

**LAW OFFICES OF
SHARON SANDERS WEBSTER**

FAMILY LAW INFORMATION SHEET

TODAY'S DATE: _____

How did you hear about this law office? _____
(Please provide the name and address of the person who referred you – we send "Thank You" notes to people who refer cases to us)

What are you asking for? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Paternity (seeking court order to determine who Dad is) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Collection of back due child support | <input type="checkbox"/> Decrease in Child Support |
| <input type="checkbox"/> Increase in Child Support | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Change Visitation Schedule |
| <input type="checkbox"/> Change Custody | <input type="checkbox"/> Other _____ |

You:

Your full name: _____

Maiden Name (if female): _____

Address: _____
(If P.O. Box, please also provide a street address)

City, State, Zip: _____

Telephone Number: _____

Mobile Number: _____

Employer's Name: _____

Work Address: _____

Work Phone: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver's License No.: _____

What county do you live in? _____ How long have you lived in your county? _____

How long have you lived in Texas? _____ Have you consulted with another attorney about this matter? _____

If so, who and when? _____ Does that attorney represent you? _____

Your Spouse/ Ex-Spouse/ Ex- Girlfriend/ Ex-Boyfriend:

Full Name: _____

Maiden Name of Spouse _____

Relationship to you _____

Address: _____
(If P.O. Box, please also provide a street address)

City, State, Zip: _____

Home Telephone Number: _____

Mobile Number: _____

Employer's Name: _____

Work Address: _____

Work Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____ Driver's License No.: _____

Marriage Information (If Divorce)

Date of Marriage: _____

Place of Marriage: _____

Date of Separation: _____

Children Involved who are under 18 or still in high school:

Name:(1) _____ /(2) _____

Date of Birth: _____ / _____

Place of Birth: _____ / _____

Social Security Number: _____ / _____

Living with: _____ / _____

Name:(3) _____/(4) _____

Date of Birth: _____/ _____

Place of Birth: _____/ _____

Social Security Number: _____/ _____

Living with: _____/ _____

Is child custody going to be contested? _____

Is any child a special needs child? Yes No If so, Whom? _____

If you have a special needs child, please describe his/her disability: _____

Maiden Name Restoration

If you are a female seeking a divorce, do you want your maiden name restored? Yes No

Child Support & Medical Insurance

Monthly Income of the Other Party to this suit: _____

Who carries medical insurance on the child(ren)? _____

What is the cost of the medical insurance? _____

Who is the insurance carrier? _____

What is the policy number? _____ Group number? _____

Property

List the things bought during your marriage, (homes, land, motor vehicles, boats, etc.).
Next to each item, specify who should keep it.

List the things bought by either of you prior to the date of your marriage, if any.
Specify who bought the items.

Employment Benefits

Do you or your spouse have any retirement benefits? _____

Do you wish to request a share of your spouse's retirement benefits? _____

Do you think your spouse will request a share of your retirement benefits? _____