



21815 Oak Park Trails Drive Katy TX 77450
Tel: 281-646-0644 Fax: 281-676-3758

Date _____

Client Information Form

Are you a new client or a former client? _____

First Name _____ Middle Name _____ Last Name _____

Maiden Name _____ Date of Birth _____ Birthplace _____

SSN# _____ DL# _____

Current Address _____

City _____ State _____ Zip _____

COUNTY: HARRIS FORT BEND WALLER AUSTIN OTHER _____

Length of time living at this residence _____

Can mail be sent to this address? Yes No

Mailing address, if different _____

Telephone: Home _____ Cell _____ Email _____

Preferred Form of Contact? Email Cell Phone Home Phone

Employer _____

Employer's Address _____

Work Telephone _____ Annual Gross Salary _____

Are you currently being represented by an attorney? If yes, name _____

Have you recently been in touch with spouse/opposing party? _____

Have you ever served in the military? Yes No If so, what branch? _____

Do you have a Will? Yes No

Do you have a Power of Attorney? Yes No

MARRIAGE INFORMATION:

Date of Marriage _____ Place of Marriage _____ Date of Separation _____

Are you requesting a name change? Yes No N/A If so, to what? _____

CHILDREN FROM THE MARRIAGE/RELATIONSHIP:

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Birthplace _____ SSN# _____

Sex: Male Female Resides with _____

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Birthplace _____ SSN# _____

Sex: Male Female Resides with _____

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Birthplace _____ SSN# _____

Sex: Male Female Resides with _____

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Birthplace _____ SSN# _____

Sex: Male Female Resides with _____

Any other children of either party not of the relationship? _____

HEALTHCARE COVERAGE FOR CHILDREN:

Insurer _____ INS# _____ Monthly Cost \$ _____

SECONDARY PROPERTIES/LOTS OWNED BOTH JOINTLY/INDIVIDUALLY:

VEHICLES/BOATS/RVS ETC:

List any relevant information to your case, such as:

- Important witnesses _____

- Medical diagnosis or treatment _____

- Important documents _____

- Other parties involved _____

HOW DID YOU HEAR ABOUT OUR PRACTICE?

Internet Search/LIVING Magazine (Katy)/Cinco Ranch Newsletter/Cross Creek Ranch Newsletter/Yellow Pages/Local Directory/Referred (if you were referred please indicate by whom)

Who will be financially responsible? _____