



## LAW OFFICE OF LINDSEY J. WILSON, PLLC

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Email: [Lindsey@LJWilsonLaw.com](mailto:Lindsey@LJWilsonLaw.com)

### CLIENT INTAKE QUESTIONNAIRE

#### PERSONAL INFORMATION

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

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

PRIMARY TELEPHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SS#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

YOUR PLACE OF BIRTH (CITY AND STATE): \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

CAR YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

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

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

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF YEARS EMPLOYED: \_\_\_\_\_ SALARY: \_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

PLACE OF MARRIAGE (CITY AND STATE): \_\_\_\_\_

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

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 2201 Spinks Rd, Ste. 162, Flower Mound, Tx 75022

**SPOUSE/OTHER PARENT'S INFORMATION**

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

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

PRIMARY TELEPHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SS#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

PLACE OF BIRTH (CITY AND STATE): \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUANCE: \_\_\_\_\_

CAR YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

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

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

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF YEARS EMPLOYED: \_\_\_\_\_ SALARY: \_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_

**MINOR CHILD(REN)'S INFORMATION**

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

PLACE OF BIRTH: (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

EXTRACURRICULAR/ACTIVITIES: \_\_\_\_\_

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FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

PLACE OF BIRTH: (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

EXTRACURRICULAR/ACTIVITIES: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

PLACE OF BIRTH: (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

EXTRACURRICULAR/ACTIVITIES: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

PLACE OF BIRTH: (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

EXTRACURRICULAR/ACTIVITIES: \_\_\_\_\_

**HEALTH COVERAGE FOR CHILD(REN)**

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

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