

# EVANS FAMILY LAW GROUP

ATTORNEYS AT LAW

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## FAMILY LAW CLIENT QUESTIONNAIRE

*August 2010*

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law situation. All information will be held in strict confidence.

Please do not skip a question. If the question does not apply, indicate such with "n/a".

### 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 CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT 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**

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**Information about You**

**Please give your full legal name, date and place of birth, Social Security number, and driver's license number:**

Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic. / State: \_\_\_\_\_ / \_\_\_\_\_

**Please complete the following concerning your employment:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Full address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gross salary/ month: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_  
Training: \_\_\_\_\_

**Where are you living now?**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
How Long in State? \_\_\_\_\_ County? \_\_\_\_\_  
County of residence: \_\_\_\_\_  
Residence telephone: \_\_\_\_\_  
Other telephone numbers: \_\_\_\_\_  
How long have you lived in Texas? \_\_\_\_\_

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**Information about Your Spouse or the Other Parent**

**Please give the full legal name and requested information for your spouse:**

Name: \_\_\_\_\_  
Maiden name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic. / State: \_\_\_\_\_ / \_\_\_\_\_

**Provide the following information concerning the employment of your spouse:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Full address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gross salary/ month: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education/Training: \_\_\_\_\_

**Where is your spouse living and what is his/her telephone number?**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

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**Date of marriage:** \_\_\_\_\_ **Date of Separation:** \_\_\_\_\_

Describe primary reason(s) for Separation: \_\_\_\_\_

\_\_\_\_\_

**Is your spouse aware that you are considering divorce?**  YES  NO

**Is your spouse willing to agree to the divorce?**  YES  NO

**If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children?**  YES  NO

If yes above, please identify the court (county and state), the case number, and the nature of the proceeding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please Note:** If there are any prior proceedings, please provide our office with a copy of any paperwork, correspondence, or otherwise which relates to or mentions this prior proceeding.*

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**Information about Children**

**If any children born during your marriage, answer all questions:**

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic./State: \_\_\_\_\_ / \_\_\_\_\_  
Disability, if any: \_\_\_\_\_  
Does child receive disability benefits? \_\_\_\_\_  
Child's address: \_\_\_\_\_  
School or Child Care: \_\_\_\_\_  
How long attended this School or Child Care: \_\_\_\_\_  
Previous school attended: \_\_\_\_\_

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic./State: \_\_\_\_\_ / \_\_\_\_\_  
Disability, if any: \_\_\_\_\_  
Does child receive disability benefits? \_\_\_\_\_  
Child's address: \_\_\_\_\_  
School or Child Care: \_\_\_\_\_  
How long attended this School or Child Care: \_\_\_\_\_  
Previous school attended: \_\_\_\_\_

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic./State: \_\_\_\_\_ / \_\_\_\_\_  
Disability, if any: \_\_\_\_\_  
Does child receive disability benefits? \_\_\_\_\_  
Child's address: \_\_\_\_\_  
School or Child Care: \_\_\_\_\_  
How long attended this School or Child Care: \_\_\_\_\_  
Previous school attended: \_\_\_\_\_

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**Will there be agreement on custody of the children?**  YES  NO  UNKNOWN  
If yes, will primary custody be with?  Mom  Dad  Other

If other, please describe: \_\_\_\_\_

***Please Note:** This means who will the children primarily live with, who decides their residency and, upon which, the public school (if applicable) the children will be enrolled. There are many nuances to this and if you are uncertain, please discuss this issue with the attorney.*

**Is there agreement for the children to continue enrollment at a specific child care or school?**  YES  NO

**If yes above, please describe the agreement:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Jurisdictional information regarding children:**

**Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period.** \_\_\_\_\_

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**If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any.** \_\_\_\_\_

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**Does someone else, not part of this case, have custody of the Children?**  YES  NO  
**Does someone else, not part of this case, claim rights to the Children?**  YES  NO

**If yes, please provide the name and address of that person(s) who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children?** \_\_\_\_\_

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**If yes, give brief explanation of the situation, including how long that person(s) has had custody of the children and under what circumstances did that person(s) obtain custody of the children or why this person(s) claims rights to the children.** \_\_\_\_\_

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**Please describe what the agreement will be regarding custody of the children:**

If standard possession, check here:  If unsure or different than standard possession, please describe what the goal of the custody arrangement should be: \_\_\_\_\_

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**Will there be any special considerations, if the children are under 3?**  Yes  No

If yes, please describe: \_\_\_\_\_

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**Are there any long distance or travel considerations for visitations?**  Yes  No

If yes, please describe: \_\_\_\_\_

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What are the terms of the agreement regarding long distance travel? \_\_\_\_\_

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*Note: For example, who will pay travel expenses? Who will accompany the children? Are there any particular restrictions on the type of travel?*

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**Will there be special considerations to apply for & maintain passports?**  Yes  No  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Is there agreement on a geographical restriction for the children?**  Yes  No

If yes, please describe: \_\_\_\_\_

*Note: This means, will the parties agree on a geographical boundary in which the children can reside. For example, the children can only reside within Travis and Contiguous Counties or the state of Texas.*

**Describe your agreement, if any, regarding child support:**

Who will pay child support:  Mom  Dad  Neither  Other

How much will the support be: \$\_\_\_\_\_ Lump sum or Monthly (circle one)

Will support payments be withheld from paychecks:  Yes  No  Other

*Note: Direct payments from one parent to the other are not allowed under Texas law*

Will a party purchase life insurance to insure child support obligation?  Yes  No. If yes, which party be required: Mom Dad How much will policy be? \$\_\_\_\_\_

If other, explain: \_\_\_\_\_

\_\_\_\_\_

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**Health Insurance for the Children**

**Is health insurance in place for the children?**  Yes  No For spouses?  Yes  No

Company covering children: \_\_\_\_\_

Monthly Premium for Children: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insuring life of: \_\_\_\_\_

How is the policy acquired, through work or privately? \_\_\_\_\_

Who will continue coverage for children after divorce? \_\_\_\_\_

**Is there a deductible or medical cash account to consider?**  Yes  No If yes, please describe agreement as to medical cash account after divorce: \_\_\_\_\_

\_\_\_\_\_

**If special considerations for continuing health insurance coverage for children, please describe:** \_\_\_\_\_

\_\_\_\_\_

**If different, name of company covering spouses:** \_\_\_\_\_

Insuring life of: \_\_\_\_\_

Policy #: \_\_\_\_\_ Work or Privately acquired? \_\_\_\_\_

Will spouse elect cobra coverage post divorce? (*may do so up to 36 months*):  Yes  No

If spouse will make election for cobra, please describe: \_\_\_\_\_

\_\_\_\_\_

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**NOTE TO CLIENT:** Please provide a copy of the health insurance card and what information you have indicating the breakdown on the cost of your health insurance premium

Does the mother have access to private health insurance at reasonable cost?  Yes  No  
Does the father have access to private health insurance at reasonable cost?  Yes  No

**Has anyone applied for Medicaid benefits for the children?**  Yes  No  
If so, who applied? \_\_\_\_\_  
What is the status of the application? \_\_\_\_\_

**Has the Attorney General's Office ever been involved for any reason?**  Yes  No  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe the agreement regarding health insurance for the children.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other than health insurance, are there other insurance considerations (i.e. dental, vision, etc.?) Please describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do any of the children have special needs or disabilities that will require long-term support?** If yes, please describe the special need or disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe the agreement for long term support of a child with a special need or disability:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**If necessary, please provide more information regarding agreement on child support:**

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**List all property (other than furniture and clothing) owned by the children, if any.**

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**Does anyone other than your spouse or your children live with you?**  No  Yes

If yes, please describe: \_\_\_\_\_

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**General Information about Marriage or Relationship**

