



JENNIFER WIGGINS MOORE

*Family Law*

**JENNIFER WIGGINS MOORE FAMILY LAW**

600 West 6th Street, Suite 400

Fort Worth, Texas 76102

TEL: (817) 866-8670

[www.jwmfamilylaw.com](http://www.jwmfamilylaw.com)

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**PROSPECTIVE CLIENT INFORMATION  
DIVORCE**

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Petitioner

Respondent

Today's Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s: Cell \_\_\_\_\_ Business \_\_\_\_\_ ext. \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Ethnicity \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Years There \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Days You Work \_\_\_\_\_ Your hours \_\_\_\_\_

Employer Address \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ How much is your monthly rent or house payment? \$ \_\_\_\_\_

Your Annual Income \$ \_\_\_\_\_ Your Monthly Take-Home Pay \$ \_\_\_\_\_

**Spouse's Information**

Spouse's Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s: Cell \_\_\_\_\_ Business \_\_\_\_\_ ext. \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Ethnicity \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Years \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Spouse's Annual Income \$ \_\_\_\_\_ Spouse's Monthly Take-Home Pay \$ \_\_\_\_\_

Is any member of your family, including yourself, Native American Indian? yes \_\_\_\_\_ no \_\_\_\_\_

Have you or your spouse lived in Texas for the past 6 months? yes \_\_\_\_\_ no \_\_\_\_\_

In what county have you resided in for the past 90 days? \_\_\_\_\_

Date of Marriage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Separation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Marriage: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Wife's maiden name \_\_\_\_\_ Restore maiden name? yes \_\_\_\_\_ no \_\_\_\_\_

Has there been any family violence during the marriage? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Was medical attention sought? yes \_\_\_\_\_ no \_\_\_\_\_

Was anyone arrested? yes \_\_\_\_\_ no \_\_\_\_\_

Have you been served with legal papers? yes \_\_\_\_ no \_\_\_\_

If yes, on what date were you served? \_\_\_\_\_

Is this your first visit with an attorney regarding this matter? yes \_\_\_\_ no \_\_\_\_

If no, please give attorney's name \_\_\_\_\_

If your spouse has consulted an attorney on this matter, please give attorney's name \_\_\_\_\_

Have you been in contact with your spouse's attorney? yes \_\_\_\_ no \_\_\_\_

**Children**

Wife pregnant now? yes \_\_\_\_ no \_\_\_\_

Have children been adopted or conceived during the marriage? yes \_\_\_\_ no \_\_\_\_

If yes, please provide the following information for each child:

Name	Birthday	SSN	Place of Birth	Age	Gender

If any of the children have physical or mental disabilities to the point that he or she requires special care, give the child's name, disability, and the current arrangements for care.

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

Which parent(s) desire(s) custody of the children? \_\_\_\_\_

Can you and your spouse agree as to custody issues? yes \_\_\_\_ no \_\_\_\_

What are your expectations/needs regarding child support? \_\_\_\_\_

\_\_\_\_\_

Is any property owned by the children? yes \_\_\_\_\_ no \_\_\_\_\_

Have any prior court orders been entered regarding the children? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has the Attorney General ever been involved? yes \_\_\_\_\_ no \_\_\_\_\_

Are there any suits pending regarding a Protective Order? yes \_\_\_\_\_ no \_\_\_\_\_

Are there any suits pending regarding Domestic Violence? yes \_\_\_\_\_ no \_\_\_\_\_

Are there any suits pending regarding Termination of Parental Rights? yes \_\_\_\_\_ no \_\_\_\_\_

Do you have a child(ren) from a former relationship? yes \_\_\_\_\_ no \_\_\_\_\_

If ye, please provide the following information for each child:

Name	Birthday	SSN	Place of Birth	Age	Living With

Do you currently pay \_\_\_\_\_ or receive \_\_\_\_\_ child support for these children?

