Client Name: __________________________________________ Date: __________________

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 OR 261.401 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.

THE CONTENTS OF THIS DOCUMENT 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.
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: ____________________________________________
   ________________________________________________________________________

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?

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: ________________________________________________

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: ________________________________________________
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? _______________

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? _________________________________________
Attorney/Client-Privileged Information

14. Will there be a dispute over the children? _________________________________________
   If not, who will have custody? _________________________________________________

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? ___________________________________________
   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: __________________________________________

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.__________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________