

CLIENT QUESTIONNAIRE

Please fill 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 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 once 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.

1. INFORMATION ABOUT YOU

Full name: _____
DOB: _____
Place of birth: _____
Social Security number: _____
Driver license number & State: _____
Your full address: _____
Telephone: _____
Email: _____
Who referred you to this office? _____

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: _____
Gross salary per month or annually: _____
Length of employment: _____
May we contact you at work in emergency? Y N
Education: _____

2. INFORMATION ABOUT THE OTHER PARTY/PARTIES

Please fill out as much as you can, please.

Full name: _____
DOB: _____
Place of birth: _____
Social Security number: _____
Driver license number & State: _____
Full address: _____
Telephone: _____
Email: _____

Please attach separate sheets of paper to list information about more than one party.

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 MARKED WITH "N/A" AND SKIPPED.

3. FAMILY CASE INFORMATION

Please fill out as much as you can, please.

Full name of the child: _____
DOB: _____
Place of birth: _____
Social Security number: _____
Driver license number & State: _____
Where has the child lived in the last
six months? For how long?
Last two years? For how long? _____

Please fill out as much as you can, please.

Full name of the child: _____
DOB: _____
Place of birth: _____
Social Security number: _____
Driver license number & State: _____
Where has the child lived in the last
six months? For how long?
Last two years? For how long? _____

Please fill out as much as you can, please.

Full name of the child: _____
DOB: _____
Place of birth: _____
Social Security number: _____
Driver license number & State: _____
Where has the child lived in the last
six months? For how long?
Last two years? For how long? _____

Is private health insurance in effect for the children? Y N

If so, please give the following information.

Name of insurance company: _____
Policy number: _____
Party responsible for premium: _____
Monthly cost of premium: _____

Where and with whom do these children live?

Is the insurance coverage provided through a parent's employment? Y N

If so, which parent? _____

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code? Y N

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

If so, what is the cost of the premium? _____

Does the mother have access to private health insurance at reasonable cost to her? Y N

Does the father have access to private health insurance at reasonable cost to him? Y N

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? Y N

If so, who applied? _____

What is the status of the application? _____

Will there be a dispute over the children? Y N

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? Y N

If so, who? _____

Do you or your spouse or ex-spouse have any other children for whom a duty of support is owed? Y N If so, please give the full name, date and place of birth, sex, and Social Security number of each such child.

Do you pay/receive child support? Y N

If so, how much? _____

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

If so, how much? _____

If a divorce is granted, should the wife's maiden name be restored? Y N
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 have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any.

If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

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.
