



LAW OFFICE OF
KAYLA E.
HARRINGTON
P.L.L.C.

Non-Parent Custody Questionnaire

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess 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 form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Texas Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

1. CLIENT

Full legal name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

2. CLIENT CONTACT INFORMATION

Current Address: _____

City: _____ County: _____ State: _____

Zip: _____ Cell phone: _____

E-mail: _____
(e-mail communications may not be confidential)

How do you prefer that we contact you? _____

How long have you lived at this address? _____

How long have you lived in Texas? _____

How long have you lived in this county? _____

Who else lives in your household? _____

Do you use social media? If so, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

Twitter: _____

TikTok: _____

Other: _____

If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief. _____

3. CLIENT'S EMPLOYMENT

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

4. OPPOSING PARTY

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

5. OPPOSING PARTY'S CONTACT INFORMATION

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Cell phone: _____

E-mail: _____

Who else lives in the opposing party's household? _____

Does the opposing party use social media? If so, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

Twitter: _____

LinkedIn: _____

Other: _____

6. OPPOSING PARTY'S EMPLOYMENT

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

7. OTHER PARTY OR PARENT OF THE CHILD

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

8. OTHER PARTY'S CONTACT INFORMATION

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Cell phone: _____

E-mail: _____

Who else lives in the opposing party's household? _____

Does the opposing party use social media? If so, indicate which sites are used and the

account name:

Facebook: _____

Instagram: _____

Twitter: _____

LinkedIn: _____

Other: _____

9. OTHER PARTY'S EMPLOYMENT

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

10. CHILDREN INVOLVED IN THIS SUIT

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number: _____

Driver's license number: _____

Disability, if any: _____

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number: _____

Driver's license number: _____

Disability, if any: _____

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number: _____

Driver's license number: _____

Disability, if any: _____

With whom are the children now residing? _____

Does any child suffer a chronic illness or disability? If so, please describe.

Do the children own significant property (other than furniture, clothing, etc.)? _____

11. HEALTH INSURANCE INFORMATION

Is private health insurance in effect for a child? If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through an adult's employment? _____

If so, who's employment? _____

Is dental insurance in effect for a child? If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through an adult's employment? _____

If so, which adult? _____

Is vision insurance in effect for a child? If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

If private health insurance is not in effect for the children, please answer the following:

Are the children receiving Medicaid benefits? _____

Are the children receiving health benefits coverage under the Children's Health Insurance Program (CHIPs)? _____

If so, what is the cost of the premium? _____

Do you have access to private health insurance at reasonable cost to you? _____

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

12. GENERAL

Have you ever utilized the services of the Office of the Attorney General? _____

Have you or any other party ever sought or been subject to a protective order? _____

Have you or any other party ever contacted or been contacted by child protective services? _____

Have you or any other party ever been arrested for or convicted of a crime?

Do you own or possess firearms or ammunition? _____

Do you have a license to carry a firearm? _____

How did you hear about our office? _____

What are your three biggest goals for this case?

1. _____

2. _____

3. _____

Is there anything else you think Attorney Harrington should know?
