

Duane L. Coker

Attorney at Law

Child Information (Continued)

Name: _____

Sex (M/F) _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____

Current Residence: _____

Current Guardian: _____

Is there a Possible Custody Dispute? _____

Children not in this household

Name _____

Sex (M/F) _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____

Current Residence: _____

Who has Duty of Support? _____

Name _____

Sex (M/F) _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Age: _____

Current Residence: _____

Who has Duty of Support? _____

With whom do these children live? _____

Marital Information

Date of Marriage: _____ Place of Marriage: _____

Separation Date: _____

Length of Residence in Texas: _____

Have you sought marriage counseling? Yes No

Name of Counselor: _____

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Marital Information (Continued)

Your Prior Marriages: _____

Spouse's Prior Marriages: _____

Marital Difficulties: (Current Marriage) **Circle all that apply.**

drugs/alcohol

financial dispute

incompatibility

sexual disappointment

religion

physical violence

other: _____

Your Religious Preference: _____

Spouse's Religious Preference: _____

If the divorce is granted, should the wife's maiden name be restored? Yes No

What name should be used? _____

Please provide any additional information you feel is important in the space below.

Additional Information

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It is imperative that you be open and honest in answering the following questions. Any discussion relating to any of these topics between you and your attorney will be protected by the attorney-client privilege. If you fail to be honest in answering these questions, it could be absolutely disastrous to your case. Please answer as fully as possible.

Alleged Information

Will anyone allege that your or your spouse has done any of the following?
Please circle appropriate choices.

Committed a crime		
Been arrested		
Been in jail or prison	You	Spouse
Been hospitalized for using illegal drugs		
Abused prescription drugs	You	Spouse
Been hospitalized for prescription drugs		
Abused alcohol	You	Spouse
Been hospitalized for abusing alcohol		
Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)	You	Spouse
Engaged in gambling activities (legal or illegal)	You	Spouse
Engaged in other illegal activities		
Attempted suicide	You	Spouse
Been hospitalized for an emotional or psychiatric disorder		
Suffered from or received treatment for an emotional or psychiatric condition	You	Spouse
Abused own spouse	You	Spouse
Been accused of child abuse		
Had a sexual relationship during the marriage with someone other than the spouse	You	Spouse
Had a sexual relationship (during or not during) the marriage with someone other than the spouse of which the children were aware	You	Spouse

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Alleged Information (Continued)

Describe the children's relationship and the children's feelings of the person(s) involved in the above-mentioned relationships.

Would anyone allege you or your spouse has drunk to excess? What and how often?

If you or your spouse has a relationship with a person whom the children see frequently and that person would answer *yes* to one or more of the preceding litigation questions, describe the situation.

Do you or your spouse suffer from any physical disability that would interfere with being able to care for the children? Please describe.

Have you or your spouse made any photographs, audio or visual recordings of the other party. If so, describe the content.

Prior Offense Information

Type of Offense	Date of Offense	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is correct to the best of my knowledge.

Name: _____ Date: _____