**Marriage or Relationship Counselor, if applicable:**

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

Address & Phone #: \_\_\_\_\_

Dates of Counseling: \_\_\_\_\_

**Check as appropriate if your marital difficulties involve any of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Incompatibility       | <input type="checkbox"/> Drugs/alcohol             |
| <input type="checkbox"/> Sexual disappointment | <input type="checkbox"/> Financial dispute         |
| <input type="checkbox"/> Sexual infidelity     | <input type="checkbox"/> Physical violence         |
| <input type="checkbox"/> Not Cohabiting (3yrs) | <input type="checkbox"/> Religion                  |
| <input type="checkbox"/> Abandonment           | <input type="checkbox"/> Mental Institution (3yrs) |

Other: \_\_\_\_\_. Describe \_\_\_\_\_

**Has your spouse been violent toward you in the past?**  Yes  No

If yes, give dates and times and describe each incident in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you or your spouse ever filed for a divorce?**  Yes  No

If so, when, where, and against whom? \_\_\_\_\_

\_\_\_\_\_

**Does your spouse now have an attorney?**  Yes  No

If so, Name & Contact Information: \_\_\_\_\_

\_\_\_\_\_

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**Is your spouse requesting a name change or prior name be restored?**  Yes  No

If yes, state name requested in full: \_\_\_\_\_

**Have you been married before?**  Yes  No If Yes, how many times? \_\_\_\_\_

In what county and state have you been divorced? \_\_\_\_\_

In what county and state have you been divorced? \_\_\_\_\_

In what county and state have you been divorced? \_\_\_\_\_

**State the name of each of your former spouses, date of divorce from each former spouse, and county where each divorce was granted:**

\_\_\_\_\_  
Name/Former Spouse Date of Divorce County of Divorce

\_\_\_\_\_  
Name/Former Spouse Date of Divorce County of Divorce

**Has your spouse been married before?**  Yes  No If Yes, how many times? \_\_\_\_

**State the name of each of your spouse's former spouses, date of each divorce and county where each divorce was granted:**

\_\_\_\_\_  
Name of spouse's ex Date of Divorce County of Divorce

\_\_\_\_\_  
Name of spouse's ex Date of Divorce County of Divorce

# Evans Family Law Group

**Information about Children from Previous Marriage or Relationship**

**If you have children from a previous marriage, please complete:**

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic./State: \_\_\_\_\_ / \_\_\_\_\_  
Disability, if any: \_\_\_\_\_  
Child's address: \_\_\_\_\_  
With whom child resides? \_\_\_\_\_

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic./State: \_\_\_\_\_ / \_\_\_\_\_  
Disability, if any: \_\_\_\_\_  
Child's address: \_\_\_\_\_  
With whom child resides? \_\_\_\_\_

**Do you pay or receive child support?** \_\_\_\_\_  
Describe child support: \_\_\_\_\_ per \_\_\_\_\_  
When were you first ordered to start paying? \_\_\_\_\_  
Are you currently in Arrears?  Yes  No How much? \$ \_\_\_\_\_  
Is there an Attorney General Order/Case:  Yes  No \_\_\_\_\_  
Is there an previous private Order/case:  Yes  No

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**Information of Children of Your Spouse from Previous Marriage or Relationship**

**If there are children from your spouse's previous marriage, please complete:**

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic./State: \_\_\_\_\_ / \_\_\_\_\_  
Disability, if any: \_\_\_\_\_  
Child's address: \_\_\_\_\_  
With whom child resides? \_\_\_\_\_

Name of child: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Driver's Lic./State: \_\_\_\_\_ / \_\_\_\_\_  
Disability, if any: \_\_\_\_\_  
Child's address: \_\_\_\_\_  
With whom child resides? \_\_\_\_\_

**Does your Spouse pay or receive child support?** \_\_\_\_\_  
Describe child support: \_\_\_\_\_ per \_\_\_\_\_  
When was your spouse first ordered pay? \_\_\_\_\_  
Are you currently in Arrears?  Yes  No How much? \$ \_\_\_\_\_  
Is there an Attorney General Order/Case:  Yes  No \_\_\_\_\_  
Is there an previous private Order/case:  Yes  No \_\_\_\_\_

