



## **ILIONSKY LAW GROUP, PLLC**

2011 Leeland St.  
Houston, Texas 77003  
713.482.1974 (telephone)  
832.645.7497 (facsimile)

### **CLIENT QUESTIONNAIRE**

**[For non-corporate client use only]**

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**

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 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.

Full name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
Driver license number & State: \_\_\_\_\_  
Your full address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

Please describe your legal matter briefly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you consulted or retained any other attorneys on this matter before coming to this office? If so, please state who and when:

\_\_\_\_\_  
\_\_\_\_\_

Your employer: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
Employer telephone: \_\_\_\_\_  
Employer email: \_\_\_\_\_  
May we contact you at work  
in emergency? \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

Information about the other party, if applicable (attach additional paper if necessary). Fill out as much as you can, please.

Full name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
Driver license number & State: \_\_\_\_\_

Your full address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer address: \_\_\_\_\_  
Employer telephone: \_\_\_\_\_  
Employer email: \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

Any other information about the other party you feel is important for the attorney to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU HAVE REACHED THE END OF THE REGULAR QUESTIONNAIRE. IF THIS IS A FAMILY MATTER, KEEP GOING. THE FOLLOWING QUESTIONS ARE FOR FAMILY CASES ONLY. SOME QUESTIONS MAY NOT BE APPLICABLE AND THESE MAY BE SKIPPED.**

Is private health insurance in effect for the children? Circle one: YES NO

If so, please give the following information.

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

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

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

Monthly cost of premium: \_\_\_\_\_

Is the insurance coverage provided through a parent's employment? YES NO

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

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code? \_\_\_\_\_

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code?  
\_\_\_\_\_

If so, what is the cost of the premium?  
\_\_\_\_\_

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 him? YES NO

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? YES NO

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

What is the status of the application?

\_\_\_\_\_

Will there be a dispute over the children? YES NO

If *not*, who will have custody? \_\_\_\_\_

Where and with whom are the children living now?

How long have you lived in Texas? \_\_\_\_\_

Does the other party have an attorney? YES NO

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

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where and with whom do these children live?

\_\_\_\_\_  
\_\_\_\_\_

Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_

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

\_\_\_\_\_

If so, how much? \$ \_\_\_\_\_

If a divorce is granted, should the wife's maiden name be restored? YES NO

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

**Answer below only if a party or potential party resides outside Texas.**

Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period.



---

---

---

---

---

---

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

---

---

---

---

---

---

---

---