

# **CLIENT QUESTIONNAIRE**

## **NOTICE OF CONFIDENTIALITY**

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### **Type of Case:**

\_\_\_ Divorce *with* children;          \_\_\_ Modification  
(Child Support/Visitation/Conservatorship)

\_\_\_ Divorce *without* children;      \_\_\_ Termination of Rights

\_\_\_ Paternity;                      \_\_\_ Enforcement

\_\_\_ Other (Specify) \_\_\_\_\_

### **Personal**

#### **About you:**

Today's Date: \_\_\_\_\_

#### **Full Name:**

\_\_\_\_\_

First                                          Middle                                          Last

Maiden Name: (If Applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(mm/dd/yyyy)                                          City                                          State or Foreign Country

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
                                            First                                            Middle                                            Last

Maiden Name: (If Applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
                                            (mm/dd/yyyy)                                            City                                            State or Foreign Country

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Current Address:

\_\_\_\_\_

Street No. and Name                            City                            State                            Zip

County: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_ Pager: (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you have a website or internet page? (i.e. MySpace.com, Match.com, Plentyoffish.com, Craigslist.com, personal page, etc.) Yes or No

Website name(s) and Screen Name(s) \_\_\_\_\_

Describe year and make of vehicle you drive: \_\_\_\_\_

Is there a loan on your vehicle? \_\_\_\_\_ If so with whom? \_\_\_\_\_

At what address do you wish to receive mail from this office?

\_\_\_\_\_

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

If you found us via the internet, check the appropriate box:

\_\_\_\_\_ DivorceNet      \_\_\_\_\_ LegalMatch.com      \_\_\_\_\_ Lawyer.com

Employer's Name: \_\_\_\_\_





Email Address: \_\_\_\_\_

Website/Screen Name \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone number: (     ) \_\_\_\_\_

Employer's Fax number: (     ) \_\_\_\_\_

Please list any arrest(s) and/or conviction(s) along with the location of each:

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

Please list any CPS history:

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

**About the children:** Number of Minor Children: \_\_\_\_\_

**Child No. 1**

Name: \_\_\_\_\_  
First Middle Last

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(mm/dd/yyyy)

Place of Birth: \_\_\_\_\_  
City County State or Foreign Country

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who does this child live with: \_\_\_\_\_

Names of biological parents:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Child No. 2**

Name: \_\_\_\_\_  
First Middle Last

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(mm/dd/yyyy)

Place of Birth: \_\_\_\_\_  
City County State or Foreign Country

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who does this child live with: \_\_\_\_\_

Names of biological parents:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Child No. 3**

Name: \_\_\_\_\_  
First Middle Last

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(mm/dd/yyyy)

Place of Birth: \_\_\_\_\_  
City County State or Foreign Country

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who does this child live with: \_\_\_\_\_

Names of biological parents:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Child No. 4**

Name: \_\_\_\_\_  
First Middle Last

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State or Foreign Country

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who does this child live with: \_\_\_\_\_

Names of biological parents:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

*If you need more space, please use a separate sheet of paper or write on the back.*

Will there be a dispute over the children? \_\_\_\_\_

If *not*, with whom will custody be? \_\_\_\_\_

Do any of your children have special needs? **Please explain:** \_\_\_\_\_

\_\_\_\_\_

**Health Insurance Coverage for the Children:**

What Insurance do you have? \_\_\_\_\_

What is covered (health, dental, vision, eye?) \_\_\_\_\_

Is it carried through an employer? \_\_\_\_\_ If so, yours or your spouses? \_\_\_\_\_

How much is the coverage for JUST the children per month? \_\_\_\_\_

If insurance is through an employer does the other spouse have insurance available through their employer or other organization? \_\_\_\_\_