

Gary Cunha, P.C.
Confidential Client Information Sheet

Name	DOB
Spouse	DOB
Address	
City, St, Zip	
<input type="checkbox"/> Rent <input type="checkbox"/> Buying Home <input type="checkbox"/> Own Home (paid off) <input type="checkbox"/> live with friends/relatives	
Home Phone	
Cell Phone his	hers
Work Phone his	hers
Email his	hers
His Social Security #	TX Drivers License#
Her Social Security #	TX Drivers License#
If you are here on behalf of someone else, their Name	

I am interested in (check all that apply):

- | Family Law | Estate Planning | Business/Civil | Criminal |
|--|--|---|---|
| <input type="checkbox"/> Divorce/Annulment | <input type="checkbox"/> Wills & Trusts | <input type="checkbox"/> Business | <input type="checkbox"/> Misdemeanor |
| <input type="checkbox"/> Child Custody/Support | <input type="checkbox"/> Living Will | <input type="checkbox"/> Taxation | <input type="checkbox"/> Felony |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Healthcare PoA | <input type="checkbox"/> General Civil Litigation | <input type="checkbox"/> Class C Citation |
| <input type="checkbox"/> Pre-Marital Counsel | <input type="checkbox"/> Elder Care Planning | <input type="checkbox"/> Debt Relief/Bankruptcy | <input type="checkbox"/> Traffic Ticket |

Please give a brief description of your legal problem:

WAIVER & CONSENT

I certify that I am not currently represented by an attorney with regard to the matter I am here for today, or if I am represented, I am here for a second opinion. I understand that all matters discussed with the attorney are subject to confidentiality under the attorney-client privilege. The attorney may not discuss the matters with third parties without my consent except as needed to carry out representation of me. The law also requires the attorney to disclose my confidential information if: ordered by the court, the Texas Disciplinary Rules, other law, to defend against civil or criminal charge, to prevent the client from committing fraud or criminal act, or to rectify fraud or criminal acts. I further certify that I will be truthful with the attorney with regard to potential conflicts of interest and all other matters. I realize it is in my best interest to be honest with the attorney so that I get the best legal advice. There is no charge for today's visit.

Date: _____ Sign: _____

How did you hear about us? Yellow Book / Waco Pages / web search / Facebook / referral/other: _____

office use: retainer \$ _____ <input type="checkbox"/> took paperwork <input type="checkbox"/> did not take paperwork <input type="checkbox"/> other issues: _____
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Divorce/Annulment Initial Consultation Client Information Sheet

Please fill in all information that applies to you. **All information given remains confidential under the attorney-client privilege, even if you do not hire me.** DO NOT LEAVE ANY BLANKS. *WRITE N/A or CROSS OFF AN ITEM IF AN ITEM DOES NOT APPLY TO YOU.*

Personal information

Maiden/Other Name(s) used: _____

How long have you lived in Texas? _____ years _____ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: _____

How long have you lived in that county? _____ years _____ months

Place of Birth (city/state): _____

Employment Information

Employer: _____ Phone: _____

Work Address: _____

Job Title: _____ How long? _____

Gross Monthly Salary \$ _____ other benefits: _____

Children You had with your Spouse We have never had children... or

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

of HIS children with different women: _____ # of HER children with different men: _____

Do you think you and your spouse may be able to work things out without divorce? Y / N

If yes, please explain: _____

Have you tried marriage counseling? Y / N When? _____

What was the result of counseling? _____

What expectations do you have regarding the attorney-client relationship?

Spouse Information

Full Name: _____

Maiden/Other Name(s): _____

Address: _____

Mailing Address: SAME or _____

Phone: home: _____ work: _____ cell: _____

Email: _____ pager: _____ fax: _____

Place of Birth (city/state): _____

How long lived in Texas? _____ years _____ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: _____

How long lived in that county? _____ years _____ months

Spouse Employment Information

Employer: _____ Phone: _____

Work Address: _____

Job Title: _____ How long? _____

Gross Monthly Salary \$ _____ other benefits: _____

Did you sign a pre-nup? Y / N Post-nup? Y / N Other agreement affecting property rights? Y / N

Current Marriage Information

Date you were married: _____

Place (City & State) marriage took place: _____

Date of Separation: _____ Marriage Counselor? Y / N Name: _____

Problems you are having (all that apply): Adultery by him / Adultery by her / Arguments / Financial Abuse / Imprisonment of Spouse / Abandonment / Other: _____

Is the Wife pregnant? Y / N Expected Due Date: _____

Is a man besides the Husband possibly the father? Y / N His name: _____

Do you want to change your name after divorce? Y / N to: _____

Have you or your spouse ever engaged in abusive behavior or domestic violence? Y / N

Who did it and when? _____

If so, was it reported to social services, police, or other? Y / N Agency: _____

Is either spouse disabled? Yes – Husband / Yes - Wife

List ALL property (real and personal – include houses, vehicles, retirement, businesses, stocks, etc.):

Property	Value	Debt Owed	Pmt	office use
home (address & BR/BA/acres)	\$	\$	\$	H / W / C
his vehicle (yr/make/model/miles)	\$	\$	\$	H / W / C
her vehicle (yr/make/model/miles)	\$	\$	\$	H / W / C
his retirement	\$	\$	\$	H / W / C
her retirement	\$	\$	\$	H / W / C
_____	\$	\$	\$	H / W / C
_____	\$	\$	\$	H / W / C
_____	\$	\$	\$	H / W / C
_____	\$	\$	\$	H / W / C
_____	\$	\$	\$	H / W / C
_____	\$	\$	\$	H / W / C
_____	\$	\$	\$	H / W / C

list all other important assets

Have ANY cases already been filed? Y / N, If yes circle: divorce / child support / attorney general

Case # _____ date filed _____

Spouse's Attorney's Name _____

What kind of child custody arrangements do you want? _____

Do you expect a dispute over custody? Y / N

How much child support do you expect to pay \$ _____ receive \$ _____

Have you talked with any other Attorneys about this case? Y / N

If yes, who did you talk to, how much did they want to charge you, what did you like and dislike about that attorney, and why did you not hire that attorney?

Please read the following:

It is the policy of this law firm to recommend that spouses attempt to work things out in an amicable fashion. The reason for this is for the benefit of the children and spouses. This saves you and your spouse attorneys fees as well as emotional stress. Do not misinterpret this statement. If necessary, this firm will fight for your rights. Just understand that court battles can be costly both financially and emotionally and usually result in both parties "losing." The aim of this firm is to protect your rights without lengthy and expensive litigation whenever possible. We do not want you to sacrifice your rights at the expense of amicability, but we will recommend to not fight battles that are not worth fighting due to the emotional and financial cost to you, your spouse, and your children. Of course, sometimes we have no choice but to seek Court intervention in resolving disputes, and as such, will fight for your rights to the fullest extent of the law.

I have read, understand, and agree with the above statement:

(sign) _____ (date:) _____