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**LISTING OF ASSETS AND LIABILITIES**

**Real Estate:**

Address of Property #1: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_ Year bought: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
Escrow taxes & insurance?  Yes  No. If no, how are they paid? \_\_\_\_\_  
In who's name(s) is the note on property? \_\_\_\_\_  
In who's name(s) is the title on property? \_\_\_\_\_  
Amount of original loan: \$ \_\_\_\_\_ Date original loan: \_\_\_\_\_  
To whom loan is made payable to: \_\_\_\_\_  
\* Volume # \_\_\_\_\_ page # \_\_\_\_\_ Deed of Trust Records of \_\_\_\_\_ (County)  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other *see below "disposition of real estate"*

**Legal description of the property:** *(This is the "lot and block" description you may obtain from your property tax records, deed, or other closing documentation.)* \_\_\_\_\_  
\_\_\_\_\_

**\* Check your closing documents for the volume and page references**

Address of Property #2: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_ Year bought: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
Escrow taxes & insurance?  Yes  No. If no, how are they paid? \_\_\_\_\_  
In who's name(s) is the note on property? \_\_\_\_\_  
In who's name(s) is the title on property? \_\_\_\_\_  
Amount of original loan: \$ \_\_\_\_\_ Date original loan: \_\_\_\_\_  
To whom loan is made payable to: \_\_\_\_\_  
\* Volume # \_\_\_\_\_ page # \_\_\_\_\_ Deed of Trust Records of \_\_\_\_\_ (County)  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other *see below "disposition of real estate"*

**Legal description of the property:** *(This is the "lot and block" description you may obtain from your property tax records, deed, or other closing documentation.)* \_\_\_\_\_  
\_\_\_\_\_

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**NOTE TO CLIENT:** Please provide the following documents for each real estate property: (1) most recent ad valorem tax statements (2) deed and/or contract by which you acquired the real estate (3) each deed of trust or mortgage which creates any lien on the property, (4) each promissory note which evidences funds you borrowed to purchase the property or to make improvements on it, and (5) any and all appraisals of the property.

**Special Consideration for Disposition of Real Estate**

*Print and repeat as necessary for each property*

**For any of the real estate properties listed above, is there agreement that one or more of them will be sold?**  Yes  No. If yes, which ones: \_\_\_\_\_

\_\_\_\_\_

**If you answered yes, the please answer the following:**

**Is there agreement on terms of listing and sale of the property?**  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Is there agreement on the broker/realtor for listing & marketing the property?**  Yes  No If yes, please give name and contact information for broker/realtor: \_\_\_\_\_

\_\_\_\_\_

In the event there is disagreement over terms of the sale and/or marketing of the property, would you be willing to allow any one of the following methods to resolve the disagreement (so as to avoid having to return to court to request a judge to decide):

Allow realtor to determine  Binding mediation  Party in possession determines  
 Other, or describe alternatives in Decree. If so, please describe: \_\_\_\_\_

\_\_\_\_\_

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**Will there be any special considerations in the sale to account for?**  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Is there agreement one party will retain while the other refinances?**  Yes  No If yes, please describe the terms of your agreement regarding refinancing: \_\_\_\_\_

\_\_\_\_\_

**If any of the real estate properties listed above are not to be sold, what are the terms of your agreement for use post-divorce?** \_\_\_\_\_

