

Date of Interview \_\_\_\_\_, 201\_\_

When filling out this form it is important to remember that some of the requested information is needed to complete an Austin Form required by the State of Texas. Please fill in all known information.

CLIENT'S INFORMATION

Client Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile \_\_\_\_\_

Wk Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

Birth place: \_\_\_\_\_

DL#: \_\_\_\_\_ State \_\_\_\_\_

Contact name and number of someone who will always know how to get in touch with you: \_\_\_\_\_

RESPONDENT'S INFORMATION

(Respondent would be your Spouse, Ex-Spouse or Other Parent to Your Child)

Respondent's #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Respondent's Phone Number: \_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

Birth Place: \_\_\_\_\_

DL#: \_\_\_\_\_ State \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Is Respondent a current active duty military member? \_\_\_\_\_

If so, which Branch of the service? \_\_\_\_\_

IF WE ARE SERVING THE RESPONDENT, WE WILL NEED:

Physical Description: Height \_\_\_\_\_ Weight \_\_\_\_\_ (thick or thin)

Race: \_\_\_\_\_ Caucasian - Black - Asian - Hispanic - Indian (Circle One)

Hair Color \_\_\_\_\_ Hair Length \_\_\_\_\_

Mustache or Beard (Describe) \_\_\_\_\_

Glasses or Tattoos \_\_\_\_\_

Eyes: \_\_\_\_\_ Identifying marks \_\_\_\_\_

What name does he/she answer to: \_\_\_\_\_

What kind of vehicle does he/she drive: \_\_\_\_\_

MARRIAGE INFORMATION:

Date of Marriage: \_\_\_\_\_

Place of Marriage (city & state): \_\_\_\_\_

Date of Separation: \_\_\_\_\_

CHILDREN

CHILD ONE:

Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_

CHILD TWO:

Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_

CHILD THREE:

Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birth Place: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Present Address: \_\_\_\_\_

ARE CHILDREN CURRENTLY COVERED BY HEALTH INSURANCE? \_\_\_\_\_  
IF SO, WHAT IS THE NAME OF THE INSURANCE CO? \_\_\_\_\_

WHO PAYS FOR THE INSURANCE? \_\_\_\_\_  
IS INSURANCE PROVIDED THROUGH HUSBAND/WIFE'S EMPLOYER? \_\_\_\_\_

CUSTODY OF CHILDREN:

Joint MC: \_\_\_\_\_  
\_\_\_\_\_

Who is Primary Joint MC: \_\_\_\_\_

Sole MC: \_\_\_\_\_

PC: \_\_\_\_\_

Amount of Child support: \_\_\_\_\_

Based upon Gross wages of: \_\_\_\_\_

Debts? LIST NAME OF CREDITOR, APPROXIMATE BALANCE  
AND WHO WILL BE PAYING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESTRAINING ORDER:

IS RESTRAINING ORDER NEEDED? \_\_\_\_\_

FOR PROPERTY ONLY \_\_\_\_\_ FOR PERSON & PROPERTY \_\_\_\_\_

DO WE RESTORE MAIDEN NAME: \_\_\_\_\_

DO WE REQUEST ANY NAME CHANGE: \_\_\_\_\_

**SEPARATE PROPERTY:**

Does husband or wife own separate property? Separate property would be property owned prior to marriage; property inherited from family; or property given as a gift to one spouse or the other, \_\_\_\_\_

If yes, please describe the separate property:

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**PROPERTY OWNED:**

Wife's Car:            Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color: \_\_\_\_\_

Debt?: Yes/No

Debt owed to whom: \_\_\_\_\_

Husband' Car:        Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color: \_\_\_\_\_

Debt?: Yes/No

Debt owed to whom: \_\_\_\_\_

Real Estate:         Address: \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

Other Real Estate:

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Other significant property:

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**DEBTS OWED:**

Other than the debts associated with your home or cars, what other debts do you owe?

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Other Items to be specifically awarded:

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**RETIREMENT**

Do you or your spouse have any retirement benefits, 401K accounts or other pension benefits through employment or other source?: \_\_\_\_\_

Through Employment? yes/no

If yes, name of plan: \_\_\_\_\_

address of plan: \_\_\_\_\_

Is it a 401K or Defined contribution plan? \_\_\_\_\_

Is it a regular pension plan? \_\_\_\_\_

Military Retirement? \_\_\_\_\_

**STOCK:**

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Trading company? \_\_\_\_\_