

Your Full Name: _____

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. 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.: _____
Military Service: _____
Education: _____

2. Where are you living now, and what is your contact information?
Address: _____
City, state, zip: _____ County: _____
Mobile: _____ Home: _____
Fax: _____ Email: _____

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

3. How were you referred to this office?
 Returning Client Houston Lawyer Referral Service
 Friend _____ Yellow Pages
 Online Other _____

4. 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: _____

5. Please provide:
Employer: _____
Job title: _____
Address: _____
City, state, zip: _____
Phone: _____
May we call you at work? Yes No

ABOUT THE PROPOSED WARD

- 6. Please provide:
 Your relationship to the proposed ward: _____
 Full name: _____
 Birth date: _____ City & State of birth: _____
 Social Security No.: _____ Driver's License No.: _____
 Reason why guardianship is desired: _____

ABOUT THE PRIMARY PHYSICIAN

- 7. Primary Physician of proposed ward: _____
 Address: _____
 City, state, zip: _____
 Phone: _____
 Email: _____
- 8. Please briefly summarize your matter: _____

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.