

**SCHRAEDER LAW**  
**DIVORCE ★ FAMILY LAW ★ BANKRUPTCY**  
**3010 LBJ FREEWAY, SUITE 1200 • DALLAS, TEXAS 75234**  
**P.O. BOX 881 • ADDISON, TEXAS 75001**  
**(972) 919-6171 • FAX (214) 705-2160**  
**lbjlaw@gmail.com**

DATE: \_\_\_\_\_ **CLIENT INFORMATION WORKSHEET**

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Your Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Race: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_  
Residence Address: \_\_\_\_\_ (City/State/Zip): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ (City/State/Zip): \_\_\_\_\_  
County you live in (Dallas, Collin, etc.): \_\_\_\_\_ How long? \_\_\_\_\_  
Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OK to call Home? \_\_\_\_\_ How late? \_\_\_\_\_  
Work Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OK to call Work? \_\_\_\_\_ How late? \_\_\_\_\_  
Cell Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OK to call Cell? \_\_\_\_\_ How late? \_\_\_\_\_  
Secure/Private E-Mail Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address (Street/City/State/Zip): \_\_\_\_\_

**RELIABLE ALTERNATE CONTACT INFORMATION:**

Name of Alternate Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**OTHER PARTY >>>> ☐ SPOUSE / ☐ FORMER SPOUSE / ☐ MOTHER OF CHILD / ☐ FATHER OF CHILD:**

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Race: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (City, ST): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Home Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**CHILDREN UNDER AGE 18 WHO ARE THE SUBJECTS OF YOUR CASE:**

1. Full name of child: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Date of Birth: \_\_\_\_\_ Place of Birth (City, ST): \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ DL# \_\_\_\_\_
2. Full name of child: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Date of Birth: \_\_\_\_\_ Place of Birth (City, ST): \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ DL# \_\_\_\_\_
3. Full name of child: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Date of Birth: \_\_\_\_\_ Place of Birth (City, ST): \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ DL# \_\_\_\_\_

Who carries the health insurance covering the child(ren)? \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_

Has there been a history or pattern of family violence or child neglect in the past two years?..... ☐ YES ☐ NO

Do you or any party to your case have a current/pending bankruptcy?..... ☐ YES ☐ NO

**REQUIRED INFORMATION IF YOU ARE SEEKING A DIVORCE:**

Date of Marriage (Month/Day/Year): \_\_\_\_\_ Place (City/ST): \_\_\_\_\_

Last recent date of separation (Month/Date/Year): \_\_\_\_\_

Do you own a house or other real estate?..... ☐ YES ☐ NO

Do you or your spouse have a retirement plan, 401(k), or other similar benefits?..... ☐ YES ☐ NO

Did you or your spouse own real estate or have retirement funds before you were married?..... ☐ YES ☐ NO

Did you or your spouse inherit any money during your marriage?..... ☐ YES ☐ NO

Do you or your spouse carry health insurance on each other?..... ☐ YES ☐ NO

Are you or your spouse currently pregnant?..... ☐ YES ☐ NO

Is a Protective Order currently in place against you or your spouse?..... ☐ YES ☐ NO

Are you or your spouse wanting a name change? ☐ YES ☐ NO New Name: \_\_\_\_\_

**PLEASE NOTE: Tax advice should be sought from a Certified Public Accountant. No advice as to tax matters is provided by my firm.**

**If you are in a pending divorce, you are PROHIBITED from flushing the memory cache of any electronic device (e.g., phone, computer, tablet) in your possession or control.**

**If your case is an uncontested divorce, you understand that the attorney will not investigate the nature, value, or amount of the property or debts, but will rely solely upon you for this information.**

How did you hear about my firm? \_\_\_\_\_

## ATTORNEY-CLIENT FEE AGREEMENT

STATE OF TEXAS  
COUNTY OF DALLAS

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I, \_\_\_\_\_, hereby employ attorney DARREN L. SCHRAEDER to represent me in my family law case and all related matters. IT IS UNDERSTOOD AND AGREED that I will compensate my attorney for the time, effort, and expense required to perform the legal services for my case. The amount of attorney's fees for my case, based upon the facts known to my attorney at the time this contract is signed, are agreed as follows:

- ☐ \$\_\_\_\_\_ **FLAT FEE** for an uncontested case (no service of process, discovery, mediation, opposing attorney, or going to trial) plus filing fees of \$\_\_\_\_\_. If the case becomes contested in the opinion of my attorney, a retainer (as set out below) will be required.
- ☐ Paid in full      ☐ Paid \$\_\_\_\_\_      ☐ Payment of \$\_\_\_\_\_, due \_\_\_\_\_
- ☐ \$\_\_\_\_\_ **RETAINER** for a contested case at a rate of \$\_\_\_\_\_ per hour for attorney time (may include service of process, discovery, mediation, negotiating with opposing attorney, and/or trial.) I understand that a retainer is not an estimate of the total legal fees that may be incurred in my case and that it most likely will take additional money to finish my case. I also understand that an additional mediation or trial retainer will be required prior to mediation or trial of my case.
- ☐ Paid      ☐ Paid \$\_\_\_\_\_      ☐ Payment of \$\_\_\_\_\_, due \_\_\_\_\_

I agree that I will reimburse my attorney for all expenses incurred including, but not limited to, postage, court reporter fees, filing fees, recording fees, photocopies, and all other expenses expended by my attorney to handle my case. Other costs (e.g., drug testing, interpreter fees, mediation fees, home study fees, etc.) will be paid directly by client to the service provider.

I agree that client funds for fees earned and expenses incurred by my attorney are non-refundable. If funds are received by your attorney on your behalf and you have an outstanding balance due under this agreement, you expressly authorize your attorney to apply these funds to your balance. No guarantee as to success or outcome has been made.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2018.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
ATTORNEY

**NOTICE TO CLIENT:** The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas Attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar Office of General Counsel will provide you information about how to file a complaint. For more information, please call 1-800-932-1900. This is a toll-free phone call.