If yes, please explain \_\_\_\_\_

Does your spouse have a child(ren) from a former relationship? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please provide the following information for each child:

Name	Age	Living With

Does your spouse currently pay \_\_\_\_\_ or receive \_\_\_\_\_ child support for these children?

If yes, please explain \_\_\_\_\_

**Property**

Do you or your spouse own a house or other real estate? If yes, please complete the following for each piece of real property owned:

Address	Date Acquired	Purchase Price	Fair Market Value	Amount Presently Owed

Have you and/or your spouse signed an oil or gas lease for any of the real property listed above?  
 yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please identify which property listed above has an existing oil or gas lease, when the lease was executed, what the bonus payment was (if any), and if you are currently receiving delay rental income or royalties from the lease and how much: \_\_\_\_\_

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Do you or your spouse own/lease any automobiles, motorcycles, boats, and/or trailers? If so, please list the following for each:

Description	Year	Model	Name it is in	Amount Owed	In Possession Of

Do you or your spouse have any of the following?

	<u>YOU</u>	<u>YOUR SPOUSE/ EX-SPOUSE</u>	<u>DATE ACQUIRED</u>	<u>AMOUNT</u>
Pension plan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
401(k)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other retirement _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
IRA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Certificates of Deposit (CDs)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Life insurance (other than term policy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stock incentive plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mutual funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Money market account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Frequent flyer miles	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Firearms	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

List all joint debt (e.g. credit cards or charge accounts held in the name of both you and your spouse):

<u>Name of issuing company/bank</u>	<u>Approximate balance</u>	<u>Primary on card</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any personal debt for which your spouse is **not** a co-owner of the account:

<u>Name of issuing company/bank</u>	<u>Approximate balance</u>	<u>Primary on card</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

During the marriage, did either you or your spouse inherit money or property? yes \_\_\_\_ no \_\_\_\_

If yes, who, when, and what? \_\_\_\_\_

\_\_\_\_\_

During the marriage, did either you or your spouse receive a personal injury settlement?

yes \_\_\_\_ no \_\_\_\_ If yes, who, when, and what? \_\_\_\_\_

\_\_\_\_\_

Is a personal injury suit pending? yes \_\_\_\_ no \_\_\_\_

Do you plan on filing a personal injury suit litigating any accidents that occurred during the marriage? yes \_\_\_\_ no \_\_\_\_

Have you and/or your spouse ever filed for bankruptcy? yes \_\_\_\_ no \_\_\_\_ If yes, when and what type? \_\_\_\_\_

Generally speaking, why are you seeking a divorce, or why is your spouse seeking a divorce?

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

In case of emergency, please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How were you referred to this firm? Check all that apply.

- Google
- Yahoo
- Lawyers.com
- Other \_\_\_\_\_
- Friend \_\_\_\_\_
- Former Client \_\_\_\_\_
- Other Attorney \_\_\_\_\_

## HEALTH INSURANCE AVAILABILITY FORM

In every lawsuit affecting the parent-child relationship, the Texas Family Code requires all parties to submit a statement on health insurance availability for all children affected by the suit. Therefore, please complete this form and provide my firm with a copy of any and all insurance card(s) for your child(ren).

NAME OF CLIENT: \_\_\_\_\_

Beside the name of each child, check all types of health insurance or benefits currently covering that child. You may check more than one source.

Child's Name	Employer Provided						
	Father's	Mother's	Private	Medicaid	CHIP	Other	None

For each insurance source, please list:

1. Name of insurance carrier: \_\_\_\_\_
2. Group Policy number: \_\_\_\_\_
3. Policyholder name and ID number: \_\_\_\_\_
4. Name of each child covered: \_\_\_\_\_
5. Cost per month of coverage for child(ren) only: \_\_\_\_\_  
*To determine coverage for the child(ren), determine total cost for family coverage and subtract from this amount to insure all covered individuals except the children.*
6. Are you paying the premiums for the listed medical benefits? YES \_\_\_\_ NO \_\_\_\_  
 If NO, who pays the premiums? \_\_\_\_\_