired Military: Yes _____ No _____

B. PERSONAL INFORMATION ABOUT SPOUSE OR OPPOSING PARTY

Full Name: _____ Original Surname: _____
Home Phone: () _____ Home Fax: () _____
Cell Phone: () _____ E-Mail Address _____

Home Address: _____ County: _____
City: _____ State: _____ Zip: _____
How long at above address? _____ () Own () Rent () Lease
How long in Williamson County? _____ How long in Texas? _____
Mailing Address (if different than above): _____
City: _____ State: _____ Zip: _____

Employer: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Business Phone: () _____ Business Fax: () _____

Date of Birth: ____/____/____ Age: _____ Social Security No.: _____
Birthplace (state or foreign country): _____
Driver's License No.: _____ State of Issuance: _____
Military Service: _____ Retired Military: Yes _____ No _____

C. CHILDREN

Full Name	Sex	Date of Birth	Place of Birth	Social Security #

Children's present residence address: _____

City: _____ State: _____ Zip: _____

Is custody of above children settled? Yes _____ No _____

If no, explain: _____

Are the children covered by health insurance? Yes _____ No _____

If yes, how are they covered? _____

Name of any child with physical or mental handicap: _____

Nature of handicap: _____

Special treatment/care required: _____

Do you, your spouse, or any of your children have any afflictions such as epilepsy, diabetes, hypoglycemia, etc.? If yes, give details: _____

Have you or your spouse been involved in a previous court action of any kind? If yes, explain.

D. YOUR EMPLOYMENT & EARNINGS

Are you working? Yes _____ No _____ Type of Work: _____

Exact Name of Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Length of Employment: _____ Paid How Often? _____

Gross Monthly Salary: \$ _____ Net Monthly Salary: \$ _____

Commissions (Rate): _____

Do you carry medical insurance? Yes _____ No _____

Monthly Payroll Deductions:

Income Tax Withholding \$ _____

FICA (Social Security) \$ _____

Retirement \$ _____

Life Insurance \$ _____

Credit Union (Savings) \$ _____

Medical Insurance \$ _____

Medicare \$ _____

Other: \$ _____

TOTAL DEDUCTIONS: \$ _____

Your other income: (Includes notes, accounts receivable)

Source Received	Amount	Recipient	When

E. AUTOMOBILE

YOUR AUTO Year: _____ Make: _____ Model: _____

License Plate No.: _____ State: _____

Vehicle I.D. Number: _____

F. SPOUSE OR OPPOSING PARTY'S EMPLOYMENT & EARNINGS

Is your spouse/opposing party working? Yes _____ No _____ Type of Work: _____

Exact Name of Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Length of Employment: _____ Paid How Often? _____

Gross Monthly Salary: \$ _____ Net Monthly Salary: \$ _____

Commissions (Rate): _____

Does your spouse carry medical insurance? Yes _____ No _____

Monthly Payroll Deductions:

Income Tax Withholding \$ _____

FICA (Social Security) \$ _____

Retirement \$ _____

Life Insurance \$ _____

Credit Union (Savings) \$ _____

Medical Insurance \$ _____

Medicare \$ _____

Other: \$ _____

TOTAL DEDUCTIONS: \$ _____

Spouse or opposing party's other income: (Includes notes, accounts receivable)

Source Received	Amount	Recipient	When

G. AUTOMOBILE

SPOUSE'S AUTO Year: _____ Make: _____ Model: _____

License Plate No.: _____ State: _____

Vehicle I.D. Number: _____

H. MARRIAGE

Date of Marriage: _____ Place of Marriage: _____

Who has the Marriage License: _____ Date of Separation: _____

Date you began living together (if different from above): _____

Age of parties at marriage: Wife _____ Husband _____

Do you wish to change your name when the divorce is final? Yes _____ No _____

If yes, please specify full name desired: _____

I. PREVIOUS MARRIAGES

YOUR PREVIOUS MARRIAGE (If Applicable)

Name of Former Spouse: _____

Marriage Terminated By: Death _____ Divorce _____ In What Year: _____

Children of That Marriage: Number _____ Ages: _____

Now Living With: _____ Support Received/Paid: \$ _____

Does your ex-spouse have a Will: Yes _____ No _____

If so, where is the original located: _____

SPOUSE'S PREVIOUS MARRIAGE (If Applicable)

Name of Former Spouse: _____

Marriage Terminated By: Death _____ Divorce _____ In What Year: _____

Children of That Marriage: Number _____ Ages: _____

Now Living With: _____ Support Received/Paid: \$ _____

J. ADDITIONAL INFORMATION REGARDING YOURSELF

Known Outstanding Warrants: Yes _____ No _____ For What: _____

Past Arrests: Yes _____ No _____ For What: _____

Convictions: Yes _____ No _____ What Charge: _____

Probation: Yes _____ No _____ Parole: _____

Parole Officer's Name: _____

History of Violence: Yes _____ No _____ Weapons Owned: _____

Do you have an alcohol and/or drug problem? Yes _____ No _____

If yes, describe: _____

Do you have or have you ever had any serious mental health problems? If yes, describe in detail, including treatment: _____

Have you ever or do you currently date on-line? Yes _____ No _____

Do you have a web presence such as MySpace page? Yes _____ No _____

If yes, please attach a copy of your current page or online presence.

EDUCATIONAL BACKGROUND

HIGH SCHOOL: Graduated? Yes _____ No _____ Number of Years Completed: _____

COLLEGE: Graduated? Yes _____ No _____ Number of Years Completed: _____

PROFESSIONAL DEGREE OR CERTIFICATION: _____

OTHER: _____

RESIDENCE OUTSIDE OF TEXAS

Have you lived outside the State of Texas during marriage? Yes _____ No _____ If yes, please indicate:

Where you resided Dates of residence

_____	_____
_____	_____
_____	_____

PARENTS OR NEXT OF KIN

Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____

Home Address: _____

City: _____ State: _____ Zip: _____

K. ADDITIONAL INFORMATION ABOUT YOUR SPOUSE OR OPPOSING PARTY

Known Outstanding Warrants: Yes _____ No _____ For What: _____

Past Arrests: Yes _____ No _____ For What: _____

Convictions: Yes _____ No _____ What Charge: _____

Probation: Yes _____ No _____ Parole: _____

Parole Officer's Name: _____

History of Violence: Yes _____ No _____ Weapons Owned: _____

Does your spouse/opposing party have an alcohol and/or drug problem? Yes _____ No _____

If yes, describe: _____

Does your spouse/opposing party have or has he/she had any serious mental health problems? If yes, describe in detail, including treatment: _____

Has your spouse/opposing party ever or does he/she currently date on-line? Yes _____ No _____

Does your spouse/opposing party have a web presence such as MySpace page? Yes _____ No _____

If yes, please attach a copy of his/her current page or online presence.

SPOUSE OR OPPOSING PARTY'S EDUCATIONAL BACKGROUND

HIGH SCHOOL: Graduated? Yes _____ No _____ Number of Years Completed: _____

COLLEGE: Graduated? Yes _____ No _____ Number of Years Completed: _____

PROFESSIONAL DEGREE OR CERTIFICATION: _____

OTHER: _____

RESIDENCE OUTSIDE OF TEXAS

Has your spouse/opposing party lived outside the State of Texas during marriage? Yes _____ No _____

If yes, please indicate:

Where he/she resided

Dates of residence

L. HOW DID YOU HEAR ABOUT OUR FIRM?

_____ Online (please circle one): Google Yahoo Bing Other _____

_____ Referred by: _____

_____ Other (please specify): _____