

THE LAW OFFICE OF DAN-PHI V. NGUYEN, PLLC
CLIENT INFORMATION FORM

Full Name _____
Maiden Name _____ Date of Birth _____ Birthplace _____
SSN# _____ DL# _____ Ethnicity _____
Current Address _____
City _____ County _____ State _____ Zip _____
Length of time living at this residence _____ Can mail be sent to this address? Yes No
Mailing address, if different _____
Home Phone _____ Mobile _____ Work _____
Personal Email _____ Work Email _____
Preferred Form of Contact? Home Phone Work Phone Mobile Personal Email Work Email

EMPLOYMENT INFORMATION

Employer _____
Job Title: _____ Annual Gross Salary _____
Work Address _____
City _____ County _____ State _____ Zip _____
Length of Employment _____ Level of Education _____

INFORMATION REGARDING THE OPPOSING PARTY

Full Name _____
Maiden Name _____ Date of Birth _____ Birthplace _____
SSN# _____ DL# _____ Ethnicity _____ Current
Address _____ City
_____ County _____ State _____ Zip _____ Home
Phone _____ Mobile _____ Work _____
Personal Email _____ Work Email _____
Employer _____
Job Title _____ Annual Gross Salary _____
Work Address _____
City _____ County _____ State _____ Zip _____
Length of Employment _____ Level of Education _____

GENERAL QUESTIONNAIRE

Please answer each of the following questions openly and honestly; and with as much details as possible when necessary. All information provided by the client filling this form is legally protected by attorney-client privilege, and can not be produced to any one through subpoena or court order, without the prior consent and approval to the client.

WHO ARE YOU IN THIS LAWSUIT?

- A. PETITIONER (Party to file first and initiate the lawsuit)
- B. RESPONDENT (Party responding to the lawsuit after being served or expecting service)*
- C. INTERVENOR (Third party requesting to join a pending lawsuit between other parties)

Note: A Respondent can also file a countersuit as a counter-petitioner.

MARRIAGE AND SEPARATION INFORMATION

If your case involves only child custody disputes and not seeking divorce, please skip this section and proceed to page 3.

Date of Marriage: _____ Where did marriage take place: _____

Are you currently separated from your spouse? Yes No If Yes, please state the date of separation: _____

Have you or your spouse ever filed for divorce? Yes No If so, when and where? _____

Is this case still pending and active: Yes No

Are you and your spouse currently living together? Yes No

Does your spouse now have an attorney? Yes No

If so, Name & Contact Information: _____

Have you seen a marriage counselor? Yes No

Will your spouse agree to the divorce? Yes No Don't Know

Are there children born/adopted during the marriage? Yes No

Will you & your spouse be able to agree to division of the property? Yes No Don't know

Have you or your spouse ever filed bankruptcy? You Your spouse Both

Do you expect to receive Spousal Maintenance (alimony) after the divorce? Yes No

Will your spouse ask for Spousal Maintenance after the divorce? Yes No Don't know

Should the wife's maiden name be restored? Yes No Don't know

Check as appropriate if your marital difficulties involve any of the following:

- Incompatibility/irreconcilable differences (a/k/a no fault)
- Financial dispute Drug/Alcohol abuse Physical violence
- Spousal abuse (physical) Mental abuse Child Abuse and/or Neglect
- Sexual disappointment Adultery Religion
- Abandonment Pornography Problems with Step Children
- Not Cohabiting (3yrs)

Other:(Explain) _____

Have you been married before? Yes No If Yes, how many times? _____

In what county and state have you been divorced? _____

CHILD CUSTODY DISPUTES & APPLICATIONS FOR PROTECTIVE ORDERS

All Paternity/Custody/Child Support clients as well as divorce clients with children involved must complete this page. If there are no children and you are not seeking a protective order, proceed to page 6.

