

**The Law Office of Susan M. Edmonson**  
**2501 65<sup>th</sup> Street, Suite B**  
**Galveston, Texas 77551**  
**Telephone: (409) 744-0816 Facsimile: (409) 741-3979**

**CLIENT INFORMATION FORM- DIVORCE**

INSTRUCTIONS: Answer all questions truthfully and completely. The information you provide 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, or unless otherwise required by law.

Date: \_\_\_\_\_

**CLIENT INFORMATION:**

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Other: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other names you have been known by: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Member of the Military? \_\_\_\_\_ (Y/N) If so, what branch? \_\_\_\_\_

Are you a previous client? \_\_\_\_\_ (Y/N) If so, what year? \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

If referred by a current or former client please specify who: \_\_\_\_\_

**MARRIAGE INFORMATION:**

Date of Marriage: \_\_\_\_\_ City/State where married: \_\_\_\_\_

Wife's maiden name: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Grounds for Divorce: \_\_\_\_\_

**JURISDICTION AND VENUE:**

How long have you resided in this state? \_\_\_\_\_

How long have the parties lived in this state as husband and wife? \_\_\_\_\_

**SPOUSE INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Other: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Other names this person has been known by: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Member of the Military? \_\_\_\_\_ (Y/N) If so, what branch? \_\_\_\_\_

Is this person represented by an ATTORNEY in this matter? \_\_\_\_\_ (Y/N)

***If YES, please answer the following questions below:***

Name of Attorney/Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Facsimile: ( \_\_\_\_\_ ) \_\_\_\_\_

**Please indicate if this or any other attorney has:**

Represented other party in other 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

**CHILDREN INFORMATION -Please list all living children of the marriage, aged 18 and under:**

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Currently residing with: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Currently residing with: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Currently residing with: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Currently residing with: \_\_\_\_\_ Is  
wife currently pregnant? \_\_\_\_\_ (Y/N)

**LEGAL PLAN INFORMATION**

Are you a Legal Plan Member? \_\_\_\_\_ (Y/N) If so, Which Plan? \_\_\_\_\_  
Name of Legal Plan Participant: \_\_\_\_\_  
Participant's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Participant's Employer: \_\_\_\_\_  
Case Number(s) for this matter: \_\_\_\_\_  
Member Number if Given: \_\_\_\_\_

**Shown by my signature below I understand and am agreeing that the consultation fee is \$50.00 and is to be paid at the time of my appointment. Legal Plan Members will be billed according to their respective plan benefits. Any time billed that is NOT covered by the Legal Plan WILL be directly billed to the client.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_