

Your Full Name: _____

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: _____

Email Address: _____

5. How were you referred to this office?

___ Houston Lawyer Referral Service ___ AT&T Yellow Pages

___ Best Yellow Pages ___ Metropolitan Yellow Pages

___ Online Other _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

If so, please state who and when: _____

Existing cases relevant to this issue:

Cause No: _____ Court: _____ County: _____

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's or ex-spouse's *full* name, date and place of birth, and Social Security number.

Full name: _____

Birth date: _____ State where born: _____

Social Security #: _____

Driver's license #: _____

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's 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? _____

About your marriage and separation:

14. 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:_____

15. Have you seen a marriage counselor?_____

If so, please state name:_____

16. What is your religious preference?_____

If none, are you agnostic or atheist?_____

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

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

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

___drugs/alcohol

___sexual disappointment

___infidelity

___financial dispute

___physical violence

___religion

___incompatibility

___other:_____

19. How long have you lived in Texas?_____

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

If so, when and where?_____

21. Does your spouse or ex-spouse have an attorney?

If so, who?_____

22. Have you ever been married before?_____

If so, how many times?_____

23. 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):__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:_____

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

25. Do you pay/receive child support?_____

If so, how much? \$_____per_____

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

If so, how much? \$_____per_____

27. 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 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:

	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)?	_____	_____
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.

- | | You | Your spouse or ex-spouse |
|---|-------|--------------------------|
| 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 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 or audio or visual recordings of the other party?_____

29. If so, describe the content:_____
