

Kathryn Bradfield Lanan

ATTORNEY AT LAW

2404 FM 517 East
Dickinson, TX 77539
WWW.LOOKBL.com

832.738.1170
FAX 832.201.6667
Email: KBLanan@gmail.com

**KATHRYN BRADFIELD LANAN
DETAILED DIVORCE INQUIRY FORM**

Date _____ Referred By _____

INFORMATION CONCERNING CLIENT(S):

Client's Full Legal Name: _____
Address (home): _____
City _____ County _____ State _____ Zip _____
Home Number: _____
Cell Number: _____
Fax Number: _____
E-Mail: _____
Work Number: _____
Other Contact Number(s): _____
Mailing Address (if different from above): _____
Place of Birth: City _____ County _____ State _____
Date of Birth: _____ Age: _____
Race _____ Driver's License No. _____ SSN# _____
Place of Employment _____ Work Address: _____
City _____ County _____ State _____ Zipcode _____
Position and type of employment: _____
Alternate person to contact _____ Phone _____
(Family Member/Friend/etc.)
Race/Ethnicity: (required for reporting to the Bureau of Vital Statistics purposes only): _____

INFORMATION CONCERNING SPOUSE (HUSBAND/WIFE):

Spouse's Full Legal Name: _____
Address (home): _____
City _____ County _____ State _____ Zip _____
Home Number: _____
Cell Number: _____
Fax Number: _____
E-Mail: _____
Work Number: _____
Other Contact Number(s): _____
Mailing Address (if different from above): _____
Place of Birth: City _____ County _____ State _____
Date of Birth: _____ Age: _____
Race _____ Driver's License No. _____ SSN# _____

Place of Employment _____
Work Address: _____
City _____ County _____ State _____ Z ipcode _____
Position and type of employment: _____
Alternate person to contact _____ P hone _____
Race/Ethnicity: (required for reporting to the Bureau of Vital Statistics purposes only): _____

INFORMATION CONCERNING OPPOSING COUNSEL, if known or applicable:

Spouse's Attorney (if known): _____
Address: _____ Phone _____
City _____ State _____ Zip _____

GENERAL INFORMATION:

Date of Marriage _____
Place of Marriage: City _____ County: _____ State _____
Maiden Name _____
Do you wish to have your maiden or prior name restored? If so, provide new name: _____
Length of Time in County _____ Length of Time in State _____
Date you ceased to live together as husband and wife: _____

ADDITIONAL INFORMATION:

Are you seeking custody? Yes _____ No _____
Are you seeking child support? Yes _____ No _____
Are you seeking alimony? Yes _____ No _____ How Much? _____

Does either party have Retirement Benefits: Yes _____ No _____
Please describe the type of Retirement Benefits:
(i.e. Employment, Military, etc. _____
Date(s) of Employment _____

Please list all Major Community Property (i.e. Car, House, Land, etc.) _____

Are you seeking a Restraining Order? Yes _____ No _____
Do you need or already have a Protective Order? Yes _____ No _____

(Check all that apply)

- | | |
|------------------------------------|----------------------------------|
| _____ Adultery | _____ Insupportability |
| _____ Alimony and/or Child Support | _____ Interfering with Car |
| _____ Coming about Work/Home | _____ Interfering with Children |
| _____ Cruelty | _____ Selling Community Property |
| _____ Domestic Violence | _____ Sworn Inventory |
| _____ Financial Records | _____ Withdrawing Funds |
| _____ Harassing & Harming | |

Grounds for Divorce _____

I hereby certify that any and all of the foregoing information is true and correct. I agree to provide my attorney with any additional and/or corrected information and/or attachments and o inform my attorney if any information is determined to be in error.

CLIENT'S SIGNATURE

APPENDIX A - CHILDREN OF THE MARRIAGE

INFORMATION CONCERNING CHILDREN OF THE MARRIAGE:

(Repeat information for each MINOR child of the marriage - use back or separate page)

Child One:

Full legal Name: _____

Sex of Child: _____

Date of Birth: _____

Place of Birth _____ County _____ State _____

Social Security No. _____

Present Address _____ City _____ State _____

Resides with: _____

Does the child own any property, stocks, bonds, etc.? If so, please list:

Is the child employed: If so, please provide:

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number: _____

Type of Work/Hours Worked: _____

Child Two:

Full legal Name: _____

Sex of Child: _____

Date of Birth: _____

Place of Birth _____ County _____ State _____

Social Security No. _____

Present Address _____ City _____ State _____

Resides with: _____

Does the child own any property, stocks, bonds, etc.? If so, please list:

Is the child employed: If so, please provide:

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number: _____

Type of Work/Hours Worked: _____

APPENDIX B - SEPARATE PROPERTY

USE THE NEXT TWO PAGES TO LIST ONLY ITEMS THAT WR ACQUIRED/OWNED BEFORE THE MARRIAGE, OR RECEIVED AS GIFTS OR INHERITED DURING THE MARRIAGE AND/OR WHICH ARE UNDER A PRE-MARITAL AGREEMENT.

Party claiming items as SEPARATE PROPERTY: _____

MOTOR VEHICLES (Automobiles, Motorcycles, Boats, Planes, etc.)

- 1. YEAR _____ MAKE _____ MODEL _____
VIN# _____
- 2. YEAR _____ MAKE _____ MODEL _____
VIN# _____

REAL PROPERTY (Attach the legal description to this page.)

