



**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.

Attorney/Client-Privileged Information

Personal

About you:

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

Full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ 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? \_\_\_\_\_

Attorney/Client-Privileged Information

Is 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: \_\_\_\_\_

Attorney/Client-Privileged Information

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: \_\_\_\_\_:

Attorney/Client-Privileged Information

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? \_\_\_\_\_

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? \_\_\_\_\_

Attorney/Client-Privileged Information

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*, 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: \_\_\_\_\_

Attorney/Client-Privileged Information

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? \_\_\_\_\_

\_\_\_\_\_

Attorney/Client-Privileged Information

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? \_\_\_\_\_

Answer questions 30-34 only if a party or potential party resides outside Texas.

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney/Client-Privileged Information

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. \_\_\_\_\_

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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. \_\_\_\_\_

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