



Date: _____

Client Name: _____

PRIVATE MEDIATION

CLIENT QUESTIONNAIRE

Please begin filling out this questionnaire. It is important that **both parties** 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 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, except in cases of child abuse or neglect.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. 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 OR AS REQUIRED BY LAW.

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

PARTY 1:

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

Full legal name: _____

Maiden name: _____

Do you want your maiden name restored as part of this proceeding? _____

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?** _____

PARTY 2:

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

Full legal name: _____

Maiden name: _____

Do you want your maiden name restored as part of this proceeding? _____

Race: _____ Birth date: _____

City and State where born: _____

Social Security number: _____

Driver's license number: _____

6. **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: _____

7. **How do you prefer that we contact you?**

Mail Home phone Cell phone Email

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

9. **How were you referred to our office?**

Personal referral by _____ to _____ ATTORNEY

Church referral from _____ to _____ ATTORNEY

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- McKinney/Prosper
- D Magazine/D CEO

Insurance:

- Prepaid Legal/Legal Shield
- Hyatt Legal
- ARAG
- Law Point

Yellow Pages:

- AT&T Yellow Pages
- Town Yellow Pages

Other:

- Previous client

Other: _____

10. **Have you consulted or retained any other attorneys on this matter before coming to this office?**

11. **If so, please state with whom and when.** _____

12. **Please complete the following information concerning your employment (PARTY 1):**

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone number: _____
May we call you at work? _____
Gross salary per month OR annually: _____
Length of employment: _____
Education: _____

13. **Please complete the following information concerning your employment (PARTY 2):**

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone number: _____
May we call you at work? _____
Gross salary per month OR annually: _____
Length of employment: _____
Education: _____

ABOUT YOUR CHILDREN:

14. **Please give the *full* name, date and place of birth, sex and Social Security number of each child of this marriage or relationship.**

Name: _____
Sex (M/F): ____ Age: _____ Date of birth: _____
Place of birth: _____
Social Security number: _____
With whom is this child currently residing? _____
Name: _____
Sex (M/F): ____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

With whom is this child currently residing? _____

Name: _____

Sex (M/F): ____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

With whom is this child currently residing? _____

15. **With whom will the children primarily reside?** _____

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 the date of separation: _____

17. **Have you seen a marriage counselor?** _____

If so, please state name: _____

18. **What is your religious preference?**

Party 1: _____

Party 2: _____

19. **Check as appropriate if your marital difficulties involve any of the following:**

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Sexual Disappointment | <input type="checkbox"/> Infidelity |
| <input type="checkbox"/> Financial Dispute | <input type="checkbox"/> Physical Violence | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Incompatibility | <input type="checkbox"/> Other: _____ | |

20. **How long have you lived in Texas?**

Party 1: _____ Party 2: _____

21. **Has either party ever filed for divorce?** _____ If so, when and where? _____

22. **Has either party ever been married before?** _____ If so, how many times? _____

23. **Does either party have any other children for whom a duty of support is owed?** _____

24. **Where and with whom do these children live?** _____

25. **Do you pay/receive child support?** _____
If so, how much? \$ _____ per _____
26. **Does either party own any firearms?** _____
If so, please describe: _____
27. **Does either party have a license to carry concealed weapons?** _____
If so, please give the state identification number for each license: _____

28. **Has either party ever received public assistance (TANF/AFDC/Medicaid/Other)?** _____
If yes, please explain nature, amount and duration of assistance received: _____

29. **Has either party ever made an application for services with the Attorney General's Office or with a child support office of any other state?** _____
If yes, please explain: _____

30. **Is either party currently in bankruptcy or planning to file for bankruptcy?** _____