\_\_\_\_\_

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**Motor Vehicles, Boats, Airplanes, Cycles, Trailers:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_  
VIN # \_\_\_\_\_ Balance of Lien \$ \_\_\_\_\_  
Lien holder (bank): \_\_\_\_\_ Year Acquired: \_\_\_\_\_  
In who's name(s) is the loan on the vehicle? \_\_\_\_\_  
In who's name(s) is the title on the vehicle? \_\_\_\_\_  
Will transfer of title on the vehicle be required?  Yes  No To whom? \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_  
VIN # \_\_\_\_\_ Balance of Lien \$ \_\_\_\_\_  
Lien holder (bank): \_\_\_\_\_ Year Acquired: \_\_\_\_\_  
In who's name(s) is the loan on the vehicle? \_\_\_\_\_  
In who's name(s) is the title on the vehicle? \_\_\_\_\_  
Will transfer of title on the vehicle be required?  Yes  No To whom? \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_  
VIN # \_\_\_\_\_ Balance of Lien \$ \_\_\_\_\_  
Lien holder (bank): \_\_\_\_\_ Year Acquired: \_\_\_\_\_  
In who's name(s) is the loan on the vehicle? \_\_\_\_\_  
In who's name(s) is the title on the vehicle? \_\_\_\_\_  
Will transfer of title on the vehicle be required?  Yes  No To whom? \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

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**Bank Accounts, Savings Accounts, C.D. 's, Credit Union, Savings Bonds:**

Financial Institution: \_\_\_\_\_ Amount on Deposit: \$ \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Style of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Name(s) on withdrawal card: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Amount on Deposit: \$ \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Style of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Name(s) on withdrawal card: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Amount on Deposit: \$ \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Style of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Name(s) on withdrawal card: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Amount on Deposit: \$ \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Style of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Name(s) on withdrawal card: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

***NOTE TO CLIENT:*** Please provide the 6 most recent statement(s) pertaining to each account.

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**Life Insurance:**

Name of company: \_\_\_\_\_  
Insuring life of: \_\_\_\_\_  
Whole, Term, or Universal \_\_\_\_\_ Policy #: \_\_\_\_\_  
Work or Privately acquired? \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Name of company: \_\_\_\_\_  
Insuring life of: \_\_\_\_\_  
Whole, Term, or Universal \_\_\_\_\_ Policy #: \_\_\_\_\_  
Work or Privately acquired? \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

**Stocks, Mutual Funds, Personal Investments, etc.:**

Financial Institution holding investment: \_\_\_\_\_  
Name on Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Financial Institution holding investment: \_\_\_\_\_  
Name on Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Financial Institution holding investment: \_\_\_\_\_  
Name on Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

Financial Institution holding investment: \_\_\_\_\_  
Name on Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

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**Pets & Livestock:**

Type of Animal \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Description of Animal: \_\_\_\_\_

Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or Special considerations  
after divorce? \_\_\_\_\_

Type of Animal \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Description of Animal: \_\_\_\_\_

Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or Special considerations  
after divorce? \_\_\_\_\_

# Evans Family Law Group

**Retirement, Pensions, Other Company Benefits (See Additional Information Below)**

Do you participate in a retirement plan?  Yes  No Type of Plan: \_\_\_\_\_  
Financial Institution holding investment: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_  
Name and contact information for the plan administrator: \_\_\_\_\_

Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations: \_\_\_\_\_

Does your spouse participate in a retirement plan?  Yes  No Type of Plan: \_\_\_\_\_  
Financial Institution holding investment: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Estimated value: \$ \_\_\_\_\_  
Name and contact information for the plan administrator: \_\_\_\_\_

Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations: \_\_\_\_\_

Do you participate in a company savings plan?  Yes  No Type of Plan: \_\_\_\_\_  
How much is on deposit in that savings plan? \$ \_\_\_\_\_  
Financial Institution holding investment: \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Account Holder: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations: \_\_\_\_\_

***NOTE TO CLIENT:*** *If possible, please bring any documents in your possession pertaining to the plans in which you participate or have participated and all documents in your possession pertaining to the plan(s) in which your spouse participates or has participated.*

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**Miscellaneous:**

**Does anyone owe you or your spouse any money?**  Yes  No

If yes, name of person owing money (debtor): \_\_\_\_\_

Address of debtor: \_\_\_\_\_

Date debt was created: \_\_\_\_\_

Original Amount owed: \$\_\_\_\_\_ Is debt evidenced in writing?  Yes  No

Reason for Debt? \_\_\_\_\_

Describe who will be obligated on debt after divorce? H \_\_\_\_\_ % W \_\_\_\_\_ %  
or other: \_\_\_\_\_

