

## 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 relevant to 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 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.

### Personal

#### About you:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ City/State where born: \_\_\_\_\_

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

Driver's license number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

3. At what address do you wish to receive mail from this office? \_\_\_\_\_

\_\_\_\_\_

4. How do you prefer that we contact you?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pager: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

5. Who referred you to this office? \_\_\_\_\_

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

Yes No

Is so, please state who and when: \_\_\_\_\_

7. Please complete the following information concerning your employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ May we call you at work? Yes No

E-mail: \_\_\_\_\_ May we e-mail you at work? Yes No

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**About your spouse or ex-spouse:**

8. Please give your spouse's or ex-spouse's *full* name, date and place of birth, Social

Security number, and driver's license number.

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ City/State where born: \_\_\_\_\_

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

Driver's license number: \_\_\_\_\_

9. Where is your spouse or ex-spouse living now, and what is his or her phone number and

e-mail address?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

10. Please complete the following information concerning your spouse's or ex-spouse's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**About your children:**

11. Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.

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

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Driver's license number: \_\_\_\_\_

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

Sex (M/F): \_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Driver's license number: \_\_\_\_\_:

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

Sex (M/F): \_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Driver's license number: \_\_\_\_\_

12. Is private health insurance in effect for the children?  Yes  No \_\_\_\_\_

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? \_\_\_\_\_

13. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under chapter 32, Human Resources

Code? \_\_\_\_\_

Are the children receiving health benefits coverage under the Children's Health Insurance Program

under chapter 62, Health and Safety Code? \_\_\_\_\_

If so, what is the cost of the premium? \_\_\_\_\_

Does the mother have access to private health insurance at reasonable cost to her?  
\_\_\_\_\_

Does the father have access to private health insurance at reasonable cost to him?  
\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_

14. Will there be a dispute over the children?  Yes  No \_\_\_\_\_

If *not*, who will have custody? \_\_\_\_\_

15. Where and with whom are the children living now? \_\_\_\_\_  
\_\_\_\_\_

**About your marriage and separation:**

16. Please give the date and place of your marriage.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Are you now separated from your spouse? \_\_\_\_\_

If so, please state date of separation: \_\_\_\_\_

17. How long have you lived in Texas? \_\_\_\_\_

18. Have you or your spouse ever filed for divorce?  Yes  No \_\_\_\_\_

If so, when and where? \_\_\_\_\_

19. Does your spouse or ex-spouse have an attorney?  Yes  No \_\_\_\_\_

If so, who? \_\_\_\_\_

20. Have you ever been married before?  Yes  No \_\_\_\_\_

If so, how many times? \_\_\_\_\_

25. Do you or your spouse or ex-spouse have any other children for whom a duty of support is owed?  
 Yes  No \_\_\_\_\_

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: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Sex (M/F):  Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

27. Do you pay/receive child support?  Yes  No \_\_\_\_\_

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

28. Does your spouse or ex-spouse pay/receive child support?  Yes  No \_\_\_\_\_

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

29. If a divorce is granted, should the wife's maiden name be restored?  Yes  No \_\_\_\_\_

If so, what name should be used? \_\_\_\_\_

30. Please list the current assets that are community property including VIN #s for vehicles

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31. Please provide a copy of the deed or closing documents for your home including the information for the mortgage company.