



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 | CLC | PPL | ZNE

OL: WTA | LBR | JAY | LC | JJM | EMB | DJS | MBR | JLG | GH | BW | KJS | MBC

RL: WTA | LBR | JAY | LC | JJM | EMB | DJS | MBR | JLG | GH | BW | KJS | MBC



**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 \_\_\_\_\_

Church referral from \_\_\_\_\_ to \_\_\_\_\_

**Internet:**

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

**Newspaper/Magazine:**

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO
- McKinney & Prosper Lifestyle

**Radio:**

- 94.9 KLTU
- 100.7 KWRD
- 660 KSKY

**Yellow Pages:**

- AT&T Yellow Pages
- Your town Yellow Pages

**Other:**

- Previous client
- Prepaid Legal or CLC

**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?
- 21. Engaged in usual 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 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>
<b>Child's Name:</b> _____							
DOB:							
SSN: XXX-XX-_____							
<b>Child's Name:</b> _____							
DOB:							
SSN: XXX-XX-_____							
<b>Child's Name:</b> _____							
DOB:							
SSN: XXX-XX-_____							
<b>Child's Name:</b> _____							
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: \_\_\_\_\_