

CANNON LAW FIRM
ATTORNEY & COUNSELOR AT LAW

CHAD W. CANNON

WEATHERFORD OFFICE

220 FORT WORTH HWY #600
WEATHERFORD, TX 76086
PH: (817) 598-0482
FX: (817) 598-0485

LAWFIRMCANNON.COM

MINERAL WELLS OFFICE

102 NE 2ND STREET
MINERAL WELLS, TX 76067
PH: (940) 327-8600
FX: (817) 598-0485

Client Information

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess 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 form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. 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 Tex. Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

Client Questionnaire – Divorce

About you:

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Who else lives in your household? _____

At what address do you wish to receive mail from this office? _____

How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Pager: _____ Mobile phone: _____

E-mail: _____

(e-mail communications may not be confidential)

Have you consulted or retained any other attorneys on this matter before coming to this office? _____ Is so, please state who and when: _____

Your Employment

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

About your spouse:

Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

Where is your spouse living now, and what is his or her phone number and e-mail address?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home e-mail: _____

Who else lives in your spouse's household? _____

Spouses Employment

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

About your marriage and separation:

Please give the date and place of your marriage.

Date: _____ Place: _____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

Check as appropriate if your marital difficulties involve any of the following:

____ drugs/alcohol ____ financial dispute ____ physical violence

____ emotional abuse ____ your infidelity ____ spouse's infidelity

____ other: _____

How long have you lived in Texas? _____

How long have you lived in the county where you now reside? _____

Does your spouse have an attorney? Who? _____

Children of this marriage:

Please list the following for each child you and your spouse have together:

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Please give the following information for other children of yours or your spouses:

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Where and with whom do these children live? _____

Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

Does your spouse pay/receive child support? _____

If so, how much? \$_____ per _____

If a divorce is granted, should the names of the parties be restored to prior names? _____

If so, what name should be used? _____

Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? _____

Have you or your spouse ever contacted or been contacted by child protective services?

Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

Separate Property

Do you or your spouse have separate property? If yes, please describe. _____

Any other information you feel we need to know. _____

How did you hear of Cannon Law Firm? _____