

ATTORNEY OFFICE OF R. T. WILLIS, P.C.

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ATTORNEY-CLIENT COMMUNICATION NOTICE:
THIS DOCUMENT AND ALL CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION

CLIENT INFORMATION FORM – FAMILY LAW

THIS INFORMATION IS USED ONLY AS OUR CLIENT INFORMATION. PLEASE PROVIDE CURRENT INFORMATION AS THIS HELPS THE ATTORNEY WITH YOUR CASE AND ALSO PROVIDES US YOUR CONTACT INFORMATION.

A \$100.00 INITIAL CONSULTATION FEE WILL BE CHARGED FOR THIS VISIT AND PAYMENT IS EXPECTED PRIOR TO VISITING WITH THE ATTORNEY.

PLEASE CHECK ONE OF THE FOLLOWING:				
☐ DIVORCE	☐ Modify Previous Divorce	☐ ENFORCE	MENT (CHILD SUPPORT, ETC)	☐ ADOPTION
DATE:				
CLIENT'S NAME:				
RESIDENCE ADDRESS:			CITY:	ZIP:
Do you: Own Amo	UNT OWED:	_ LEASE	LENGTH OF LEASE REMAINING: _	
PHONE NUMBERS YOU	PREFER WE USE TO CONTACT	YOU:		
RESIDENCE:	CELL:		WORK:	
DATE OF BIRTH:	Age:	SOCIAL SE	CURITY No.:	
DRIVER'S LICENSE NO:	CLIENT'S EMAI	L ADDRESS:		
EMPLOYER'S NAME:				
EMPLOYER'S ADDRESS:				
CLIENT'S YEARLY INCOME:	Spouse's Yearly In	ICOME:	Ex-Spouse's Yearly In	ICOME:
CURRENT MARITAL STATUS	s:	Spouse's NA	ME:	
Adverse Party's Name (Ex or soon to be Ex-Spouse):			
ATTORNEY'S NAME FOR AL	OVERSE PARTY:			
# OF CHILDREN:N	Names:			
Referred by:		ADVERTISI	NG:	