

**DIVORCE CONSULTATION/INTAKE**

DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

**CONSULTATION FEE** I UNDERSTAND OWENS & OWENS CHARGES A FEE FOR CONSULTATIONS AND THAT I AM RESPONSIBLE FOR PAYMENT OF SUCH FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THE COST OF MY CONSULTATION.

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**INITIALS**

**ATTORNEY CLIENT RELATIONSHIP** I UNDERSTAND THAT AN ATTORNEY-CLIENT RELATIONSHIP IS NOT CREATED UNLESS I EXECUTE A LEGAL SERVICES AGREEMENT (CONTRACT) HOWEVER THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO INFORMATION DISCLOSED BY ME DURING THE CONSULTATION.

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**INITIALS**

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**YOUR INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No  
Home# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos  
Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
Work Schedule \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
Pay Frequency  WEEKLY  BIWEEKLY  SEMIMONTHLY  MONTHLY  
Pay Type(s)  Salary  Hourly  Base+Commission  Commission Only  Overtime  Bonuses

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**SPOUSE'S INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No  
Home# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos

Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
 Work Schedule \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
 Pay Frequency  WEEKLY  BIWEEKLY  SEMIMONTHLY  MONTHLY  
 Pay Type(s)  Salary  Hourly  Base+Commission  Commission Only  Overtime  Bonuses

**MARRIAGE INFORMATION**

Date Married \_\_\_/\_\_\_/\_\_\_ Place Married (City/State) \_\_\_\_\_  
 Y  N - Ceremony Held?  Y  N - Either Spouse Incapacitated/Disabled?  
 Y  N - Common Law Declaration Filed?  Y  N - Child(ren) with Special Needs?  
 Y  N - Currently Separated?  Y  N - Bankruptcy Pending?  
 Y  N - Prior Separations?  Y  N - Marriage/Individual Counseling?  
 Y  N - Spouse has filed for divorce?  Y  N - Criminal History?  
 Y  N - Served with divorce papers?  Y  N - Mental Illness?  
 Y  N - Domestic Violence?  Y  N - Alcohol/Drug Issues?  
 Y  N - Protective Orders?  Y  N - Tax Issues/Debts?  
 Y  N - Criminal Charges Pending?  Y  N - Foreclosure?  
 Y  N - Child Protective Services Involved?  Y  N - Prior Marriages?

Briefly describe any issues/concerns you have, including immediate needs:  
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**CHILD(REN)'S INFORMATION**

First Name \_\_\_\_\_ Middle Int. \_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance  Y  N If yes, provider info: \_\_\_\_\_  
 Y  N - Child of the Marriage?  Y  N - Existing Court Orders as to this Child?  
 Y  N - Step-Child?  Y  N - Child has an Estate?  
 Y  N - Parentage in Question?  Y  N - Attorney General Involvement?

First Name \_\_\_\_\_ Middle Int. \_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance  Y  N If yes, provider info: \_\_\_\_\_  

<input type="checkbox"/> Y <input type="checkbox"/> N - Child of the Marriage? <input type="checkbox"/> Y <input type="checkbox"/> N - Step-Child? <input type="checkbox"/> Y <input type="checkbox"/> N - Parentage in Question?	<input type="checkbox"/> Y <input type="checkbox"/> N - Existing Court Orders as to this Child? <input type="checkbox"/> Y <input type="checkbox"/> N - Child has an Estate? <input type="checkbox"/> Y <input type="checkbox"/> N - Attorney General Involvement?
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First Name \_\_\_\_\_ Middle Int. \_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance  Y  N If yes, provider info: \_\_\_\_\_  

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First Name \_\_\_\_\_ Middle Int. \_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance  Y  N If yes, provider info: \_\_\_\_\_  

<input type="checkbox"/> Y <input type="checkbox"/> N - Child of the Marriage? <input type="checkbox"/> Y <input type="checkbox"/> N - Step-Child? <input type="checkbox"/> Y <input type="checkbox"/> N - Parentage in Question?	<input type="checkbox"/> Y <input type="checkbox"/> N - Existing Court Orders as to this Child? <input type="checkbox"/> Y <input type="checkbox"/> N - Child has an Estate? <input type="checkbox"/> Y <input type="checkbox"/> N - Attorney General Involvement?
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**CONSULTATION NOTES** (for attorney use only)

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RETAINER \$ \_\_\_\_\_ ANTICIPATED FILING FEES \$ \_\_\_\_\_

## **TERMS OF DIVORCE**

### Uncontested Divorce aka Waiver Divorce

Spouses agree to all terms of divorce regarding characterization and division of property and debts and for children of the marriage, custody, possession/access and support (including medical support).

### Contested Divorce

Any divorce in which the spouses disagree to any or all terms of the divorce (characterization and division of property and debts, custody, possession/access and support of children).

### Collaborative Divorce

Spouses “opt out” of litigation (court proceedings) by contract and instead engage in the collaborative process to develop workable, long-term settlement plan that addresses the interests of everyone involved with the use of neutral professionals (financial & communications) and legal counsel. Collaborative divorces are private (no public hearings or filings) and afford the Spouses much greater control over the outcome of the divorce. Information is shared freely in this process thus, in the unlikely event the collaborative process fails, the Spouses must hire separate legal counsel to litigate.

### Mediation

Mediation is the use of a neutral individual who assist the Spouses in reaching an agreement resolving issues in disputes in the divorce. Mediation is routinely required by the courts prior to a trial setting.

### Temporary Restraining Order (TRO)

A TRO is an Order obtained prior to any hearing to protect the Spouses and children until a hearing can be scheduled (within 14 days) for temporary orders.

### Temporary Orders

Prior to a trial, the court can make orders regarding the Spouses, children, property and debts including allocation of community income, payment of debts, custody, possession/access and support. Temporary Orders can include appraisals of property, drug testing, access facilitation, social studies and more.

### Child Custody

Custody aka conservatorship is the allocation of rights/duties of parents. The presumption in Texas is that parents should be appointed a joint conservators, meaning they continue to share the rights/duties of a parent.

### Child Possession/Access

This is the schedule of when children are with their individual parents and includes provisions as to when and how possession is exchanged between parents.

### Child Support

The law requires a court to make orders for the support of the child(ren) including health insurance and payment of un-insured medical expenses. Statutory guidelines for child support are presumed to be in the best interest of the child(ren).

### Protective Order

A protective order is based upon sworn testimony regarding family violence and orders the offender from making contact with the victim(s) or coming within a certain distance of the victim(s) or his/her/their usual place of business, school, daycare and/or residence.