**If yes, name of person owing money (debtor):** \_\_\_\_\_

Address of debtor: \_\_\_\_\_

Date debt was created: \_\_\_\_\_

Original Amount owed: \$\_\_\_\_\_ Is debt evidenced in writing?  Yes  No

Reason for Debt? \_\_\_\_\_

Describe who will be obligated on debt after divorce? H \_\_\_\_\_ % W \_\_\_\_\_ %  
or other: \_\_\_\_\_

**Are you or your spouse involved in any lawsuits?**  Yes  No

If so, explain \_\_\_\_\_

Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

**Do you own any mineral interests (Oil & Gas)?**  Yes  No

Describe: \_\_\_\_\_

Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

**Do you or your spouse own any interest in a closely held corporation, partnership, joint venture, sole proprietorship, etc?**  Yes  No

Describe: \_\_\_\_\_

Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other \_\_\_\_\_

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**Do you or your spouse own any interest in a closely held corporation, partnership, joint venture, sole proprietorship, etc.?**    Yes    No.

Type of business interest:    Corporation    Partnership    JV    Sole Proprietorship  
Please describe for interest #1: \_\_\_\_\_  
\_\_\_\_\_

Proposed Division:   H \_\_\_\_\_ %   W \_\_\_\_\_ %   Other or special considerations:  
\_\_\_\_\_  
\_\_\_\_\_

Type of business interest:    Corporation    Partnership    JV    Sole Proprietorship  
Please describe for interest #2: \_\_\_\_\_  
\_\_\_\_\_

Proposed Division:   H \_\_\_\_\_ %   W \_\_\_\_\_ %   Other or special considerations:  
\_\_\_\_\_  
\_\_\_\_\_

Type of business interest:    Corporation    Partnership    JV    Sole Proprietorship  
Please describe for interest #3: \_\_\_\_\_  
\_\_\_\_\_

Proposed Division:   H \_\_\_\_\_ %   W \_\_\_\_\_ %   Other or special considerations:  
\_\_\_\_\_  
\_\_\_\_\_

# Evans Family Law Group

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**Summary of Debts**

**Debts: (Other than home and automobiles)**

Name of creditor: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Who created debt: \_\_\_\_\_ Purpose of Debt: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations:  
\_\_\_\_\_

Name of creditor: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Who created debt: \_\_\_\_\_ Purpose of Debt: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations:  
\_\_\_\_\_

Name of creditor: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Who created debt: \_\_\_\_\_ Purpose of Debt: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations:  
\_\_\_\_\_

Name of creditor: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Who created debt: \_\_\_\_\_ Purpose of Debt: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations:  
\_\_\_\_\_

Name of creditor: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Last 4 Numbers on Account: \_\_\_\_\_ Primary User: \_\_\_\_\_  
Who created debt: \_\_\_\_\_ Purpose of Debt: \_\_\_\_\_  
Proposed Division: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations:  
\_\_\_\_\_

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**Income Taxes**

**Have you filed an income tax return for all previous years?**  Yes  No

If yes, how filed in previous years:  Joint  Individual

Prepared by whom? \_\_\_\_\_

Describe agreement for filing of income taxes in year of divorce? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refund anticipated for year of divorce?  Yes  No If yes, once refunds is received, describe agreement for division of same and how it received by other spouse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Division of refund:** H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations: \_\_\_\_\_

**Are any fees owed for prior tax preparations:**  Yes  No If yes, please describe proposed division of this obligation: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations: \_\_\_\_\_