- 1. Street Address: _____
City: _____ County: _____ State: _____
Legal Description/Deed attached? YES NO
- 2. Street Address: _____
City: _____ County: _____ State: _____
Legal Description/Deed attached? YES NO

CHECKING ACCOUNTS

- 1. Institution: _____
Account #: _____
NAMES on Account: _____
- 2. Institution: _____
Account #: _____
NAMES on Account: _____

SAVINGS ACCOUNTS

- 1. Institution: _____
Account #: _____
NAMES on Account: _____
- 2. Institution: _____
Account #: _____
NAMES on Account: _____

STOCKS, BONDS, ETC. (Describe by corporation Name & Account #)

- 1. _____
- 2. _____

PENSION/RETIREMENT ACCOUNT(S) ANNUITIES, KEOGH RETIREMENT PLAN(s), IRAs

- 1. _____
- 2. _____

OWNERSHIP INTEREST(S) IN BUSINESS(ES) (Describe nme of Business; Nature/Structure, such as Sole

Proprietorship, Partnership or Corporation; location & Nature of Ownership)

1. _____
2. _____

SEPARATE DEBT(S) AND LIABILITIES, INCLUDING CREDIT CARDS:

1. _____
2. _____

Type of Credit Card _____; Name on Account: _____

Credit Card #: _____; Balance owed/as of what date: _____

Type of Credit Card _____; Name on Account: _____

Credit Card #: _____; Balance owed/as of what date: _____

ADDITIONAL ITEMS (Not listed above):

1. _____
2. _____

ATTACH SEPARATE SHEET FOR MORE ITEMS OR PROVIDE INFORMATION ON ADDITIONAL ITEMS IN EACH CATEGORY ON THE REVERSE SIDE OF THIS PAGE.

ATTACH ANY DOCUMENTS TO SUPPORT ITEMS ABOVE, Deeds/Account Statements, etc.

LIST ONLY ITEMS THAT WERE ACQUIRED BEFORE THE MARRIAGE, GIFTS, INHERITANCES AND/OR UNDER A PRE-MARITAL OR POST-MARITAL AGREEMENT.

Party with Separate Property being reported here (USE A SEPARATE SHEET FOR EACH PARTY):

MOTOR VEHICLES (Include cars, motorcycles, boats, planes, etc) Please describe by YEAR, MODEL, and Vehicle Identification Number (VIN)

	Year	Make	Model	VIN
1				
2				
3				
4				

REAL PROPERTY: Describe by Street address, City, County, State, Zipcode and attach a copy of the deed or other source of full legal description and the date when the property was acquired.

	Year Acquired	Address	City	County	State	Zipcode
1						
2						
3						

CHECKING/SAVINGS ACCOUNTS: List Type of Account, Name(s) on account, Name of Banking Institution, and Account number.

	Savings? Checking?	Name on Account	Name of Banking Institution	Account Number
1				
2				
3				
4				

STOCKS, BONDS, ETC. (Describe by Corporate Name and Account Number)

PENSION/RETIREMENT ACCOUNTS, ANNUITIES, KEOGH RETIREMENT PLAN(S), INDIVIDUAL RETIREMENT ACCOUNTS, SELF-EMPLOYMENT PENSION PLANS, ETC. (Provide name of Company and Account Number.)

OWNERSHIP INTEREST IN BUSINESSES (Describe Name of Business, Nature, Structure, Location, Ownership Interest - Use separate sheet if necessary.)

SEPARATE DEBTS & LIABILITIES (Including Credit Card Debts)

	Name on Account	Type of Card	Account Number	Balance/As of
1				
2				
3				
4				
5				
6				

ATTACH SEPARATE SHEET FOR ANY ADDITIONAL INFORMATION.

ATTACH ANY DOCUMENTATION TO SUPPORT THE INFORMATION PROVIDED ABOVE.

APPENDIX C - COMMUNITY PROPERTY INFORMATION

MOTOR VEHICLES (Include cars, motorcycles, boats, planes, etc) Please describe by YEAR, MODEL, and Vehicle Identification Number (VIN)

	Year	Make	Model	VIN
1				
2				
3				
4				

REAL PROPERTY: Describe by Street address, City, County, State, Zipcode and attach a copy of the deed or other source of full legal description and the date when the property was acquired.

	Year Acquired	Address	City	County	State	Zipcode
1						
2						
3						

CHECKING/SAVINGS ACCOUNTS: List Type of Account, Name(s) on account, Name of Banking Institution, and Account number.

	Savings? Checking?	Name on Account	Name of Banking Institution	Account Number
1				
2				
3				
4				

STOCKS, BONDS, ETC. (Describe by Corporate Name and Account Number)

PENSION/RETIREMENT ACCOUNTS, ANNUITIES, KEOGH RETIREMENT PLAN(S), INDIVIDUAL RETIREMENT ACCOUNTS, SELF-EMPLOYMENT PENSION PLANS, ETC. (Provide name of Company and Account Number.)

OWNERSHIP INTEREST IN BUSINESSES (Describe Name of Business, Nature, Structure, Location, Ownership Interest - Use separate sheet if necessary.)

COMMUNITY PROPERTY DEBTS & LIABILITIES (Including Credit Card Debts)

	Name on Account	Type of Card	Account Number	Balance/As of
1				
2				
3				
4				
5				
6				

ATTACH SEPARATE SHEET FOR ANY ADDITIONAL INFORMATION.

ATTACH ANY DOCUMENTATION TO SUPPORT THE INFORMATION PROVIDED ABOVE.