

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 _____

Name, number and relationship of someone who will always know how to get in touch with you: _____

OPPOSING PARTY INFORMATION

(Opposing Party would be your Spouse, Ex-Spouse or Other Parent or custodian of Your Child)

Opposing Party's name: _____

Address: _____

Opposing Party's Phone Number: _____

Maiden name (if applicable) _____

Birth date: _____

SS#: _____

Birth Place: _____

DL#: _____ State _____

Name of Employer: _____

Work Address: _____

Work Phone#: _____

Work Hours: _____

Is Opposing Party 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: _____

What color is the vehicle: _____

MARRIAGE INFORMATION: (This information is only needed for a Divorce Case)

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 FATHER OR MOTHER'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: _____

(The information from here down is only needed for divorce cases.)

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:

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:

Other significant property:

DEBTS OWED:

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

Other Items to be specifically awarded:

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:

Trading company? _____