- Will there be a fight over custody of the children?: Yes No Don't Know
- If you believe there NOT be a fight over custody, who will have the kids? You Your Spouse
- Will you be able to agree to the child support amount? Yes No Don't know
- If "Yes" what is the agreed amount? _____ Standard Guideline to be determined
- Will there be a dispute over paternity? Yes No Don't Know
- Are the children currently covered by medical insurance? Yes No Don't know
- If "yes" who is currently providing the insurances? Dad Mom Chips/Medicaid
- What is the cost? _____ / Weekly Month Semi-Monthly Annually

If there will be a fight over custody of the children, please indicate what issues or claims will be made. (check "self" if you believe your spouse will accuse you, check "spouse" if you are accusing him/her:

- | | Self | Spouse |
|---|--------------------------|--------------------------|
| Alcoholism/Alcohol Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Assault of a family member within the past 24 months: | <input type="checkbox"/> | <input type="checkbox"/> |
| Causing injury to a child | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Abuse or Child Neglect | <input type="checkbox"/> | <input type="checkbox"/> |
| Cohabiting with or dating a known sex offender | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug abuse/drug addition | <input type="checkbox"/> | <input type="checkbox"/> |
| Using drugs with children present? | <input type="checkbox"/> | <input type="checkbox"/> |
| Failure to pay child support | <input type="checkbox"/> | <input type="checkbox"/> |
| Felony Criminal Conduct | <input type="checkbox"/> | <input type="checkbox"/> |
| Neglecting the children | <input type="checkbox"/> | <input type="checkbox"/> |
| Hiding/secreting or denying the other parent access to children | <input type="checkbox"/> | <input type="checkbox"/> |
| Having substantial ties to another country | <input type="checkbox"/> | <input type="checkbox"/> |

Substantial ties means close family, property or citizenship in a foreign country that validates concerns that the children may be removed to that country if the Court does not make a specific finding prohibiting the children's passports/travel.

CHILDREN'S INFORMATION:

Name	Living	Age	Birthdate	Married
_____	Yes/No	_____	_____	Yes/No
_____	Yes/No	_____	_____	Yes/No
_____	Yes/No	_____	_____	Yes/No
_____	Yes/No	_____	_____	Yes/No
_____	Yes/No	_____	_____	Yes/No
_____	Yes/No	_____	_____	Yes/No

QUESTION #1: HAS THERE EVER BEEN A PRIOR CHILD CUSTODY PROCEEDING PERTAINING TO THE SUBJECT CHILD IN THE STATE OF TEXAS OR IN ANY OTHER STATE FOR PURPOSES OF THE UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)?

- A. YES (Please elaborate as to which child; which state, county, court, and cause number if information is available):

_____.
- B. NO.

QUESTION #2: WHAT WAS THE DISPOSITION THE PRIOR CHILD CUSTODY PROCEEDING PERTAINING TO THE SUBJECT CHILD?

- A. CASE NONSUITED BY PETITIONER
- B. CASE DISMISSED BY THE COURT
- C. THE COURT RENDERED THE FOLLOWING ORDERS: (Please summarize) _____

_____.

QUESTION #3: IF YOUR CASE INVOLVES CHILDREN, DO YOU HAVE ANY PRIOR COURT PROCEEDING HISTORY WITH THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (CPS) INVOLVING ANY OF YOUR CHILDREN?

- A. YES (Please elaborate as to which child; which county which court, and cause number if information is available):

_____.
- B. NO.

QUESTION #4: ARE THERE ANY OTHER PERSONS (OTHER THAN YOU, THE CHILDREN, OR THE CHILDREN'S OTHER PARENT) WHO HAS PHYSICAL CUSTODY OR HAS A CLAIM OF RIGHT TO CUSTODY OR VISITATION WITH THE CHILDREN? PLEASE PROVIDE NAMES, ADDRESSES, AND THE BASIS AND CIRCUMSTANCES RESULTING IN THE CLAIM OF CUSTODY?

