

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CLIENT QUESTIONNAIRE**

Complete this questionnaire and return it as soon as possible. It is important that you answer each question fully and honestly. If you fail to be honest and candid in answering these questions, it could be absolutely disastrous to your case.

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 (48<sup>TH</sup>) 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.**

**THERE WILL BE AN INITIAL CONSULTATION FEE OF \$200.00 TO BE PAID AT THE END OF THE CONSULTATION REGARDLESS OF WHETHER YOU DECIDE TO TAKE ANY LEGAL ACTION OR NOT.**

How did you find me:     Referred by \_\_\_\_\_  Former Client  
                                   Yellow Pages     AVVO     Lawyers.com     YP.com  
                                   Internet (name the site) \_\_\_\_\_  Other \_\_\_\_\_

**Attorney/Client-Privileged Information**

**ABOUT YOU**

**1. ABOUT YOU**

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

Birth date: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security #: \*\*\* \*\* \_\_\_\_\_ (last 4) Driver's license # and state of issuance: \*\*\*\*\* \_\_\_\_\_ (last 4)

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Back-up email: \_\_\_\_\_

**\*(e-mail communications may not be confidential)**

How do you prefer that we contact you: \_\_\_ Home \_\_\_ Cell \_\_\_ Work \_\_\_ Fax \_\_\_ E-mail

What is best time to contact you: \_\_\_\_\_

Current residence address: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

How long have you lived there: \_\_\_\_\_ When did you move there: \_\_\_\_\_

Do you rent or own this residence: \_\_\_\_\_ How much is the monthly mortgage/rent: \$ \_\_\_\_\_

At what address do you wish to receive mail from this office: \_\_\_\_\_

**2. PRIOR ATTORNEY** - Have you consulted or retained any other attorney on this matter before coming to this office? \_\_\_ Yes \_\_\_ No. If so, who and when: \_\_\_\_\_

**3. ABOUT YOUR EMPLOYMENT AND EDUCATION**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Work address: \_\_\_\_\_

Phone number: \_\_\_\_\_ May we call you at work? \_\_\_ E-mail you at work? \_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education (date, place, degree): \_\_\_\_\_

**4. MILITARY SERVICE** - Were you ever in the United States military service? \_\_\_ Yes \_\_\_ No  
\_\_\_ Army \_\_\_ Navy \_\_\_ Air Force \_\_\_ Marines \_\_\_ Coast Guard \_\_\_ Maritime Svc.

When was your start date? \_\_\_\_\_ When was your retirement date? \_\_\_\_\_

How many years and months of creditable service? \_\_\_\_\_ Reserve Duty? \_\_\_\_\_

What was your rank at the time of retirement? \_\_\_\_\_

What amount of military retirement do you receive each month? \_\_\_\_\_

**5. ABOUT YOUR MARRIAGE**

Date of marriage: \_\_\_\_\_ City of marriage \_\_\_\_\_

\_\_\_ Church/private setting marriage \_\_\_ JP/courthouse \_\_\_ Common law marriage

**Attorney/Client-Privileged Information**

Date of Separation: \_\_\_\_\_ Reason for separation: \_\_\_\_\_

Did you and your spouse ever separate before? \_\_\_ Yes \_\_\_ No

If so, when and why? \_\_\_\_\_

6. **MARRIAGE COUNSELING** - Have you seen a marriage counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, state the name, address and telephone number of the counselor: \_\_\_\_\_

\_\_\_\_\_

How many times did you visit? \_\_\_\_\_ When? \_\_\_\_\_

Did your spouse go with you to counseling? \_\_\_ Yes \_\_\_\_\_ No Separately? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your spouse see a different counselor? \_\_\_ Yes \_\_\_ No

If so, please state name and address: \_\_\_\_\_

7. **PREMARITAL AGREEMENT / PROPERTY AGREEMENT**

Did you and your spouse sign a premarital agreement? \_\_\_ Yes \_\_\_ No (provide copy)

After marriage, did you sign a property agreement? \_\_\_ Yes \_\_\_ No (provide copy)

8. **ABOUT YOUR PRIOR MARRIAGE(S)**

Name of former spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Marriage ended by \_\_\_ death (date \_\_\_\_\_) \_\_\_ divorce (date & place \_\_\_\_\_)

9. **MARITAL DIFFICULTIES** - Check if your marital difficulties involve any of the following:

\_\_\_\_\_ drugs/alcohol \_\_\_\_\_ sexual disappointment \_\_\_\_\_ infidelity \_\_\_\_\_ incompatibility

\_\_\_\_\_ financial disputes \_\_\_\_\_ physical violence \_\_\_\_\_ religion \_\_\_\_\_ other

10. **MAIDEN NAME** - If a divorce is granted, should wife's maiden name be restored? \_\_\_ Yes \_\_\_ No

If so, what name should be used? \_\_\_\_\_

11. **ANYTHING ELSE I NEED TO KNOW ABOUT YOU**

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

**Attorney/Client-Privileged Information**

**ABOUT YOUR SPOUSE**

**12. ABOUT YOUR SPOUSE**

Full name: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Social Security #: \*\*\* \*\* \_\_\_\_\_ (last 4) Driver's license # and state of issuance: \*\*\*\*\* \_\_\_\_\_ (last 4)  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

