

Client Name: _____

Client Questionnaire

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, 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 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

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Attorney/Client Privileged Information

Personal

About you:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

3. At what address do you wish to receive mail from this office? _____

4. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Pager: _____ Mobile phone: _____

E-mail: _____ (e-mail communications may not be confidential)

5. Who referred you to this office? _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

If so, please state who and when: _____

Attorney/Client-Privileged Information

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at
work? _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your spouse or ex-spouse:

8. Please give your spouse's or ex-spouse's *full* name, date and place of birth, Social Security number, and driver's license number.

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

9. Where is your spouse or ex-spouse living now, and what is his or her phone number and e-mail address?

Attorney/Client-Privileged Information

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home e-mail: _____

10. Please complete the following information concerning your spouse's or ex-spouse's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your children:

11. Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage:

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Attorney/Client-Privileged Information

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

12. Is private health insurance in effect for the children?

If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

13. If private health insurance is not in effect for the children, please answer the following questions:

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

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Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? If so, what is the cost of the premium?

Does the mother have access to private health insurance at reasonable cost to her?

Does the father have access to private health insurance at reasonable cost to him?

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

14. Will there be a dispute over the children? _____

If *not*, with whom will custody be? _____

15. Where and with whom are the children living now? _____

About your marriage and separation:

16. Please give the date and place of your marriage:

Date: _____ Place: _____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

17. Have you seen a marriage counselor? _____

Attorney/Client-Privileged Information

If so, please state name: _____

18. What is your religious preference? _____

If none, are you agnostic or atheist? _____

19. What is your spouse's or ex-spouse's religious preference? _____

If none, is your spouse or ex-spouse agnostic or atheist? _____

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

___ drugs/alcohol ___ sexual disappointment ___ infidelity

___ financial dispute ___ physical violence ___ religion

___ incompatibility ___ other: _____

21. How long have you lived in Texas? _____

22. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

23. Does your spouse or ex-spouse have an attorney? _____

If so, who? _____

24. Have you ever been married before? _____

If so, how many times? _____

25. Do you or your spouse or ex-spouse have any other children for whom a duty of support is owed?

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child:

Name: _____

Attorney/Client-Privileged Information

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

26. Where and with whom do these children live? _____

27. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

28. Does your spouse or ex-spouse pay/receive child support? _____

If so, how much? \$ _____ per _____

29. If a divorce is granted, should the wife's maiden name be restored? _____

If so, what name should be used? _____

Jurisdictional Information Regarding Children:

30. Please provide a list of the places where the children have lived during the past five years, and the names and present addresses of the persons with whom the children have lived during that period. _____

Attorney/Client-Privileged Information

31. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any.

32. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

33. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

34. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.