_____.

QUESTION #5: HAVE YOU, YOUR SPOUSE, OR YOU CHILD(REN) BEEN SUBJECT OF A PSYCHOLOGICAL EVALATION, PSYCHIATRIC TREATMENT, OR HAVE BEEN TREATED BY A MENTAL HEALTH PROFESSIONAL? PLEASE ELABORATE IN DETAIL.

_____.

QUESTION #6: IF YOU BELIEVE THE OTHER PARTY HAS ACTED IN A MANNER THAT HAS ENDANGERED THE PHYSICAL OR EMOTIONAL WELL-BEING OF THE CHILD(REN) IN THE HOME, PLEASE DESCRIBE IN THE EVENTS THAT FORM THE BASIS OF YOUR BELIEF.

QUESTION #7: ARE YOU OR ANY CHILD IN YOUR HOUSEHOLD CURRENTLY A VICTIM OF FAMILY VIOLENCE AS DEFINED UNDER SECTION 71.004, TEXAS FAMILY CODE? (INCLUDING THREATS OF FAMILY VIOLENCE).

A. YES. (Please elaborate):

B. NO. (Skip Question #8 and Question #9).

QUESTION #8: IF QUESTION #7 IS YES, ARE YOU SEEKING TO APPLY FOR A PROTECTIVE ORDER AND/OR EX PARTE KICK OUT ORDER?

A. YES.

B. NO.

QUESTION #9: IF QUESTION #7 IS YES, DOES THE POTENTIAL RESPONDENT PARTY OWN ANY FIREARMS IN THE HOME OR LICENSED TO CARRY FIREARMS?

A. YES.

B. NO.

QUESTION #10: OFTEN TIMES DURING A CONTESTED DIVORCE OR CUSTODY PROCEEDING, IT IS NOT UNCOMMON FOR ONE PARTY TO MAKE FALSE STATEMENTS REGARDING THE OTHER PARTY. IN ORDER TO ADEQUATELY PREPARE FOR YOUR CASE, IT IS IMPERATIVE THAT YOU ARE OPEN ABOUT WHAT THE OTHER PARTY MAY SAY ABOUT YOU. WHAT ARE THE ALLEGATIONS AGAINST YOU, WHETHER TRUE OR NOT, YOU WOULD MOST LIKELY ANTICIPATE COMING FROM THE OTHER PARTY? IF TRUE, WHAT EXPLANATION CAN BE PROVIDED?

MARITAL PROPERTY DISPUTES – DIVORCE CASES ONLY

The remainder of this form is for Divorce Clients only. Custody/child support clients do not need to continue. Divorce Clients should complete the following to the best of their knowledge, this information will help frame the issues so that we can develop the case appropriately.

Real Property - for each parcel of real estate that either you or your spouse claim and ownership interest, please provide the following information:

Address/description: _____

Is this the marital residence? Yes No Whose name is on the deed? Husband Wife

Year acquired: _____ Was the property acquired during marriage? Yes No

Is there a mortgage? Yes No If :”yes” whose name is on mortgage? Husband Wife

Bank/Mortgage holder: _____

Amount owed at this time: _____ Value of the property? _____

Do you assert this is your separate property, not subject to division in the divorce? Yes No

Will your spouse claim this is his/her separate property? Yes No

Why is this property "Separate Property"? _____

If this property is community property, who should get it? Husband Wife Sell/Split

Address/description: _____

Is this the marital residence? Yes No Whose name is on the deed? Husband Wife

Year acquired: _____ Was the property acquired during marriage? Yes No

Is there a mortgage? Yes No. If :”yes” whose name is on mortgage? Husband Wife

Bank/Mortgage holder: _____

Amount owed at this time: _____ Value of the property? _____

Do you assert this is your separate property, not subject to division in the divorce? Yes No

Will your spouse claim this is his/her separate property? Yes No

Why is this property "Community Property"? _____

If this property is community property, who should get it? Husband Wife Sell/Split

Is there any other property owned by either party (excluding the marital residence) in which you believe should be categorized as either separate or community property (i.e. investment, annuities, 401(k), pensions, stocks, bonds, etc.), and why? _____

FINANCIAL INFORMATION SHEET

Note: This form is to be completed and a copy furnished to opposing counsel and to the Clerk of the Court prior to the hearing on Temporary Orders or Final Trial in a divorce proceeding. All columns must be totaled. Please provide the past 2 years of your IRS tax returns and 2 most recent payroll check stubs, and if none, please provide W-2 forms.

