



Date: _____

Client Name: _____

CIVIL LITIGATION

CLIENT QUESTIONNAIRE:

Please begin filling out this questionnaire. It is important that you answer each question fully.

You should answer all questions relevant to you. If a question does not apply, 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.

NOTE OF CONFIDENTIALITY

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FOR OFFICE USE:

Ret.: _____ Type: STD|PPL|LP|H|A

OL: WTA|JAY|LC|JJM|DJS|MBR|MMP|JLG|BWC|MKM

RL: WTA|JAY|LC|JJM|DJS|MBR|MMP|JLG|BWC|MKM



ABOUT YOU:

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

Full legal name: _____

Race: _____ Birth date: _____

City and State where born: _____

Social Security number: _____

Driver's license number: _____

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

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Home phone (if different from above): _____

Fax: _____

Email: _____

3. How do you prefer that we contact you?

Mail Home phone Cell phone Email

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

5. How were you referred to our office?

Personal referral by _____ to _____

Church referral from _____ to _____

- | | | | |
|--|--|---|--|
| Internet: | Newspaper/Magazine: | Insurance: | Yellow Pages: |
| <input type="checkbox"/> Google | <input type="checkbox"/> Dallas Morning News | <input type="checkbox"/> Prepaid Legal/Legal Shield | <input type="checkbox"/> AT&T Yellow Pages |
| <input type="checkbox"/> Law.com | <input type="checkbox"/> Plano Profile | <input type="checkbox"/> Hyatt Legal | <input type="checkbox"/> Town Yellow Pages |
| <input type="checkbox"/> Find Law | <input type="checkbox"/> Frisco Style | <input type="checkbox"/> ARAG | |
| <input type="checkbox"/> Super Lawyers | <input type="checkbox"/> McKinney/Prosper | <input type="checkbox"/> Law Point | Other: |
| <input type="checkbox"/> Avvo | <input type="checkbox"/> D Magazine/D CEO | | <input type="checkbox"/> Previous client |

Other: _____

6. **Have you consulted or retained any other attorneys on this matter before coming to this office?**
_____. If so, please state with whom and when: _____

CASE INFORMATION:

7. **Does this matter involve a business you own or run?**

Yes No

8. **If a business is involved, are you employed by the business?**

Yes No

9. **If yes, please provide your job title and the employer's name and address.**

Employer's name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Phone number: _____

Job title: _____

10. **Are you being sued?**

Yes No

11. **If yes, please provide the name and address of the opposing party.**

Full legal name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Phone: _____

Email: _____

12. **Please provide the name and location of the court you are being sued in.**

13. **What date were you served with court papers?**

14. **Please describe the incident that led to the litigation/dispute.**

15. **Are other parties involved?**

Yes No

16. **If yes, please provide the names, addresses, and telephone numbers of each party involved.**

Full legal name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Phone number: _____

Full legal name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Phone number: _____

Full legal name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Phone number: _____

17. **Do you have documents that could help explain your situation?** If yes, please attach a copy of those documents.

Yes No