



**ROBERT S. MCANGUS**

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**CLIENT INFORMATION SHEET**  
*ATTORNEY CLIENT PRIVILEGED*

*NOTE: Please use the back pages if you require additional space for your answers.*

**A. ABOUT YOURSELF**

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

\_\_\_\_\_  
Name- First, Middle, Last (No abbreviations) Maiden if applicable

\_\_\_\_\_  
Home Address (Include county and zip code) Mailing if different

\_\_\_\_\_  
Home Telephone Number Alternate Telephone Numbers

E-Mail Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

***About Your Employer***

\_\_\_\_\_  
Name Supervisor's Name

\_\_\_\_\_  
Address Telephone Number

May I phone you at work, and if so, may I identify myself as an attorney? \_\_\_\_\_

Days and time at work: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Approximate Gross Pay/Month: \_\_\_\_\_

Do you have Insurance coverage through your employer? \_\_\_\_\_

List all persons whom you cover by your Insurance (Medical, Dental, Optical). \_\_\_\_\_

\_\_\_\_\_

List all sources of income other than your employer and Pay/Month.

\_\_\_\_\_

**B. ABOUT YOUR OPPOSING PARTY:**

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

\_\_\_\_\_  
Name- First, Middle, Last

\_\_\_\_\_  
Maiden if applicable

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing if different

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Alternate Number if any

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Opposing Party's Employer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Date of Employment: \_\_\_\_\_ Days and Times at work: \_\_\_\_\_

**C. ABOUT YOUR MARRIAGE:**

Date and Place of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Please check as appropriate any difficulties during the marriage and reason for divorce that may include:

\_\_\_\_\_ Drugs/alcohol \_\_\_\_\_ Physical violence \_\_\_\_\_ Infidelity by either spouse  
\_\_\_\_\_ Confinement in mental institution \_\_\_\_\_ Noncohabitation  
\_\_\_\_\_ Other

**D. ABOUT THE CHILDREN BORN OR ADOPTED INTO THIS MARRIAGE:**

Full Name	Age	Birthdate	SSN#	Place of Birth
_____				
_____				
_____				

Name of child with disability, if any: \_\_\_\_\_

How many other children do you have outside of this marriage? \_\_\_\_\_

**E. MISCELLANEOUS**

1. Does wife want to change name? \_\_\_\_\_.

If "YES", please designate new name without abbreviations:

2. Do you anticipate a need for temporary orders? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes", do you own any firearms?

3. Have you and your spouse filed a divorce petition within the last 6 months in Dallas County, Texas?

No \_\_\_\_\_

Yes \_\_\_\_\_ If yes, provide the style of the case, the cause number and the status.

- 4. Has there ever been a protective order entered for you or against you regarding the opposing party?
- 5. Are you now or have you ever received AFDC benefits? If yes, please specify.

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- 6. Have child support payments been assigned to the Texas Attorney General's office? \_\_\_\_\_
- 7. Has any government agency ever filed suit in Texas or elsewhere regarding your children? If yes, please specify.

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- 8. In "bullet" form, list the issues you anticipate will be disputed between you and the other party?

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**F. Referral:**

I was referred by: \_\_\_\_\_

**NOTICE OF CONFIDENTIALITY**

SOCIAL SECURITY NUMBERS WILL BE DIVULGED ONLY WHEN NECESSARY DURING THE COURSE AND WITHIN THE SCOPE OF MY EMPLOYMENT. I COLLECT SSN FROM VARIOUS SOURCES, INCLUDING INCOME TAX RETURNS AS WELL AS THE CLIENT. THEY 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. ONLY I WILL HAVE ACCESS TO THIS PERSONAL INFORMATION. EVERY STEP IS TAKEN TO PROTECT YOUR PRIVACY. THIS INFORMATION IS KEPT SECURE WITHIN THE OFFICE 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.

Thank you

**HEALTH INSURANCE AVAILABILITY FORM** *Attention:*  
*This information must be filed with the court BEFORE first hearing. See TEX  
FAM CODE § 154.181(b).*

Name of Party: \_\_\_\_\_ Petitioner      Movant      Respondent

Beside the name of each child, check all types of health insurance or healthcare benefits currently covering the child(ren). You may check more than one source.

“Father’s Employer/    “Mother’s Employer    “Private    “CHIP    “Other    “None

NAME and DOB of child(ren) covered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For each insurance source please list the following information:

A. Name of carrier \_\_\_\_\_

B. Group Policy ID number \_\_\_\_\_

C. Policyholder name and ID number \_\_\_\_\_

D. Name of covered child \_\_\_\_\_

E. Cost/month of coverage [child(ren)only] \$ \_\_\_\_\_  
*(To determine coverage cost for child(ren), determine total cost for family coverage and subtract from this amount the cost to insure all covered individuals except the children)*

F. Are you currently paying the premiums for listed medical benefits?      yes      no

\_\_\_\_\_  
Signature of party completing form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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**FIREARMS PENDING DIVORCE**

To avoid the possibility of prosecution under federal law (18 U.S.C. § 922), you should plan to remove all firearms and ammunition from your possession while your case is pending. You need not sell these items but may place them with a third party for safekeeping. The provisions about possession of these items described below apply unless the court makes a specific exception for your case, and they apply even if you have a concealed carry permit.

It is routine practice for courts to enter mutual temporary injunctions prohibiting conduct constituting threats or injury to the other party or children. For example, each party is often enjoined from threatening the other party in person, by telephone, or in writing to take unlawful action against any person,” “intentionally, knowingly, or recklessly causing bodily injury to the other party or to a child of either party,” or “threatening the other party or a child of either party with imminent bodily injury.” If an order in language similar to these examples is entered in your case, you may be subject to prosecution for a federal felony if you possess any firearm or ammunition. When a final order replaces the temporary orders, you will be permitted to possess these items again unless the final order also contains such injunctive language.

If a domestic violence protective order is entered against you, you may be subject to prosecution for a federal felony if you possess any firearm or ammunition. When the order has expired, you will be permitted to possess these items again.

If you are convicted of the misdemeanor crime of domestic violence, you may be subject to prosecution for a federal felony if you possess any firearm or ammunition. In this circumstance, your right to possess a firearm or ammunition will be forfeited for life.

Please sign below to acknowledge that you have read the above paragraphs and have had an opportunity to ask any questions and now fully understand the prohibition against possessing firearms and ammunition during the period of time any order of the type described above is in effect.

Regards,

Acknowledgment:

Robert S. McAngus

\_\_\_\_\_  
Client