

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

**Client Information-Divorce**

<b>Spouse #1</b>	Name (First, Middle, Last):		Social Security Number:		Date of Birth:	
	Name (Other names known by):		Email:			
	Street Address:		City:		State:	Zip:
	Date of Separation From Spouse:	Length of Time in Texas: Years: ____ Months: ____	County of Residence: _____ Yrs ____ Mos ____		U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Home Phone:	Cell Phone:	Other Contact Name & Phone:			
	Employer Name:		Job Title:		Work Phone:	
	Employer Address:		Annual Gross Salary: \$ _____	Length of Employment:	Education/Training:	

<b>Spouse #2</b>	Name (First, Middle, Last):		Social Security Number:		Date of Birth:	
	Name (Other names known by):		Email:			
	Street Address:		City:		State:	Zip:
	Date of Separation From Spouse:	Length of Time in Texas: Years: ____ Months: ____	County of Residence: _____ Yrs: ____ Mos: ____		U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Home Phone:	Cell Phone:	Other Contact Name & Phone:			
	Employer Name:		Job Title:		Work Phone:	
	Employer Address:		Annual Gross Salary: \$ _____	Length of Employment:	Education/Training:	

Date & Place of Marriage: ____/____/____ State: _____	No. Children-This marriage: _____	Spouse#1—No. of Children from previous marriages: _____	Spouse#2—No. of Children from previous marriages: _____
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**Children**

Child	Name (First, Middle, Last)	Sex (M/F)	Date of Birth	Place of Birth	Disabled Yes/No	Child of Husband [H] Wife [W], Both [B]	Social Security No.
1.							
2.							
3.							
4.							
5.							
6.							