

Client Name: _____
Email: _____
Date: _____

FAMILY LAW CLIENT QUESTIONNAIRE

Please fill out this questionnaire and return it to the attorney 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 answer to 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, driver's license number and social security number:
Full Name: _____
Maiden Name (if any): _____
Birth Date: _____
City, State and County of Birth: _____

Social Security Number: _____
Driver's License State and Number: _____
Your race or ethnicity: _____

2. Where are you living now, and what is your phone number?

Address: _____
City: _____
County: _____
Mailing address if different: _____

Home Phone: _____
Work Phone: _____
Mobile Phone: _____
Pager: _____

3. Is there another person who can reach you if necessary?

Name of contact person: _____
Your relationship to that person: _____
Phone Number: _____
Address: _____

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

5. Which phone number do you prefer we use to contact you?

6. Who referred you to this office?

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

If so, please state who and when: _____

8. Please complete the following information concerning your employment:

Employer: _____
Job Title: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
May we call you at work? _____

Gross salary per month/per hour or annually: _____
Length of employment: _____
Level of Education: _____

9. Were you ever in the military? _____
If so, which branch? _____
Length of service: _____
Is your service complete? _____

About the Opposing Party (Your spouse, ex-spouse, or other parent of the child):

10. Please list the opposing party's full name, date and place of birth, driver's license number and social security number:
Full Name: _____
Maiden Name (if any): _____
Birth Date: _____
City, State and County of Birth: _____
Social Security Number: _____
Driver's License State and Number: _____
Race or Ethnicity: _____

11. Where is the opposing party living now, and what is his/her phone number?

Address: _____
City: _____
County: _____
Mailing address if different: _____

Home Phone: _____
Work Phone: _____
Mobile Phone: _____
Pager: _____

12. Please complete the following information concerning the opposing party's employment:

Employer: _____
Job Title: _____
Street Address: _____
City, State, Zip: _____
Telephone No.: _____
Gross salary per month/per hour or annually: _____
Length of employment: _____
Level of Education: _____

13. Was the opposing party ever in the military? _____
If so, which branch? _____

Length of service: _____
Is his/her service complete? _____

About the Children:

14. Please list the full name, date and place of birth, sex and social security number of each child who is the subject of this suit:

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____

Phone Number of Employment: _____

15. Do you plan to seek primary custody of the child(ren)? _____

16. Do you expect the other parent to seek primary custody of the child(ren)?

17. Do you expect any third party to seek custody or visitation in regard to these children? If so, please list the full name, address, phone number, relationship of that person(s) to the children and the length of time the children have lived with the third party:

Full Name: _____

Maiden Name (if any): _____

Birth Date: _____

City, State and County of Birth: _____

Social Security Number: _____

Relationship to the child: _____

Length of time the child has lived with this person: _____

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

19. How are the children currently covered on medical insurance?

20. What is the monthly cost of the children's portion of the health insurance?

21. Are there any children born during the marriage who are not the children of you or your spouse? If so, please list the following information:

Name: _____

Sex (M/F?): _____

Date of Birth: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

Driver's License State and Number: _____

Place of Employment: _____

Address of Employment: _____

Phone Number of Employment: _____

Name of biological parents of the child: _____
Name of the parents listed on the child's birth certificate: _____
Has there ever been a court action regarding this child? _____
If so, please list the Cause Number: _____
Court Number: _____
City, State and County of Prior Order: _____
Date of last court order: _____
Title of last court order: _____
Was there a prior attorney involved? _____
Name of your attorney: _____
Name of the other attorney's involved in the case: _____
Has there ever been biological parentage testing regarding this child? _____
If so, what were the results? _____

About your marriage and separation:

22. Please give the date and place of your marriage:
Date: _____
Place (include city, state and county): _____
23. Date of separation: _____
24. Have you seen a marriage counselor: _____
If so, please state name, and dates of counseling: _____
25. What is your religious preference? _____
26. What is your spouse's religious preference? _____
27. Check as appropriate if your marital difficulties involve any of the following:
_____ drugs/alcohol _____ sexual disappointment _____ infidelity
_____ financial dispute _____ physical violence _____ religion
_____ incompatibility _____ other: _____
28. How long have you lived in Texas? _____
29. How long have you lived in the county? _____
30. Have you or your spouse ever filed for divorce? _____
If so, when and where? _____

Did you have an attorney? _____
If so, who? _____

Did your spouse or ex-spouse have an attorney? _____
If so, who? _____

Is the divorce still pending in court? _____

31. Have you ever been married before? _____

If so, how many times? _____

32. Do you or the opposing party have any other children for whom a duty of support is owed?

33. 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: _____

Place of Birth: (include city, state and county): _____

Social Security Number: _____

Driver's License State and Number: _____

Name of parents: _____

34. Where and with whom do these children live?

34. Do you pay/receive child support? _____

If so, how much? \$_____ per _____

35. Does the opposing party pay/receive child support?

If so, how much? \$_____ per _____

36. 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 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 the opposing party has done any of the following:

	You	The opposing party
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 or drugs?	_____	_____
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 the other party?	_____	_____
17. Been accused of child abuse?	_____	_____
18. Had a sexual relationship during the marriage with someone other	_____	_____

than spouse?

You

The opposing party

19. Had a sexual relationship (during or not during the marriage) with someone other than 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:

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. Other?

25. If you or the opposing party 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:

26. Do you or the opposing party suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or the opposing party made any photographs or audio or visual records of the other party?

If so, please describe the content:
