
Jackson Law Group

Earl Jackson
Board Certified
Texas Board of Specialization

Robert Thorton
State Bar College

Ashley K. Jenkins
Senior Paralegal

James C. Mosser
Of Counsel

Ray Waddel
Of Counsel

Robert Wood
Of Counsel

Tel: 214-369-7100
Fax: 888-765-7503

Dallas:
9401 Nixon, Suite 101
Dallas, Texas 75220

Frisco:
17110 N. Dallas Parkway, Suite 290
Dallas, Texas 75248

Dear Client:

First, we want to thank-you for visiting our web-site. Hopefully, you found it to be very helpful and informative. Tremendous efforts have gone into our site in order to bring to you the best information on the web. We like to say, Aour sites are about education - they are not billboards posted in cyberspace.@ We are sure that you would agree.

This divorce/family law package was developed in order for us to help you more efficiently. It is designed to get your divorce, modification, or enforcement case going as quickly as possible. It is designed to get the information that we need in order to help you. The package contains the following documents:

- 1) Client=s Questionnaire.
- 2) Client=s Alternative Dispute Resolution Statement
- 3) Financial Information Statement for Temporary Orders

Our Philosophy

Every attorney and every law firm has its own legal philosophy. It is important that you choose attorneys to represent you who have a philosophy with which you are comfortable.

High Quality Result

At the Jackson Law Firm, P.C. we view ourselves as problem solvers, whose main goal is to help you resolve your legal issues as quickly and efficiently as possible. We seek to obtain a legal result that is suited to your

needs, while thoroughly addressing the issues in your case.

We attempt to achieve that result at the lowest cost possible. We realize that litigation is expensive and that people need to save their money to invest in their future and the future of their children. However, we also believe it is important to achieve a sound legal result that will not create more litigation down the road. We aim to resolve all the legal issues that can reasonably be decided at the time of representation so you can turn your attention and financial resources to other matters.

It is important to invest an adequate amount of money at the outset. Sometimes people try to avoid the expense of litigation and end up with a legal result that is not only less than satisfactory, but may be more expensive to fix in the long run. It is expensive to re-litigate issues that were not properly resolved the first time. There are some legal decisions that cannot be "undone" once they are made. Therefore, it is crucial that you be willing to make the investment necessary to achieve a high-quality result. It is our job to make sure that your money is spent wisely.

It's About People..... You & Your Family

Money, of course, is not the only issue involved in litigation. A significant part of our "problem solving" philosophy is about people. We realize that divorce and custody fights are emotionally difficult for everyone. People, especially children, are often deeply scarred for years by the ugliness of legal battles. One of our primary goals is to achieve the best result with as little nastiness as possible. Sometimes litigation is the only effective way to achieve the result that is in the best interests of you and your family. However, it is not our goal to litigate when a high-quality settlement can be reached in other ways.

Attorneys are expensive. We take very seriously both our obligation to utilize your resources wisely and our intention not to make you and your children "victims on the battlefield." We believe that it is in our interest to

practice according to this philosophy. A law firm's reputation is important in a town like Dallas. In the end, if you're satisfied with the legal services you've received, you will more likely to recommend us to your family and friends.

The attached Client Questionnaire is designed to help us help you in the most efficient manner possible. The Client Questionnaire immediately brings forward the data we need in order to get your case on file or respond to a lawsuit as speedily as possible..

If you have any questions about your case or the attached documents, please do not hesitate to call us at 214.369.7100.

Yours truly,

Earl N Jackson

CLIENT NAME: _____

CLIENT QUESTIONNAIRE

PLEASE FILL OUT THIS QUESTIONNAIRE AND RETURN IT AS SOON AS POSSIBLE. IT IS IMPORTANT THAT YOU ANSWER EACH QUESTION FULLY.

IT IS IMPERATIVE THAT YOU BE CANDID!

YOU SHOULD ANSWER ALL QUESTIONS RELEVANT TO YOUR CASE. IF A QUESTION DOES NOT APPLY TO YOUR PARTICULAR SITUATION, PLEASE INDICATE BY MARKING THE QUESTION "N/A". IF THE ANSWER TO ANY QUESTION REQUIRES MORE SPACE THAN HAS BEEN PROVIDED ON THE FORM, PLEASE COMPLETE YOUR ANSWER ON A SEPARATE SHEET: REFER TO THE QUESTION NUMBER TO WHICH YOUR ANSWER APPLIES, AND ATTACH YOUR ANSWER TO THIS QUESTIONNAIRE.

YOUR RESPONSES TO THESE QUESTIONS WILL HELP TO ORGANIZE YOUR CASE AND WILL SAVE YOU MONEY ON ATTORNEY'S FEES IN TRYING TO GATHER AND ASSEMBLE INFORMATION AFTER THE CASE IS IN PROGRESS.

SINCE YOUR ANSWERS ARE BEING MADE TO AN ATTORNEY, YOU ARE ASSURED OF CONFIDENTIALITY AND ARE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

PERSONAL: ABOUT YOU

1. PLEASE GIVE YOUR *FULL* NAME, DATE AND PLACE OF BIRTH, AND SOCIAL SECURITY NUMBER.

FULL NAME: _____

BIRTH DATE: _____ STATE WHERE BORN: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

2. WHERE ARE YOU LIVING NOW, AND WHAT IS YOUR PHONE NUMBER?

ADDRESS: _____

CITY: _____

COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

3. AT WHAT ADDRESS DO YOU WISH TO RECEIVE MAIL FROM THIS OFFICE?

4. HOW DO YOU PREFER THAT WE CONTACT YOU?

ADDRESS: _____

PHONE: _____

FAX: _____

PAGER: _____

MOBILE PHONE: _____

5. WHO REFERRED YOU TO THIS OFFICE? _____

6. HAVE YOU CONSULTED OR RETAINED ANY OTHER ATTORNEYS ON THIS MATTER BEFORE COMING TO THIS OFFICE?

IF SO, PLEASE STATE WHO AND WHEN:

7. PLEASE COMPLETE THE FOLLOWING INFORMATION CONCERNING YOUR EMPLOYMENT.

EMPLOYER: _____

JOB TITLE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

MAY WE CALL YOU AT WORK? _____

GROSS SALARY PER MONTH OR ANNUALLY: _____

LENGTH OF EMPLOYMENT: _____

EDUCATION: _____

ABOUT YOUR SPOUSE OR EX-SPOUSE

- 8. PLEASE GIVE YOUR SPOUSE'S OR EX-SPOUSE'S *FULL NAME*, DATE AND PLACE OF BIRTH, AND SOCIAL SECURITY NUMBER.**

FULL NAME: _____

BIRTH DATE: _____ **STATE WHERE BORN:** _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

- 9. WHERE IS YOUR SPOUSE OR EX-SPOUSE LIVING NOW, AND WHAT IS HIS OR HER PHONE NUMBER?**

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____

ZIP: _____ **HOME PHONE:** _____

- 10. PLEASE COMPLETE THE FOLLOWING INFORMATION CONCERNING YOUR SPOUSE'S OR EX-SPOUSE'S EMPLOYMENT.**

EMPLOYER: _____

JOB TITLE: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

GROSS SALARY PER MONTH OR ANNUALLY: _____

LENGTH OF EMPLOYMENT: _____

EDUCATION: _____

ABOUT YOUR CHILDREN:

- 11. PLEASE GIVE THE FULL NAME, DATE AND PLACE OF BIRTH, SEX, AND SOCIAL SECURITY NUMBER OF EACH CHILD OF THIS MARRIAGE:**

NAME:

SEX (M/F):__DATE OF BIRTH:____AGE:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME:

SEX (M/F):__DATE OF BIRTH:____AGE:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME:

SEX (M/F):____**DATE OF BIRTH:**____**AGE:**

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME:

SEX (M/F):____**DATE OF BIRTH:**____**AGE:**

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME:

SEX (M/F):____**DATE OF BIRTH:**____**AGE:**

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

12. WILL THERE BE A DISPUTE OVER THE CHILDREN? YES NO

IF NOT, WITH WHOM WILL CUSTODY BE?_____

13. WHERE AND WITH WHOM ARE THE CHILDREN LIVING NOW?_____

ABOUT YOUR MARRIAGE AND SEPARATION

14. PLEASE GIVE THE DATE AND PLACE OF YOUR MARRIAGE:

DATE: _____ PLACE: _____

ARE YOU NOW SEPARATED FROM YOUR SPOUSE?

IF SO, PLEASE STATE DATE OF SEPARATION:

15. HAVE YOU SEEN A MARRIAGE COUNSELOR? _____

IF SO, PLEASE STATE NAME: _____

16. WHAT IS YOUR RELIGIOUS PREFERENCE? _____

IF NONE, ARE YOU AGNOSTIC OR ATHEIST? _____

17. WHAT IS YOUR SPOUSE'S OR EX-SPOUSE'S RELIGIOUS PREFERENCE?

IF NONE, IS YOUR SPOUSE OR EX-SPOUSE AGNOSTIC OR ATHEIST? _____

18. CHECK AS APPROPRIATE IF YOUR MARITAL DIFFICULTIES INVOLVE ANY OF THE FOLLOWING:

___ DRUGS/ALCOHOL ___ SEXUAL DISAPPOINTMENT ___ INFIDELITY

___ FINANCIAL DISPUTE ___ PHYSICAL VIOLENCE ___ RELIGION

___ INCOMPATIBILITY ___ OTHER: _____

19. HOW LONG HAVE YOU LIVED IN TEXAS? _____

20. HAVE YOU OR YOUR SPOUSE EVER FILED FOR DIVORCE? _____

IF SO, WHEN AND WHERE? _____

21. DOES YOUR SPOUSE OR EX-SPOUSE HAVE AN ATTORNEY? _____

IF SO, WHO? _____

22. HAVE YOU EVER BEEN MARRIED BEFORE? _____

IF SO, HOW MANY TIMES? _____

23. DO YOU OR YOUR SPOUSE OR EX-SPOUSE HAVE ANY OTHER CHILDREN FOR WHOM A DUTY OF SUPPORT IS OWED?

IF SO, PLEASE GIVE THE FULL NAME, DATE AND PLACE OF BIRTH, SEX, AND SOCIAL SECURITY NUMBER OF
EACH SUCH CHILD:

NAME:

SEX (M/F):__DATE OF BIRTH:____AGE:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME:

SEX (M/F):__DATE OF BIRTH:____AGE:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME:

SEX (M/F):__DATE OF BIRTH:____AGE:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

24. WHERE AND WITH WHOM DO THESE CHILDREN LIVE?

25. DO YOU PAY/RECEIVE CHILD SUPPORT?

IF SO, HOW MUCH? \$_____PER

26. DOES YOUR SPOUSE OR EX-SPOUSE PAY/RECEIVE CHILD SUPPORT?

IF SO, HOW MUCH? \$_____PER

27. IF A DIVORCE IS GRANTED, SHOULD THE WIFE'S MAIDEN NAME BE RESTORED?

IF SO, WHAT NAME SHOULD BE USED?

"SKELETONS IN THE CLOSET" AND SENSITIVE TOPICS:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

IF AN ANSWER TO ONE OF THE QUESTIONS BELOW IS "YES," PLEASE DESCRIBE THE SITUATION IN DETAIL.

USE A SEPARATE SHEET OF PAPER IF NECESSARY.

WILL ANYONE ALLEGE THAT YOU OR YOUR SPOUSE OR EX-SPOUSE HAS DONE ANY OF THE FOLLOWING:

	You	YOUR SPOUSE
1. COMMITTED A CRIME?		
2. BEEN ARRESTED?		
3. BEEN IN JAIL OR PRISON?		
4. USED ILLEGAL DRUGS?		
5. BEEN HOSPITALIZED FOR USING ILLEGAL DRUGS?		
6. ABUSED PRESCRIPTION DRUGS?		
7. BEEN HOSPITALIZED FOR ABUSING PRESCRIPTION DRUGS?		
8. ABUSED ALCOHOL?		
9. BEEN HOSPITALIZED FOR ABUSING ALCOHOL?		
10. BEEN ARRESTED FOR OR CONVICTED OF DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL (DRUNK DRIVING)?		
11. ENGAGED IN GAMBLING ACTIVITIES (LEGAL OR ILLEGAL)?		
12. ENGAGED IN OTHER ILLEGAL ACTIVITIES?		
13. ATTEMPTED SUICIDE?		
14. BEEN HOSPITALIZED FOR AN EMOTIONAL OR PSYCHIATRIC DISORDER?		
15. SUFFERED FROM OR RECEIVED TREATMENT FOR AN EMOTIONAL OR PSYCHIATRIC CONDITION?		

16. ABUSED OWN SPOUSE?		
17. BEEN ACCUSED OF CHILD ABUSE?		
18. HAD A SEXUAL RELATIONSHIP DURING THE MARRIAGE WITH SOMEONE OTHER THAN OWN SPOUSE?		
19. HAD A SEXUAL RELATIONSHIP (DURING OR NOT DURING THE MARRIAGE) WITH SOMEONE OTHER THAN OWN SPOUSE OF WHICH THE CHILDREN WERE AWARE? <i>IF SO, DESCRIBE THE CHILDREN'S REACTION TO THE RELATIONSHIP AND THE CHILDREN'S FEELINGS ABOUT THE PERSON(S) INVOLVED IN THE RELATIONSHIP.</i>		
20. HAD A HOMOSEXUAL/BISEXUAL RELATIONSHIP?		
21. ENGAGED IN UNUSUAL SEXUAL PRACTICES?		
22. HAD A PREGNANCY OUTSIDE OF MARRIAGE?	?	
23. HAD A SEXUALLY TRANSMITTED DISEASE?		
24. DRUNK TO EXCESS? <i>IF SO, WHAT AND HOW OFTEN?</i>		
25. OTHER?		

- 26. IF YOU OR YOUR SPOUSE OR EX-SPOUSE HAS A RELATIONSHIP WITH A PERSON WHOM THE CHILDREN SEE FREQUENTLY AND THAT PERSON WOULD ANSWER "YES" TO ONE OR MORE OF THE PRECEDING "SKELETON-IN-THE-CLOSET" QUESTIONS, DESCRIBE THE SITUATION:**
- 27. DO YOU OR YOUR SPOUSE OR EX-SPOUSE SUFFER FROM ANY PHYSICAL DISABILITY THAT WOULD INTERFERE WITH BEING ABLE TO CARE FOR THE CHILDREN?**
- 28. HAVE YOU OR YOUR SPOUSE OR EX-SPOUSE MADE ANY PHOTOGRAPHS OR AUDIO OR VISUAL RECORDINGS OF THE OTHER PARTY?**
- 29. IF SO, DESCRIBE THE CONTENT:**