



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

## **Protective Suit (CPS) 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? \_\_\_\_\_

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: \_\_\_\_\_

**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. CHILDREN BETWEEN YOU AND THIS OPPOSING PARTY**

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.)? \_\_\_\_\_

## 8. CHILDREN OF OTHER RELATIONSHIPS

Do you or the opposing party have minor children from another relationship? -

\_\_\_\_\_

If so, please give the following information for each such child.

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state (if applicable): \_\_\_\_\_

Disability, if any: \_\_\_\_\_

Where and with whom do these children live? \_\_\_\_\_

\_\_\_\_\_

Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

Does the opposing party pay or receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

## 9. HEALTH INSURANCE INFORMATION

Do you have health insurance? \_\_\_\_\_

Does the opposing party have health insurance? \_\_\_\_\_

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 a parent's employment? \_\_\_\_\_

If so, which parent? \_\_\_\_\_

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 a parent's employment? \_\_\_\_\_

If so, which parent? \_\_\_\_\_

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? \_\_\_\_\_

Does the other parent of your children have access to private health insurance at reasonable cost to them? \_\_\_\_\_

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? \_\_\_\_\_

## 10. GENERAL

Have you or the opposing party ever sought or been subject to a protective order?  
\_\_\_\_\_

Have you or the opposing party previously (before this case) been contacted by child protective services? \_\_\_\_\_

Have you or the opposing 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?  
\_\_\_\_\_