CAUSE NO. _____ TH JUDICIAL DISTRICT COURT, _____ COUNTY
 PETITIONER: _____ RESPONDENT: _____
 ATTORNEY: _____ ATTORNEY: _____

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

AGE OF CHILDREN OF THE MARRIAGE: Oldest (1) _____; (2) _____; (3) _____; (4) _____; (5) _____; (6) _____. (Youngest)

GROSS MONTHLY RESOURCES

WIFE

HUSBAND

Wages / Salary	\$ _____	\$ _____	
Overtime	_____	_____	
Bonuses	_____	_____	
Commissions Tips	_____	_____	
Interests on Savings	_____	_____	
Dividends	_____	_____	
Royalty Income	_____	_____	
Trust Income	_____	_____	
Net Rental Income	_____	_____	
Retirement / Pension Income	_____	_____	
Annuities	_____	_____	
Capital Gains	_____	_____	
Social Security Benefits	_____	_____	
Unemployment Benefits	_____	_____	
Disability / Worker's Compensation	_____	_____	
Interests on Notes	_____	_____	
Accounts Receivables	_____	_____	
Spousal Support	_____	_____	
Other Source of Income	_____	_____	
 TOTAL RESOURCES	 \$ _____	 \$ _____	

DEDUCTIONS

WIFE

HUSBAND

Withholding Tax	_____	_____	
FICA	_____	_____	
Retirement	_____	_____	
Union Dues	_____	_____	
Health Insurance	_____	_____	
Health Insurance for Children	_____	_____	
Miscellaneous	_____	_____	
 TOTAL DEDUCTIONS	 \$ _____	 \$ _____	

NET MONTHLY RESOURCES

\$ _____

EMPLOYMENT

WIFE

HUSBAND

FREQUENCY OF PAYMENT

- Weekly
- Every Two Weeks
- Bi-Weekly
- Monthly

- Weekly
- Every Two Weeks
- Bi-Weekly
- Monthly

DATE NEXT CHECK RECEIVED

QUICK ASSETS

WIFE

HUSBAND

- Cash / Undeposited Checks
- Financial Institutions
- Stocks / Bonds
- Other

NECESSARY MONTHLY EXPENSES

- House Mortgage / Rent \$ _____
- Property Taxes _____
- Utilities - Water Bill _____
- Utilities - Electricity Bill _____
- Utilities - Gas Bill _____
- Utilities - Phone Bill _____
- Homeowner Insurance _____
- Car Insurance _____
- Life Insurance _____
- Medical Insurance _____
- Uninsured Medical Exp. _____
- Drycleaning Expenses _____
- Gifts / Donations _____
- Misc. Exp.: _____
- Misc. Exp.: _____
- Misc. Exp.: _____
- Misc. Exp.: _____

- Gasoline / Parking / Bus \$ _____
- Security Services _____
- Groceries _____
- Clothing _____
- Travel Expenses _____
- Flood Insurance _____
- Cable Services _____
- Private School Tuition _____
- Child Daycare _____
- School Supplies _____
- Extracurricular Activities _____
- Entertainment Expenses _____
- Legal Fees _____
- Misc. Exp.: _____
- Misc. Exp.: _____
- Misc. Exp.: _____
- Misc. Exp.: _____