**13. SPOUSE'S CURRENT RESIDENCE**

Spouse's current address: \_\_\_\_\_  
When did he or she move there: \_\_\_\_\_ Does he or she own this property? \_\_\_ Yes \_\_\_ No  
If not, who does: \_\_\_\_\_  
Is he or she living with anyone else at this location? \_\_\_ Yes \_\_\_ No  
If so, with whom? \_\_\_\_\_  
Is there a family relationship with the other occupant? \_\_\_ Yes \_\_\_ No If so, how? \_\_\_\_\_

**14. ABOUT YOUR SPOUSE'S EMPLOYMENT AND EDUCATION**

Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Work Street address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**15. SPOUSE'S MILITARY SERVICE - Was your spouse ever in the U.S. military service? \_ Y \_ N**

\_\_\_ Army \_\_\_ Navy \_\_\_ Air Force \_\_\_ Marines \_\_\_ Coast Guard \_\_\_ Maritime Svc.  
When was your spouse's start date? \_\_\_\_\_ When was your spouse's retirement date? \_\_\_\_\_  
How many years and months of creditable service? \_\_\_\_\_ Reserve Duty? \_\_\_\_\_  
What was your spouse's rank at the time of retirement? \_\_\_\_\_  
What amount of military retirement does your spouse receive each month? \_\_\_\_\_

**16. SPOUSE ATTORNEY - Does your spouse have an attorney? \_\_\_ Yes \_\_\_ No**

If so, who? \_\_\_\_\_

**17. ABOUT YOUR SPOUSE'S PRIOR MARRIAGE(S)**

Name of former spouse: \_\_\_\_\_  
Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_  
Marriage ended by \_\_\_ death (date \_\_\_\_\_) \_\_\_ divorce (date & place \_\_\_\_\_)

Attorney/Client-Privileged Information

ABOUT YOUR CHILD(REN)

18. **ABOUT YOUR CHILD(REN)**

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security #: \*\*\* \*\* \_\_\_\_\_ (last 4) Driver's license # and state of issuance: \*\*\*\*\* \_\_\_\_\_ (last 4)

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security #: \*\*\* \*\* \_\_\_\_\_ (last 4) Driver's license # and state of issuance: \*\*\*\*\* \_\_\_\_\_ (last 4)

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security #: \*\*\* \*\* \_\_\_\_\_ (last 4) Driver's license # and state of issuance: \*\*\*\*\* \_\_\_\_\_ (last 4)

19. Will there be a dispute over the child(ren)? \_\_\_\_\_ If *not*, who will have custody? \_\_\_\_\_

What agreement, if any, has been reached about visitation? \_\_\_\_\_

What agreement, if any, has been reached about child support? \_\_\_\_\_

What agreement, if any, has been reached about health insurance for the child(ren)? \_\_\_\_\_

20. Where and with whom are the child(ren) living now? \_\_\_\_\_

Since when? \_\_\_\_\_

21. Does the mother have access to private health insurance at reasonable cost to her? \_\_\_ Yes \_\_\_ No

Does the father have access to private health insurance at reasonable cost to her? \_\_\_ Yes \_\_\_ No

Is private health insurance in effect for the child(ren)? \_\_\_ Yes \_\_\_ No If so, state the following:

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium for child(ren) only: \_\_\_\_\_

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

If so, which parent? \_\_\_\_\_

22. If private health insurance is not in effect for the child(ren), please answer the following questions.

Are the child(ren) receiving Medicaid? \_\_\_ Yes \_\_\_ No

Are the child(ren) receiving health coverage under the Children's Health Insurance Program? \_\_\_ Y \_\_\_ N

If not, has anyone applied for Medicaid benefits for the child(ren) or for coverage for the child(ren)

under the Children's Health Insurance Program? \_\_\_\_\_ If so, who applied? \_\_\_\_\_

What is the status of the application? \_\_\_\_\_

If the child(ren) are receiving health benefits under the Children's Health Insurance Program, then what is

the cost of the premium? \_\_\_\_\_ Who is paying the premium? \_\_\_\_\_

**Attorney/Client-Privileged Information**

23. Do you or your spouse have any other child(ren) for whom a duty of support is owed? \_\_ Yes \_\_ No

If so, please provide the following information for each child:

Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_ Place of birth: \_\_\_\_\_ Social Security number: \*\*\* \*\* \_\_\_\_ (last 4#s)

Current address: \_\_\_\_\_

Name and relationship of the person the child(ren) live with: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_ Place of birth: \_\_\_\_\_ Social Security number: \*\*\* \*\* \_\_\_\_ (last 4#s)

Current address: \_\_\_\_\_

Name and relationship of the person the child(ren) live with: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_ Place of birth: \_\_\_\_\_ Social Security number: \*\*\* \*\* \_\_\_\_ (last 4#s)

Current address: \_\_\_\_\_

Name and relationship of the person the child(ren) live with: \_\_\_\_\_

24. Do you pay/receive child support? \_\_\_\_\_ If so, how much per month? \$ \_\_\_\_\_

25. Does your spouse pay/receive child support? \_\_\_\_\_ If so, how much per month? \$ \_\_\_\_\_

26. Please provide a list of the places where the child(ren) have lived during the past five years, and the names and present addresses of the persons with whom the child(ren) have lived during that period.

27. If you or your spouse 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.

28. 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 spouse, or the child(ren), identify the county, the court, the case number, and the nature of the proceeding.

29. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the child(ren) or claims rights of legal custody or physical custody of, or visitation with, the child(ren).

30. If you believe that the health, safety, or liberty of you or the child(ren) would be jeopardized by disclosure of your address or that of the child(ren), please disclose the reason for that belief.

31. Anything else I need to know: