

Client Questionnaire

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 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.

Personal

About you:

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

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

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: _____

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: _____

Telephone number: _____ May we call you at work? _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your spouse or ex-spouse:

8. Please give your spouse or ex-spouse's full name, date and place of birth, and Social Security number.

Full name: _____

Birth date: _____ 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?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

10. Please complete the following information concerning your spouse or ex-spouse's employment.

Employer: _____

Job title: _____

Street 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:

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: _____

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? _____

14. Health Insurance: List the name of each child, and check all types of health insurance or benefits currently covering that child. You may check more than one source (see below).

Name of Child	Father's Ins	Mother's Ins	Private	Medicaid	CHIP	None
---------------	--------------	--------------	---------	----------	------	------

- 1.
- 2.
- 3.

For each insurance source, please list:

- A. Name of insurance carrier: _____
- B. Group Policy ID Number: _____
- C. Policyholder Name and ID number: _____
- D. Name of each child covered: _____
- E. Cost per month of coverage (amt for children only): \$ _____
- F. Are you paying the premiums for the listed medical benefits? Yes No

About your marriage and separation:

15. 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: _____
16. Have you seen a marriage counselor? _____
 If so, please state name: _____
17. What is your religious preference? _____

If none, are you agnostic or atheist? _____

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

If none, is your spouse or ex-spouse agnostic or atheist? _____

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

____ drug /alcohol ____ sexual disappointment ____ infidelity

____ financial dispute ____ physical violence ____ religion

____ incompatibility ____ other: _____

20. How long have you lived in Texas? _____

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

If so, where and when? _____

22. Does your spouse or ex-spouse have an attorney? _____

If so, who? _____

23. Have you ever been married before? _____

If so, how many times? _____

24. 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 Study

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: _____

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

26. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

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

If so, how much? \$ _____ per _____

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

If so, what name should be used? _____

“Skeletons in the Closet” and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING 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 ABSOLUTELY DISASTROUS TO YOUR CASE.

IF ANY 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:

	You	Your Spouse or Ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused Alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while Under the influence of alcohol (drunk driving)?	_____	_____

	You	Your Spouse or Ex-spouse
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
17. Been accused of child abuse?	_____	_____
18. Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____
19. Had a sexual relationship (during or not during the	_____	_____

Marriage) with someone other than own spouse of _____
Which the children were aware? _____

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? _____

21. Engaged in unusual sexual practices? _____

22. Had a pregnancy outside of marriage? _____

23. Had a sexually transmitted disease? _____

24. Drunk to excess? _____

If so, what and how often? _____

25. Other? _____

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently an 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 or audio or visual recordings of the other party? _____

If so, describe the content: _____