SUBTOTAL EXPENSES: \$ _____

SUBTOTAL EXPENSES: \$ _____

DEBTS OTHER THAN LIVING EXPENSES

	AMOUNT	MONTHLY PAYMENTS
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBTOTAL FROM OTHER DEBTS \$ _____

GRAND TOTAL EXPENSES FROM ALL SUBTOTALS

\$ _____

(ANSWER ONLY IF RECEIVING SUPPORT IS ANTICIPATED) “I feel that the following sums are reasonably necessary or within the ability of my spouse to pay, and it will be fair and equitable to require the following:

	<u>EACH PAY PERIOD</u>	<u>MONTHLY</u>
1. SPOUSAL MAINTENANCE	\$ _____	\$ _____
2. CHILD SUPPORT	+ _____	+ _____
3. TOTAL SUPPORT FROM LINE 1 & 2	\$ <u>_____</u>	\$ <u>_____</u>
4. PAYEE NET RESOURCES	+ _____	+ _____
5. TOTAL FROM LINE 3 & 4	\$ <u>_____</u>	\$ <u>_____</u>
6. PAYOR'S NET INCOME	\$ _____	\$ _____
7. SUBTRACT TOTAL SUPPORT ON LINE 3	- _____	- _____
8. NET AFTER SUPPORT DEDUCTIONS	\$ <u>_____</u>	\$ <u>_____</u>

(ANSWER ONLY IF PAYING SUPPORT IS ANTICIPATED) “I feel that a reasonable sum for me to pay weekly or monthly spousal support and/or child support would be:

1 SPOUSAL MAINTENANCE	\$ _____	\$ _____
2 CHILD SUPPORT	+ _____	+ _____
3 TOTAL SUPPORT FROM LINE 1 & 2	\$ <u>_____</u>	\$ <u>_____</u>

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

NOTICE OF CONFIDENTIALITY

ALL CONVERSATIONS BETWEEN AN ATTORNEY AND CLIENT, WHETHER WRITTEN OR VERBAL, ARE PROTECTED BY LAW AND DISCIPLINARY RULES TO WHICH ATTORNEYS ARE SUBJECT TO. NO ATTORNEY CAN BE COMPELLED TO REVEAL ANY CONFIDENTIAL COMMUNICATION FROM THE CLIENT. THE INFORMATION CONTAINED IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. THE REASON FOR THIS CONFIDENTIALITY PROTECTION IS THAT THE EXPERIENCE OF MANY HUNDREDS OF YEARS HAS PROVED THAT THE INTERESTS OF THE CLIENT ARE BEST SERVED WHEN THE CLIENT'S ATTORNEYS ARE FULLY INFORMED OF ALL THE FACTS WELL IN ADVANCE OF ANY POSSIBLE CONTEST. YOUR CANDOR WILL ASSIST YOUR ATTORNEY TREMENDOUSLY IN REPRESENTING YOU; AS IT IS DOUBLY PROTECTED BY LAW AND DISCIPLINARY RULES AND IS VERY MUCH ENCOURAGED. YOU CAN RELY ON YOUR ATTORNEY TO BE CANDID WITH YOU AS WELL.

HOWEVER, THE ATTORNEY-CLIENT PRIVILEGE CAN NOT BE USED TO PLAN A CRIME OR FRAUD, WHICH IS WHY IT IS CONSIDERED A "PRIVILEGE." THE ATTORNEY CLIENT PRIVILEGE BELONGS TO THE CLIENT. THE ATTORNEY WILL ALWAYS ASSERT THE PRIVILEGE ON YOUR BEHALF. HOWEVER, IF THE CLIENT CHOOSES TO DISCLOSE SUCH COMMUNICATIONS AND DISCUSSIONS WITH THIRD PARTIES (WITH VERY NARROW EXCEPTIONS) YOUR PRIVILEGE MAY BE WAIVED AND LOST. KNOWINGLY COMMUNICATING WITH THE ATTORNEY KNOWN TO BE NON-PRIVATE IS A WAIVER OF THE ATTORNEY CLIENT PRIVILEGE.

