

CONFIDENTIAL CLIENT QUESTIONNAIRE

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

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.

1. Please fill in your *full* name, contact, birth, and other information

Name: _____

Address: _____

City: _____

County: _____ State: _____ Zip: _____

(If you wish to have your mail sent to a different address, please advise the attorney during your consultation)

Home phone: _____

Mobile Phone: _____

Fax: _____

Email Address: _____

Birth date: _____ State where born: _____

Social Security number: _____ Driver's license number: _____

2. How were you referred to this office?

___ Houston Lawyer Referral Service ___ AT&T Yellow Pages

___ Best Yellow Pages ___ Metropolitan Yellow Pages

___ Online Other: _____

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

_____ If so, please state who and when: _____

Cause No: _____ Court: _____ County: _____

4. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____ May we call you at work? _____

Education: _____

5. Please complete the following concerning information for the proposed ward.

Your relationship to the proposed ward : _____

Full Name: _____

Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Reason why guardianship is desired: _____

Primary Physician of proposed ward: _____

Primary Physician's Address: _____

Primary Physician Phone: _____

6. Please briefly summarize any other important information about this matter: _____

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.

Please notify the assistant upon completion.