

**FAMILY LAW CLIENT INFORMATION**

**IF YOU DO NOT LIVE IN TRAVIS COUNTY; OR, IF YOU ARE NOT CERTAIN IF YOU HAVE RESIDED IN YOUR COUNTY FOR THE PAST THREE (3) CONSECUTIVE MONTHS, PLEASE ADVISE THE ATTORNEY.**

Referred by: \_\_\_\_\_ Today's Date \_\_\_\_\_

**SECTION I - PERSONAL INFORMATION**

**YOUR INFORMATION**

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Original Surname \_\_\_\_\_ Birth date \_\_\_\_\_

If you would like your name changed, please indicate: **First, Middle, Last** \_\_\_\_\_

Birthplace (city) \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**COUNTY OF RESIDENCE** \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Employer \_\_\_\_\_ Hours \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Phone \_\_\_\_\_

Salary/income: \_\_\_\_\_

**Please put an asterisk (\*) at which address you prefer to receive mail.**

**SPOUSE**

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace (city) \_\_\_\_\_ State \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Phone \_\_\_\_\_

**COUNTY OF RESIDENCE** \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Employer \_\_\_\_\_ Hours \_\_\_\_\_

Business Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Phone \_\_\_\_\_

Salary/income: \_\_\_\_\_

**THERE WILL BE A CONSULTATION FEE PAYABLE AT THE END OF YOUR APPOINTMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CHECK WITH THE RECEPTIONIST AT THE FRONT DESK.**

**SECTION II - MARRIAGE INFORMATION**

**MARRIAGE**

Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_

Place of Marriage \_\_\_\_\_  
(City, County and State)

**IF THERE ARE CHILDREN UNDER THE AGE OF EIGHTEEN (18) BORN OF THIS MARRIAGE, PLEASE COMPLETE SECTION III.**

**SECTION III - CHILD(REN) INFORMATION**

Full Name	Sex	Birthplace COUNTY, City, State	Birth Date	Social Security #	Driver's License # (if applicable)
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____

Present Residence Address \_\_\_\_\_

**Child(ren)'s Health Insurance Information**

Name of person providing insurance for children: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Group/Policy/ID No: \_\_\_\_\_

Amount of Monthly Premiums: \_\_\_\_\_

Is this coverage provided through the party's employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If the coverage is provided through CHIP or other state or federal program, please state the name of the program:

\_\_\_\_\_

[If possible, please allow receptionist to make a copy of the insurance card related to the children's coverage.]