

Information regarding: \_\_\_\_\_

**Harris County Domestic Relations Office - Family Court Services Division**  
**1310 Prairie, 6<sup>th</sup> Floor Houston, Texas 77002 (713)-755-5706**

**Instructions: Please print or type all information and return to the above address within five (5) days.**

**Social Information**

Your name: \_\_\_\_\_ Home phone #: \_\_\_\_\_  
Your address: \_\_\_\_\_ Zip: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Your birth date: \_\_\_\_\_ City/ State in which you were born: \_\_\_\_\_  
Your father's name: \_\_\_\_\_ Your mother's name: \_\_\_\_\_  
Your father's city of residence: \_\_\_\_\_ Your mother's city of residence: \_\_\_\_\_  
Your highest level of education, (*high school grad., some college, college grad*) \_\_\_\_\_  
Military, (*dates, branch, type of discharge*) \_\_\_\_\_  
Your religious preference: \_\_\_\_\_ Attendance, (*none, occasionally, weekly*): \_\_\_\_\_

**Health Information**

Your present health status (*poor, good, excellent*) \_\_\_\_\_ Prior health concerns/ significant treatments/  
hospitalizations, (*dates, places and reasons*) \_\_\_\_\_  
Past/ present psychological treatment/ counseling, (*dates, places and reasons*): \_\_\_\_\_  
Present medications: \_\_\_\_\_

**Employment History**

Your present employer: \_\_\_\_\_ Your title/ position: \_\_\_\_\_  
Start date: \_\_\_\_\_ Your social security no.: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
Your past employment: (*give names of businesses, start and end dates and reason for termination for last 5 years*)  
Name of Company/ Business Start/End Date Position Reason for Termination  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marital History**

Your **present** spouse: \_\_\_\_\_ Date and place of marriage: \_\_\_\_\_  
Child(ren) born of present marriage:  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
*Prior marriages: (if non-married relationship produced child(ren), cross-out "married" and provide requested info.)*  
Name of the **first** person you were married to: \_\_\_\_\_ Date/place: \_\_\_\_\_  
Date of divorce: \_\_\_\_\_ County/State divorce granted: \_\_\_\_\_ Cause number: \_\_\_\_\_  
Children born of this marriage:  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Who received custody? \_\_\_\_\_ Amount of child support: \_\_\_\_\_ Are payments current? \_\_\_\_\_  
Name of the **second** person you were married to: \_\_\_\_\_ Date/place: \_\_\_\_\_  
Date of divorce: \_\_\_\_\_ County/State divorce granted: \_\_\_\_\_ Cause number: \_\_\_\_\_  
Children born of this marriage:  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Who received custody? \_\_\_\_\_ Amount of child support: \_\_\_\_\_ Are payments current? \_\_\_\_\_

Cause Number: \_\_\_\_\_

Investigator: \_\_\_\_\_