

Name: _____

Client Questionnaire – Modification/Enforcement

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: _____ State where born: _____

Social Security number: _____

Driver's license number: - _____

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

Address: - _____

State: - _____ County: - _____ City: _____

Zip: _____ Cell 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: _____

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 ex-spouse or other parent:

8. Please give the other parents *full* name, date and place of birth, Social

Security number, and driver's license number.

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

9. Where the children's mother 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 the other parents' employment. (mother)

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: (____) _____

E-mail: _____

Gross salary per year: - _____

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: _____

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: _____

Vision and Dental Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? Yes No

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?

Yes No

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? Yes No

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

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

Yes No

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

Yes No

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? Yes No

If so, who applied? _____

What is the status of the application? _____

Modification:

16. Please give the reasons you believe there has been a material and substantial change.