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FAMILY LAW—CLIENT INTAKE FORM

**DISCLAIMER: FILLING OUT THIS INTAKE FORM DOES NOT CONSTITUTE ATTORNEY CLIENT RELATIONSHIP BETWEEN YOU AND LAW OFFICES OF OMONZUSI IMOBIOH. NO ATTORNEY CLIENT RELATIONSHIP EXISTS UNTIL WE HAVE BEEN FORMALLY RETAINED. FORMAL RETAINER INVOLVES THE SIGNING OF AN ATTORNEY CLIENT RELATIONSHIP AND THE PAYMENT OF OUR ATTORNEY FEES.**

DATE: \_\_\_\_\_

1. FULL NAME OF CLIENT (plus maiden name) \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHPLACE (City and State): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_

LENGTH OF RESIDENCE IN [COUNTY]: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SALARY PER MONTH: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

2. FULL NAME OF SPOUSE (plus maiden name): \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHPLACE (City and State): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_

LENGTH OF RESIDENCE IN [COUNTY]: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SALARY PER MONTH: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WILL SERVICE OF PROCESS BE NECESSARY? \_\_\_\_\_

Should we ask for temporary orders on property? \_\_\_\_\_

On support for spouse? \_\_\_\_\_ On children? \_\_\_\_\_

Do you want to send Respondent a notice of hearing on temporary orders when served?  
\_\_\_\_\_

Do you want to ask for attorneys' fees? \_\_\_\_\_

3. DATE OF MARRIAGE: \_\_\_\_\_

PLACE OF MARRIAGE (city and state): \_\_\_\_\_

ARE YOU NOW SEPARATED? \_\_\_\_\_

DATE OF SEPARATION: \_\_\_\_\_

HAVE YOU PREVIOUSLY FILED FOR DIVORCE? \_\_\_\_\_

DO YOU THINK YOUR SPOUSE HAS AN ATTORNEY? \_\_\_\_\_

IF SO, NAME: \_\_\_\_\_

IF A DIVORCE IS GRANTED WILL THERE BE A CHANGE OF NAME?

NO \_\_\_\_\_ YES: \_\_\_\_\_

4. CHILDREN:

A. NAME: \_\_\_\_\_ B.D. \_\_\_\_\_

BIRTHPLACE (include county): \_\_\_\_\_ SEX: \_\_\_\_

SS#: \_\_\_\_\_ Current residence: \_\_\_\_\_

B. NAME: \_\_\_\_\_ B.D. \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ SEX: \_\_\_\_\_

SS#: \_\_\_\_\_ Current residence: \_\_\_\_\_

C. NAME: \_\_\_\_\_ B.D. \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ SEX: \_\_\_\_\_

SS#: \_\_\_\_\_ Current residence: \_\_\_\_\_

There will be joint custody.

Who will the children live with \_\_\_\_\_

Use Standard Visitation? \_\_\_\_\_

Who are the child(ren) living with now? \_\_\_\_\_

Are the children covered by health insurance now? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Has anyone received Aid to Families with Dependent Children (Government Assistance); Medicaid or is the Attorney General's office involved in any way? \_\_\_\_\_

Have either you or your spouse been a party to a Family Protective Order?

\_\_\_\_ Yes \_\_\_\_ No (If the answer is yes, provide a copy of the order).

5. PROPERTY:

REAL ESTATE:

1. ADDRESS: \_\_\_\_\_

MORTGAGE CO.: \_\_\_\_\_

MORTGAGE BALANCE: \_\_\_\_\_

ESTIMATED MARKET VALUE: \_\_\_\_\_

YEAR BOUGHT: \_\_\_\_\_

MONTHLY PAYMENTS: \_\_\_\_\_

BANK ACCOUNTS, SAVINGS ACCOUNTS, CD'S, CREDIT UNION, ETC.:

1. NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

AMOUNT ON DEPOSIT: \_\_\_\_\_

NAMES ON WITHDRAWAL CARDS: \_\_\_\_\_

2. NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

AMOUNT ON DEPOSIT: \_\_\_\_\_

NAMES ON WITHDRAWAL CARDS: \_\_\_\_\_

VEHICLES, BOATS, MOTORCYCLES:

1. YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ WHO DRIVES? \_\_\_\_\_

MORTGAGE WITH: \_\_\_\_\_

VIN # \_\_\_\_\_

2. YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ WHO DRIVES? \_\_\_\_\_

MORTGAGE WITH: \_\_\_\_\_

VIN # \_\_\_\_\_

3. YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ WHO DRIVES? \_\_\_\_\_

MORTGAGE WITH: \_\_\_\_\_

VIN # \_\_\_\_\_

Whose name are the vehicles listed in? \_\_\_\_\_

Will a power of attorney be necessary? \_\_\_\_\_

LIFE INSURANCE:

1. NAME OF COMPANY: \_\_\_\_\_

INSURING LIFE OF: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

2. NAME OF COMPANY: \_\_\_\_\_

INSURING LIFE OF: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

STOCKS, MUTUAL FUNDS:

1. NAME OF STOCK: \_\_\_\_\_

ESTIMATED AMOUNT INVESTED: \_\_\_\_\_

RETIREMENT, PENSION OR OTHER BENEFITS:

DO YOU PARTICIPATE IN ANY RETIREMENT PLAN? \_\_\_\_\_

DOES YOUR SPOUSE PARTICIPATE IN ANY PLAN? \_\_\_\_\_

DO YOU PARTICIPATE IN ANY SAVINGS PLAN? \_\_\_\_\_

DOES YOUR SPOUSE PARTICIPATE IN ANY SAVINGS PLAN? \_\_\_\_\_

6. DEBTS:

DOES ANYONE OWE YOU OR YOUR SPOUSE ANY MONEY? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

ARE YOU INVOLVED IN ANY LAWSUITS? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

LIST LIABILITIES OTHER THAN HOUSE AND/OR AUTOMOBILES:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

7. SEPARATE PROPERTY:

DO YOU OWN ANY SEPARATE PROPERTY? \_\_\_\_\_

DOES YOUR SPOUSE OWN ANY SEPARATE PROPERTY? \_\_\_\_\_

8. ADDRESS IN WHICH YOU WOULD LIKE TO RECEIVE MAIL (IF DIFFERENT FROM ABOVE ADDRESS):

\_\_\_\_\_

9. HAVE YOU OR YOUR SPOUSE FILED FOR BANKRUPTCY?

\_\_\_\_\_ If yes, has the case been closed? \_\_\_\_\_

ARE YOU CONSIDERING FILING FOR BANKRUPTCY \_\_\_\_\_

10. Please be aware that the attorney and staff are required by law to report instances of child abuse that come to their attention.

11. MISCELLANEOUS INFORMATION:

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

Who referred you or why did you select this office? \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Attorneys' fee: \_\_\_\_\_

Affidavit of Inability

Alimony eligibility:

Discovery

Accounting

Reimbursement

Retro.

K

Jurisdiction:

- a. Petitioner's residence: 90 days in County, 6 months in State
- b. Resident, out of state, military service: 6 months in service
- c. Military personnel: 6 months in County, 1 year in State
- d. Suit by non-residence spouse: respondent 1 year in State, now living in County