



**FLAT FEE DIVORCE, SAPCR, AND MODIFICATION CLIENT QUESTIONNAIRE**

*Your Information:*

Full name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ City, State, and Country where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's license number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer (Name & Address): \_\_\_\_\_

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*Your Spouse's Information:*

Full name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ City, State, and County where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's license number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Employer (Name & Address): \_\_\_\_\_

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*Children's Information:*

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ City, State, and County where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Does child live with Mom or Dad? \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ City, State and County where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Does child live with Mom or Dad? \_\_\_\_\_

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CLIENT INITIALS: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ City, State and County where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Does child live with Mom or Dad? \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ City, State and County where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Does child live with Mom or Dad? \_\_\_\_\_

Were any children fathered by a man other than your husband? \_\_\_\_\_  
Which ones? : \_\_\_\_\_

*About your marriage and separation:*

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
Date of Separation: \_\_\_\_\_ Wife's Maiden Name: \_\_\_\_\_  
Is wife expecting? : \_\_\_\_\_ County you have resided in for past 6 months: \_\_\_\_\_

**DIVORCE CHECKLIST**

Please review the following when reaching your agreements between you and your spouse regarding children and the division of your marital assets/liabilities. The list is comprised of some and not all issues that can arise. You are responsible for providing all the information that may be needed whether or not it is covered in the list below. Parent Education Course is required to be completed by both parties when children are involved.

**CHILD CONSERVATORSHIP AND SUPPORT**

- I. Conservatorship
  1. Who will have primary joint-managing conservatorship (spouse that determines the child's residence)? \_\_\_\_\_
  2. Other spouse will have a Standard or Expanded Possession Order per Texas Family Code. Circle: Standard or Expanded
  3. Do the parties want to include a geographic restriction on the primary parent's residence? Options: Circle: Harris County and contiguous counties/Fort Bend County and contiguous counties/Montgomery County and contiguous counties

CLIENT INITIALS: \_\_\_\_\_

- II. Medical coverage for minor children
1. Is medical coverage currently maintained for the children?: Circle: Yes or No
  2. If yes, what type of coverage: Circle: Medicaid/ Private Health Insurance/ CHIPS
  3. Is it provided through an employer? Circle: Yes or No
  4. Whose employer is it provided through? Circle: Mother or Father
  5. If the child does not have medical coverage, how will the parties provide it?
    - \_\_\_\_\_ (check) private coverage
    - \_\_\_\_\_ (check) through an employer within 30 days of final order
    - \_\_\_\_\_ (check) primary parent will apply for CHIPS
    - \_\_\_\_\_ (check) primary parent will apply for Medicaid
    - \_\_\_\_\_ (check) other: \_\_\_\_\_
  6. Which spouse will provide it? \_\_\_\_\_
  7. How much is the monthly medical coverage (premium) through either party per month to maintain the child(dren) only? \$ \_\_\_\_\_
  8. All uninsured medical expenses are split 50/50 between parties unless specified otherwise.

III. Child Support

1. Who will pay child support (Obligor)? This is mandatory and cannot be waived.  
\_\_\_\_\_
2. Total amount of the obligor's gross income per month  
\_\_\_\_\_
  - a. Support will begin on the 1<sup>st</sup> of each month following the court prove up of the final order
  - b. Decree must state that payment be made through the State Disbursement Unit in San Antonio, TX
  - c. The child support will be withheld through the Obligor's employer if a notice to employer is requested the Obligor can send the payments directly to the San Antonio Office
  - d. Does the Obligor have any other children to support not of the marriage? \_\_\_\_\_ If yes, how many? : \_\_\_\_\_
  - e. When applicable the firm will file the notice to employer to have Obligor's income deducted directly from the Obligor's paycheck. We prepare the Employer's Wage Withholding Order, have it signed by the judge and pay the associated fee.

IV. Division of Marital Estate

1. Who is awarded the real estate property and debt associated with the property?  
\_\_\_\_\_
2. Legal Description, Physical Address must be provided before deed preparation, and copy of deed: \_\_\_\_\_
3. Is the real estate to be sold? If so, who retains the property until sold? \_\_\_\_\_
4. Who pays payments and repairs until sold? \_\_\_\_\_

5. The net proceeds will be divided as follows:

6. Who is awarded possession of the motor vehicles, including trailers, boats and motorcycles, year, make, model and VIN? State who is awarded the asset and debt below:

- a. \_\_\_\_\_ VIN \_\_\_\_\_
- b. \_\_\_\_\_ VIN \_\_\_\_\_
- c. \_\_\_\_\_ VIN \_\_\_\_\_
- d. \_\_\_\_\_ VIN \_\_\_\_\_

7. Tangible personal property: Each party is awarded all household furniture, furnishings, fixtures, goods, art objects, collectibles, appliances, equipment, clothing, jewelry, and other personal effects in possession unless otherwise specified. If you wish to specify please list here. If you need to attach an additional page, please do so.

Husband: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Each party is awarded all sums of cash and bank accounts, stocks and bonds, which stand in the parties' sole name, unless otherwise specified. If you wish to specify, please list below, including complete account numbers, current balances, awarded to which spouse:

Husband: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Each party is awarded all sums and rights to profit-sharing plan, pension plan, 401(k) plan, employee savings plan, etc., existing by reason of that person's employment, unless otherwise specified. IF RETIREMENT IS TO BE

DIVIDED, YOU MUST PROVIDE THE PHONE NUMBER OF THE PLAN ADMINISTRATOR.

\_\_\_\_\_

10. Each party is awarded his/her own life insurance policies, unless otherwise specified: \_\_\_\_\_

11. Who is awarded credit card(s) and assumption of debt associated with card? List card, last 4 digits of the account number and who will keep the card.

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

12. Each party assumes all debts, charges, liabilities, and obligations incurred solely by them from the date of separation through the date of divorce unless otherwise specified.

\_\_\_\_\_

13. Is there any separate property? (Property owned by you or your spouse before marriage, acquired by gift, inheritance or recovery for personal injury) \_\_\_\_\_

If yes, please describe below:

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

14. Both parties shall be equally responsible for all federal income tax liabilities from the date of marriage through the date of divorce, and each party shall file an individual income tax return for the year of divorce unless otherwise specified.

15. Do you plan on having your spouse also sign the Final Decree of Divorce? Circle: Yes or No.

V. The Name Change Client Questionnaire

1. Party requesting Name Change:

Full Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_ City, State and County where born: \_\_\_\_\_

Race: \_\_\_\_ SSN: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Full New Name: \_\_\_\_\_  
Reason for Name Change: \_\_\_\_\_

VI. If the name change is for a child, in addition to above, also complete the following:

Mom:

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
City, State, and Country where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's license number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dad:

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
City, State, and Country where born: \_\_\_\_\_  
Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's license number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_