PLEASE STATE ON THE BLANK BELOW YOUR PREFERRED METHOD OF COMMUNICATION WITH YOUR ATTORNEY: (1) PHONE CALL; (2) TEXT MESSAGE; (3) REGULAR MAIL; OR (4) EMAIL. _____ . **WARNING: IF E-MAIL IS PREFERRED, BE ADVISED THAT WORK EMAILS, ESPECIALLY GOVERNMENT AND SCHOOL DISTRICT EMAILS ARE ALMOST ALWAYS MONITORED.**

IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF A NOTHER CHILD OR AN ELDERLY OR DISABLED PERSON AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH (48TH) HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIMM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE OR THAT THE ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

PRIVACY POLICY FOR SENSITIVE INFORMATION

IN THE COURSE OF REPRESENTING OUR CLIENTS, WE RECEIVE ALL MANNER OF SIGNIFICANT PERSONAL FINANCIAL INFORMATION FROM THEM. AS A CLIENT OF THE FIRM, YOU ARE ADVISED THAT ALL INFORMATION WE RECEIVE FROM YOU WILL BE HELD IN CONFIDENCE AND NOT RELEASED TO OUTSIDE PERSONS, EXCEPT AS AGREED TO BY YOU OR AS REQUIRED UNDER APPLICABLE LAW. WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO AS TO ASSIST OUR CLIENTS WITH THEIR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS. IN THIS CONNECTION, YOU UNDERSTAND THAT, FOR CONVENIENCE, FROM TIME TO TIME WE MAY USE THE INTERNET OR OTHER ELECTRONIC MAIL SYSTEM WITHOUT ENCRYPTION TO COMMUNICATE WITH YOU OR OTHERS AND THAT THERE ARE RELATED PRIVACY AND SECURITY ISSUES WITH THIS MEANS OF COMMUNICATION. NEVERTHELESS, YOU HAVE AGREED THAT WE MAY USE INTERNET OR ELECTRONIC MAIL AS AN ECONOMICAL, CONVENIENT FORM OF COMMUNICATION.

SOCIAL SECURITY NUMBERS WILL BE DIVULGED ONLY WHEN NECESSARY DURING THE COURSE AND WITHIN THE SCOPE OF OUR EMPLOYMENT. SOCIAL SECURITY NUMBERS ARE COLLECTED BY THE FIRM FROM VARIOUS SOURCES, INCLUDING INCOME TAX RETURNS AS WELL AS THE CLIENT. SOCIAL SECURITY NUMBERS ARE USED TO IDENTIFY PARTIES FOR A NUMBER OF PURPOSES, INCLUDING DETERMINATION OF WAGES, PREPARATION OF ORDERS TO WITHHOLD WAGES FOR CHILD SUPPORT AND REPORTS FILED WITH THE STATE OF TEXAS, AND OBTAINING INFORMATION ABOUT RETIREMENT BENEFITS. ALL INFORMATION RECEIVED FROM OUR CLIENTS ARE CONSIDERED CONFIDENTIAL, PARTICULARLY SOCIAL SECURITY NUMBERS. SOCIAL SECURITY NUMBERS ARE NOT DIVULGED BY THE FIRM UNLESS AUTHORIZED BY THE CLIENT OR REQUIRED IN THE COURSE OF REPRESENTATION. ONLY EMPLOYEES OF THE FIRM WHO HAVE A NEED TO KNOW WILL HAVE ACCESS TO THIS PERSONAL INFORMATION.

EVERY STEP IS TAKEN TO PROTECT THE CLIENT'S PRIVACY. THIS INFORMATION IS KEPT SECURE WITHIN THE OFFICE OF THE FIRM IN FILE FOLDERS AND FILE DRAWERS, UNTIL THE FILE INFORMATION IS RETIRED AND THE FILE IS REMOVED TO A LOCKED, OFF-SITE STORAGE FACILITY. CLIENT INFORMATION WILL EVENTUALLY BE SHREDDED.