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**Tax Arrearages**

**Do you and/or your spouse owe the IRS back taxes?**  Yes  No . If yes, please describe agreement for division of arrearage: H \_\_\_\_\_ % W \_\_\_\_\_ % Other or special considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you and/or your spouse owe any tax arrearages (ex: property taxes)?**  Yes  No  
If yes, please describe type of arrearage, to whom the arrearage is owed, specifically what the arrearage relates to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes above, is there a payment plan in place regarding the tax arrearage?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe agreement for division for the tax arrearage: H \_\_\_\_\_ % W \_\_\_\_\_ %  
Other or special considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dependency Exemptions for Children, if any:**

Have you and your spouse discussed claiming children on future tax returns?  Yes  No  
If yes, how filed in previous years:  Joint  Individual

Describe agreement for claiming children in future? *(for example: one spouse claims, spouses alternate claims, one spouse claims one child and another claims the other):* \_\_\_\_\_

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**Are you or your spouse willing to sign IRS Form 8332**, which is a “Release of Claim to Exemption for Child of Divorced or Separated Parents” to avoid any future disputes over claiming the children as dependents on tax returns?  Yes  No

**NOTE:** *This form will be provided through our office or you may download the form at: [www.irs.gov](http://www.irs.gov) and search for form 8832*

# Evans Family Law Group

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**Describe your Primary Goals in Retaining our Office:**

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**Describe your Primary Goals with regard to the Children, if any:**

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**Describe your Primary Goals with regard to the Property, if any:**

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# Evans Family Law Group

**Describe any special considerations you wish our office to always keep in mind:**

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**What are your most immediate and pressing needs, if any:**

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**Mail**

Address you wish to receive mail from this office: \_\_\_\_\_  
\_\_\_\_\_

**Do you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children?  YES  NO**

If yes above, please disclose the reason for that belief. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Evans Family Law Group

**Electronic Mail**

Electronic email address you wish to receive electronic mail from this office:

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

**Phone Contact**

Where do you prefer to be contacted/telephoned?

Office \_\_\_\_\_ Preferred time to call \_\_\_\_\_

Home \_\_\_\_\_ Preferred time to call \_\_\_\_\_

Other \_\_\_\_\_

I state that the information contained above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

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

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

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DIVISION OF RETIREMENT ACCOUNTS CHECKLIST

**If part of your agreed division includes the division of an IRA, 401k, pension plan, defined benefit plan or other retirement plan then you will need to provide the following information:**

**Instructions:** This checklist refers to the “Participant” as the employee participating in the retirement plan, and the “Alternate Payee” as the spouse seeking her/his share of the retirement plan benefits. Please answer as many questions as you can and provide as much information as possible. If you have any questions, please contact our office.

**1. Provide the following information about the Participant (Employee):**

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2. Provide the following information about the Alternate Payee (Spouse of Employee):**

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3. Are the Participant and Alternate Payee’s divorced?     Yes     No**

What is the date of divorce \_\_\_\_\_ Date of separation \_\_\_\_\_

What was the date of marriage \_\_\_\_\_

**4. How many retirement plans does Participant (Employee) participate in?**

\_\_\_\_\_

**5. Is a prior spouse entitled to plan benefits with an existing QDRO?     Yes     No**

**6. Please provide the following information about the employer:**

Name of Employer: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**7. Information about the Participant's employment history. Date Participant:**

Began employment: \_\_\_\_\_ Terminated employment: \_\_\_\_\_

Is Participant retired?  Yes  No

Is Participant currently receiving payments from the plan?  Yes  No

**8. Does Participant have plan assets with more than one employer?**  Yes  No

**9. What is/are the name of the plan(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Is this a Federal civil service plan?**  Yes  No

**11. Is this a military plan?**  Yes  No

*If yes, what is the Participant's branch of service?* \_\_\_\_\_

**14. Only if available, provide copy of most recent plan(s) account statement or valuation.**  Is Available  Is not Available

**15. Please provide a copy of the first page and the page with QDRO reference ONLY of the divorce decree, separation agreement, or decree of separate maintenance.**

# Evans Family Law Group





FIRM CONTACT INFORMATION

EVANS FAMILY LAW GROUP

*FAMILY, WILLS & POWERS OF ATTORNEY*

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