

CLIENT QUESTIONNAIRE

Client Name: _____

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, 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.

PERSONAL

About you:

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

Full name: _____

Birth date: _____ City and State where born: _____

Social Security number: _____

Driver's license number: _____

Your email address: _____

_____ I agree that documents may be forwarded to me by email

_____ Please do not send documents to me by email

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 number: _____

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: _____ City and 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: _____

The best times and place to serve _____

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: _____

City and State of birth: _____

Social Security number: _____

Driver's license number: _____

Name: _____

Sex (M/F):_____Date of birth:_____Age:_____

City and State 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. Will there be a dispute over the children?_____

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

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

About your marriage and separation:

14. 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:_____

15. Have you seen a marriage counselor?_____

If so, please state name:_____

16. How long have you lived in Texas?_____

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

If so, when and where?_____

18. Does your spouse or ex-spouse have an attorney?

If so, who? _____

19. Have you ever been married before? _____

If so, how many times? _____

20. 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: _____

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

22. Do you pay/receive child support?_____

If so, how much? \$_____per_____

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

If so, how much? \$_____per_____

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

If so, what name should be used?_____

25. 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.

26. 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.

27. 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.

28. 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.

29. Make, model and year of each motor vehicle and the name of the person in possession of the vehicle. Please state whether you want possession of a vehicle not in your possession:

30. State the name, account number and approximate balance of each bank account, retirement and other savings type of accounts including brokerage accounts:

31. State what debts you believe that you should pay and the debts that should be assessed against your spouse, if any:

32. Please state whether you own or rent your residence and what is to be the disposition of the home:
