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Today's Date: _____

How did you hear about us? _____

DIVORCE (WITH CHILDREN)
CONFIDENTIAL CLIENT INTERVIEW SHEET

1. **YOUR FULL LEGAL NAME:**

(First) (Middle) (Last) (Maiden)

Nicknames used: _____ Race: _____

2. **Current Residential Address:**

(Street number, Street name, Apartment number)

(City) (County) (State) (Zip)

3. **Mailing Address for use by this office for confidential documents:**

4. **TELEPHONE NUMBERS WHERE YOU CAN BE REACHED:**

Home: _____ Work: _____

Cell: _____ Pager: _____

5. How long have you lived in that county? _____ In Texas? _____

6. Social Security: _____ Driver's License: _____

7. Birth Date: _____ Age: _____ State of Birth: _____

8. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____
 Subdivision in which home is located? _____
9. **Your Employer:** _____
10. Work Address: (Street, City, State, Zip)

11. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____
12. Job Title: _____ Length of Employment: _____
13. Highest Level of Formal Education Attained: _____
14. Have you ever been convicted/indicted for any crimes: _____ Yes; _____ No.
 If so, explain: _____

YOUR SPOUSE

Provide the following information about your spouse:

1. **FULL LEGAL NAME OF SPOUSE:**

(First) (Middle) (Last) (Maiden)

Nicknames used: _____ Race: _____

2. **Current Residential Address:**

(Street number, Street name, Apartment number)

(City) (County) (State) (Zip)

Pager: _____ Cellular: _____

3. How long has he/she lived in that county? _____

4. How long has he/she lived in Texas? _____

5. Social Security: _____ Driver's License: _____

6. Birth Date: _____ Age: _____ State of Birth: _____

(Continuation of Information about Spouse)

7. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____
8. Name of Employer: _____
9. Work Address: (Street, City, State, Zip)

10. Work Telephone Number: _____
11. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____
12. Job Title: _____ Length of Employment: _____
13. Highest Level of Formal Education Attained: _____
14. Has spouse ever been convicted/indicted for any crimes: _____ Yes; _____ No.
- If so, explain: _____

Marriage and Separation

1. Date of marriage: _____ Date of separation: _____
2. Place of marriage -- City: _____ State: _____
3. Were you married by: _____ Ceremony; _____ Common law.
4. Have either you or your spouse filed for divorce previously? _____ Yes; _____ No.
- If so, when and where, and who filed: _____

Protective Order

Has there been a PROTECTIVE ORDER for family violence: _____ Yes; _____ No.

If so, when and why? _____

Name Change After Divorce

Will you or your spouse want a name change at the time of divorce? _____ Yes; _____ No.

Who will have the name change? _____ Me; _____ My spouse.

Will the name change be to defraud creditors or evade criminal prosecution? _____ Yes; _____ No.

What will the full legal name be? _____

Causes of Marital Problems/Reasons for Divorce

Please note that in Texas, all divorces are filed on the "no-fault ground" of insupportability, which means that the marriage has become insupportable because of discord or conflicts of personalities that destroys the legitimate ends of the marriage relationship. Thus, insupportability will be the basis used in filing for divorce, but other grounds may be alleged, based on information you provide.

Check as appropriate the problems in your marriage:

_____ DRUG ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ ALCOHOL ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ PHYSICAL VIOLENCE: _____ by me; _____ by my spouse; _____ by both of us.

_____ SEXUAL INFIDELITY: _____ by me; _____ by my spouse; _____ by both of us.

_____ CONTROL/MANIPULATION: _____ by me; _____ by my spouse; _____ by both of us.

_____ INTERNET ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ EXCESSIVE SPENDING: _____ by me; _____ by my spouse; _____ by both of us.

_____ VERBAL ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ FINANCIAL CONFLICTS between the parties.

_____ RELIGIOUS DIFFERENCES between the parties.

_____ OTHER: _____

Children of this Marriage

#1 Full legal name of child: _____
Sex: _____ Date of Birth: _____ Age: _____
City, County, and State of Birth: _____
Social Security: _____ Driver's License: _____
With whom does the child reside: _____ me; _____ my spouse; _____ both of us.
Does the child have special educational needs? If so describe: _____
Does the child have special medical needs? If so describe: _____
In what extracurricular events/activities does the child participate? _____

#2 Full legal name of child: _____
Sex: _____ Date of Birth: _____ Age: _____
City, County, and State of Birth: _____
Social Security: _____ Driver's License: _____
With whom does the child reside: _____ me; _____ my spouse; _____ both of us.
Does the child have special educational needs? If so describe: _____
Does the child have special medical needs? If so describe: _____
In what extracurricular events/activities does the child participate? _____

#3 Full legal name of child: _____
Sex: _____ Date of Birth: _____ Age: _____
City, County, and State of Birth: _____
Social Security: _____ Driver's License: _____
With whom does the child reside: _____ me; _____ my spouse; _____ both of us.
Does the child have special educational needs? If so describe: _____
Does the child have special medical needs? If so describe: _____
In what extracurricular events/activities does the child participate? _____

Potential Custody Disputes

Will custody be disputed? _____ Yes; _____ No; _____ Uncertain.
If not, with whom will the children primarily reside? _____
If there will be disputes, what are the natures of those disputes? _____

Do the children own property, other than furniture and personal effects? If so, describe: _____

Your Prior Marriages and Other Children

How many times have you been married before this marriage? _____

What are the names and ages of your other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do you pay child support? ____ Yes; ____ No. Amount per month: \$ _____

Do you receive child support? ____ Yes; ____ No. Amount per month: \$ _____

Your SPOUSE's Prior Marriages and Other Children

How many times has your spouse been married before this marriage? _____

What are the names and ages of his/her other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Does he/she pay child support? ____ Yes; ____ No. Amount per month: \$ _____

Does he/she receive child support? ____ Yes; ____ No. Amount per month: \$ _____

Goals and Concerns and Questions

What are your goals, concerns, or questions, which have brought you to this office?
