

Date: _____

Client Name: _____

FAMILY LAW

CLIENT QUESTIONNAIRE

Please begin filling out this questionnaire. 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 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|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO

RL: WTA|JAY|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO



ABOUT YOU:

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? _____

5. How were you referred to our office?

Personal referral by _____ to _____ ATTORNEY

Church referral from _____ to _____ ATTORNEY

- | | | | |
|--|--|---|--|
| 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. _____
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? _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

ABOUT YOUR SPOUSE/EX-SPOUSE/OPPOSING PARTY:

8. **Please give the person's *full* name, date and place of birth, and Social Security number.**
Full legal name: _____
Maiden name: _____
Race: _____ Birth date: _____
City and State where born: _____
Social Security number: _____
Driver's license number: _____
9. **Where is the opposing party living now and what is his or her phone number?** (If the same as yours, please note "same").
Address: _____
City: _____
State: _____ Zip: _____ County: _____
Home phone: _____
10. **Please complete the following information concerning the opposing party's employment.**
Employer: _____
Job title: _____

Address: _____

City, state, zip: _____

Telephone number: _____

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, 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? _____

12. **Will there be a dispute over the children?** _____ With whom will the children primarily reside?

ABOUT YOUR MARRIAGE AND SEPARATION:

13. **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: _____

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

If so, please state name: _____

15. **What is your religious preference?** _____

If none, are you agnostic or atheist? _____

16. **What is your spouse's or ex-spouse's religious preference?** _____

If none, are you agnostic or atheist? _____

17. **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: _____ | |

18. **How long have you lived in Texas?** _____

19. **Have you or your spouse ever filed for divorce?** _____ If so, when and where? _____

20. **Does your spouse or ex-spouse have an attorney?** _____ If so, who? _____

21. **Have you ever been married before?** _____ If so, how many times? _____

22. **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): _____ Age: _____ Date of birth: _____

Place of birth: _____

Social Security number: _____

Name: _____

Sex (M/F):__Age:_____Date of Birth:_____

Place of birth:_____

Social Security number:_____

Name:_____

Sex (M/F):__Age:_____Date of Birth:_____

Place of birth:_____

Social Security number:_____

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

24. **Do you pay/receive child support?** _____

If so, how much? \$ _____ per _____

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

If so, how much? \$ _____ per _____

26. **Do you or your spouse own any firearm (if so, please describe)?** _____

27. **Do you or your spouse have a license to carry concealed weapons?** _____

If so, please give the state identification number for each license: _____

28. **Have you or the other parent ever received public assistance (TANF/AFDC/Medicaid/Other)?**

If yes, please explain nature, amount and duration of assistance received: _____

29. **Have you or the other parent 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. Are you currently in bankruptcy or planning to file for bankruptcy? _____

“SKELETONS IN THE CLOSET” AND SENSITIVE TOPICS:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATION TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY, WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail. Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	<u>YOU</u>	<u>YOUR SPOUSE OR EX-SPOUSE</u>
1. Committed a crime?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
4. Used illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Engaged in gambling activities (legal or illegal)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Engaged in other illegal activities?	<input type="checkbox"/>	<input type="checkbox"/>
13. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
14. Been hospitalized for an emotional or psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>
15. Suffered from or received treatment for an emotional or psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
16. Abused own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
17. Been accused of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
18. Had a sexual relationship during the marriage with someone other than own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse, of which the children were aware?	<input type="checkbox"/>	<input type="checkbox"/>

If so, describe the children’s reaction to the relationship and the children’s feelings about the person(s) involved in the relationship: _____

- | | | |
|---|--------------------------|--------------------------|
| 20. Had a homosexual/bisexual relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Engaged in usual sexual practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Had a pregnancy outside of marriage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Had a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Drunk to excess? | <input type="checkbox"/> | <input type="checkbox"/> |

If so, what and how often? _____

- | | | |
|------------|--------------------------|--------------------------|
| 25. Other? | <input type="checkbox"/> | <input type="checkbox"/> |
|------------|--------------------------|--------------------------|

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer “yes” to one or more of the preceding “skeleton-in-the-closet” questions, describe the situation: _____

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____

28. Have you or your spouse or ex-spouse made any photographs and/or audio or visual recordings of the other party? _____

If so, describe the content: _____

NO. _____

IN THE INTEREST OF

§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

_____ JUDICIAL DISTRICT

CHILDREN

_____ COUNTY, TEXAS

HEALTH AND DENTAL INSURANCE AVAILABILITY

Name: _____ SSN: XXX-XX- _____

1. Beside the name of each child, check all types of insurance or benefits currently covering that child(ren):

	<i>Father's Employer</i>	<i>Mother's Employer</i>	<i>Private</i>	<i>Medicaid</i>	<i>CHIP</i>	<i>Other</i>	<i>None</i>
Child's Name: _____							
DOB:							
SSN: XXX-XX-_____							
Child's Name: _____							
DOB:							
SSN: XXX-XX-_____							
Child's Name: _____							
DOB:							
SSN: XXX-XX-_____							
Child's Name: _____							
DOB:							
SSN: XXX-XX-_____							

2. For each health insurance source, please list:

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

3. For each dental insurance source, please list:

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

- a. Name of insurance company: _____
- b. Group Policy ID number: _____
- c. Policyholder name and ID number: _____
- d. Name of child covered: _____
- e. Cost of premium to you (for children): _____

Are you paying the premiums? Yes No

Signature

Print Name: _____