

# JIM K. JOPLING

ATTORNEY AT LAW

## CLIENT INTAKE FORM \*\*\* PERSONAL AND CONFIDENTIAL \*\*\*

Please complete this questionnaire. It is important that you answer each question fully and it is imperative that you be candid.

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

### NOTICE

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 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.

### INFORMATION ABOUT YOU

1. Please provide your contact information:

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

Street Name & Number: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Which number may we use to contact you? \_\_\_\_\_

At which number may we leave voice mail messages? \_\_\_\_\_

Does anyone else have access to your e-mail? Who? \_\_\_\_\_

Do you have an account with Myspace, Facebook or other social networking website?  Yes  No

If yes, please provide the web address to your page(s):

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

If you have an internet weblog (blog), please provide the web address:

\_\_\_\_\_

2. Your Social Security Number: \_\_\_\_\_

3. Your Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

4. Your Date of Birth: \_\_\_\_\_ State where born: \_\_\_\_\_

5. Please provide information about your employment, education & military service:

Your Employer: \_\_\_\_\_

Street Name & Number: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Gross Salary per month or annually: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Education (highest degree received or grade completed): \_\_\_\_\_

Military Service: \_\_\_\_\_

**INFORMATION ABOUT YOUR SPOUSE / EX-SPOUSE**

6. Please provide your spouse's contact information:

Spouse's Full Name: \_\_\_\_\_

Spouse's Street Name & Number: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Spouse's current phone numbers:

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Spouse's Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Street Name & Number: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Gross Salary per month or annually: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Education (highest degree received or grade completed): \_\_\_\_\_

Military Service: \_\_\_\_\_

If your spouse has a blog, or an account with Myspace, Facebook or other social networking website, please provide the web address:

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

**INFORMATION ABOUT YOUR MARRIAGE AND SEPARATION**

7. Date of Marriage: \_\_\_\_\_ County: \_\_\_\_\_  
City & State: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

8. Did you sign a prenuptial or postnuptial agreement?  Yes  No

9. Have you and your spouse sought marriage counseling?  Yes  No

If yes, please provide the last date of such counseling: \_\_\_\_\_

10. Check if your marital difficulties involve any of the following:

- Drugs or Alcohol       Sexual Disappointment       Infidelity
- Financial Dispute       Physical Violence       Religion
- Incompatibility       Other: \_\_\_\_\_

11. Do you wish to change your name?  Yes  No

Please provide your desired name: \_\_\_\_\_

12. Have you and/or your spouse filed or contemplated filing bankruptcy?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

13. Have you consulted or retained any other attorney(s) about this matter before today?

Yes  No

If yes, please provide the attorney's name(s) and phone number(s):

\_\_\_\_\_

14. Have you executed a will naming your spouse as executor or beneficiary?

Yes  No

15. Have you executed a power of attorney in your spouse's favor?  Yes  No

If yes, list each state and county in which the power of attorney was recorded:

\_\_\_\_\_

16. Have you ever filed for divorce?  Yes  No

If yes, when and where? \_\_\_\_\_

17. Has your spouse been divorced before?  Yes  No

If yes, when and where? \_\_\_\_\_

18. Have you been served with divorce papers?  Yes  No

What date were you served? \_\_\_\_\_

**INFORMATION ABOUT CHILDREN**

19. Children born to or adopted in this marriage (Check here if none: )

**Child 1:**

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

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

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

Currently lives with: \_\_\_\_\_

**Child 2:**

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

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

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

Currently lives with: \_\_\_\_\_

**Child 3:**

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

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

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

Currently lives with: \_\_\_\_\_

**Child 4:**

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

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

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

Currently lives with: \_\_\_\_\_

**Child 5:**

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

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

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

Currently lives with: \_\_\_\_\_

**Child 6:**

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

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

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

Currently lives with: \_\_\_\_\_

20. Are you expecting another child to be born or adopted to this marriage?  Yes  No

21. Do you have children from a previous marriage?  Yes  No  
If yes, please provide their names and ages:

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

With whom do these children live? \_\_\_\_\_

Your total monthly child support obligation for these children: \$ \_\_\_\_\_

22. Does your spouse have children from a previous marriage?  Yes  No  
If yes, please provide their names and ages:

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

With whom do these children live? \_\_\_\_\_

Spouse's total monthly child support obligation for these children: \$ \_\_\_\_\_

23. Are your children currently covered by health insurance?  Yes  No

**If yes, please provide:**

Name of Provider: \_\_\_\_\_

Name of Employer (if group policy): \_\_\_\_\_

ID or Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

24. Have any other legal proceedings involving your children, such as a suit for paternity, child support or adoption, been brought by you or any other party? This includes actions brought by a state attorney general.  Yes  No

**If yes, please provide:**

Nature of the Proceeding: \_\_\_\_\_

State and County where brought: \_\_\_\_\_

Docket Number: \_\_\_\_\_

**INFORMATION ABOUT THE MARITAL PROPERTY**

25. List all real estate owned:

- a. \_\_\_\_\_ (\$ value) \_\_\_\_\_  
(address)
- b. \_\_\_\_\_ (\$ value) \_\_\_\_\_  
(address)

For each property listed above, please provide the following:

- a. Mortgage owed: \_\_\_\_\_ a. Taxes Owed: \_\_\_\_\_
- b. Mortgage owed: \_\_\_\_\_ b. Taxes Owed: \_\_\_\_\_

Do you want your house sold?  Yes  No

26. Approximate value of retirement plans (pensions, 401k's, IRA's, etc.): \$ \_\_\_\_\_

Approximate value of other investments: \$ \_\_\_\_\_

Approximate value of liquid assets: \$ \_\_\_\_\_

27. Please describe and provide an approximate value of any valuable collectible items or items of sentimental value to you:

\_\_\_\_\_

\_\_\_\_\_

28. Do you have significant frequent flyer miles? \_\_\_\_\_

29. Please describe your cars, RVs, recreational vehicles, boats, motorcycles:

MAKE	MODEL	YEAR	APPROX. MILES	HUSB. OR WIFE?
a.				
b.				
c.				
d.				
e.				

For each vehicle listed above, list the approximate amount owed:

a. \$ \_\_\_\_\_ b. \$ \_\_\_\_\_ c. \$ \_\_\_\_\_ d. \$ \_\_\_\_\_ e. \$ \_\_\_\_\_

30. List the approximate amount of other debt, such as credit cards, signature loans or payday loans, held by you and your spouse:

\$ \_\_\_\_\_

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