

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. 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.

ABOUT YOU

1. Please provide:
Full name: _____
Birth date: _____ City & State of birth: _____
Social Security No.: _____ Driver's License No.: _____
Education: _____
2. Where are you living now, and what is your contact information?
Address: _____
City, state, zip: _____ County: _____
Mobile: _____ Home: _____
Fax: _____ Email: _____
3. At what address do you wish to receive mail from this office?
Address: _____
City, state, zip: _____ County: _____
Mobile: _____ Home: _____
Fax: _____ Email: _____
4. How were you referred to this office?
 Returning Client Houston Lawyer Referral Service
 Friend _____ Yellow Pages
 Online Other _____
5. Please briefly summarize your matter: _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office? Yes No
If yes, please state who and when: _____
Existing cases relevant to this issue: _____
Cause No.: _____ Court: _____ County: _____

7. Please provide:
Employer: _____
Job title: _____
Address: _____
City, state, zip: _____
Phone: _____
May we call you at work? Yes No
Gross salary per month or annually: _____
Length of employment: _____

ABOUT YOUR SPOUSE OR EX-SPOUSE

8. Please provide:
Full name: _____
Birth date: _____ City & State of birth: _____
Social Security No.: _____ Driver's License No.: _____
Education: _____
9. Where is your spouse or ex-spouse living now, and what is their contact information?
Address: _____
City, state, zip: _____ County: _____
Mobile: _____ Home: _____
Fax: _____ Email: _____
10. Please provide:
Employer: _____
Job title: _____
Address: _____
City, state, zip: _____
Phone: _____
Gross salary per month or annually: _____
Length of employment: _____

ABOUT YOUR CHILDREN

11. Please provide the following of each child. If your answer requires more space than provided, please use a separate sheet, refer to the question number to which your answer applies, and attach to this questionnaire:

Full Name: _____

Birth date: _____ Social Security No.: _____

City & State of birth: _____ Sex: Female Male

Full Name: _____

Birth date: _____ Social Security No.: _____

City & State of birth: _____ Sex: Female Male

Full Name: _____

Birth date: _____ Social Security No.: _____

City & State of birth: _____ Sex: Female Male

12. Will there be a dispute over the children? Yes No

If *not*, with whom will custody be? _____

13. Where and with whom are the children living now? _____

ABOUT YOUR HEALTHCARE COVERAGE

14. Provided through employer Yes No

Insurance company: _____

Phone: _____

Member name: _____

Member ID No.: _____

Group ID No.: _____

Plan: _____

ABOUT YOUR MARRIAGE AND SEPARATION

15. Please give the date and place of your marriage:

Date: _____ Place: _____

- Are you now separated from your spouse? Yes No
 If *yes*, please state date of separation: _____
16. Have you seen a marriage counselor? Yes No
 If *yes*, please state name: _____
17. What is your religious preference? _____
 If *none*, are you agnostic or atheist? _____
18. What is your spouse's or ex-spouse's religious preference? _____
 If *none*, is your spouse or ex-spouse agnostic or atheist? _____
19. Check as appropriate if your marital difficulties involve any of the following:
 Drugs/Alcohol Sexual Disappointment Infidelity
 Financial Dispute Physical Violence Religion
 Incompatibility Other _____
20. How long have you lived in Texas? _____
21. Have you or your spouse ever filed for divorce? Yes No
22. Does your spouse or ex-spouse have an attorney? Yes No
 If *yes*, who? _____
23. Have you ever been married before? Yes No
 If *yes*, how many times? _____
24. Do you or your spouse or ex-spouse have any other children for whom a duty of support is owed? Yes No
 If *yes*, please provide the following of each child. If your answer requires more space than provided, please use a separate sheet, refer to the question number to which your answer applies, and attach to this questionnaire:
Full Name: _____
 Birth date: _____ Social Security No.: _____
 City & State of birth: _____ Sex: Female Male
Full Name: _____
 Birth date: _____ Social Security No.: _____
 City & State of birth: _____ Sex: Female Male
Full Name: _____

Birth date: _____ Social Security No.: _____

City & State of birth: _____ Sex: Female Male

25. Where and with whom do these children live? _____
26. Do you receive or pay child support? Receive Pay
If yes, how much and how often? \$ _____ Per _____
27. Does your spouse or ex-spouse receive or pay child support? Receive Pay
If yes, how much and how often? \$ _____ Per _____
28. If a divorce is granted, should the wife's maiden name be restored? Yes No
If yes, 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? | <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 yes, 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Engaged in unusual sexual practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Had a pregnancy outside of marriage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Had a sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Drunk to excess? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, what and how often? _____

- | | | | |
|-----|--------|--------------------------|--------------------------|
| 25. | Other? | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--------|--------------------------|--------------------------|

-
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 *yes*, describe the content: _____
-
-

CONFIDENTIALITY NOTICE

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.