



# CARPENTER & ASSOCIATES

## CONFIDENTIAL CLIENT QUESTIONNAIRE

### Real Estate

#### INSTRUCTIONS:

1. Please answer the questions as carefully and accurately as possible. This information will be used to complete official documents required for filing your case with the courts. **Failure to answer questions or answering with inaccurate information will result in delays in your case.**
2. If a question does not apply to you answer with "N/A".
3. If you have already filed this case with the courts, please provide copies of all pleadings.

OFFICE USE ONLY	Intake Date _____	Conducted by _____	<input type="checkbox"/> Phone	<input type="checkbox"/> In Person	
	Conflict Check Date _____	Done by _____	<input type="checkbox"/> Conflict	<input type="checkbox"/> No Conflict	
	Retainer Quoted _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Flat Fee	<input type="checkbox"/> Contingency	
	Retained on _____	Paid \$ _____	Employee _____		
	Entered into MyCase on _____	by _____			
	Hearings Check done on _____	by _____	<input type="checkbox"/> No hearings	<input type="checkbox"/> Hearing _____	
Physical File Created on _____	by _____	given to _____			

CARPENTER & ASSOCIATES

101 East Park Blvd. Suite 1150 Plano, TX 75074

\*\*\*Please note that this questionnaire or initial consultation do not give you protection from Attorney Client Privilege, you can only receive this privilege after retaining our firm. \*\*\*

Date \_\_\_\_\_

## ABOUT YOURSELF

Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM / DD / YYYY

Former Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Do you want your maiden name restored?  Yes  No Maiden Name \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_

Residence County \_\_\_\_\_ How Long? \_\_\_\_\_

If less than 6 months, where did you live previously? \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Residence Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Please specify \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Work E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Fax or Email \_\_\_\_\_

Days & Times	Monday	_____	-	_____	Approx. Pay	_____	/month
	Tuesday	_____	-	_____	(Gross)	_____	/yr.
	Wednesday	_____	-	_____			
	Thursday	_____	-	_____			
	Friday	_____	-	_____			
	Saturday	_____	-	_____			
	Sunday	_____	-	_____			

Date \_\_\_\_\_

### CURRENT OWNER OF PROPERTY

Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM / DD / YYYY

Former Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_

Residence County \_\_\_\_\_ How Long? \_\_\_\_\_  
If less than 6 months, where did they live previously? \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Residence Address \_\_\_\_\_  
City State Zip

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_  
Please specify \_\_\_\_\_

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

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Fax/ Email \_\_\_\_\_

Days & Times	Monday	_____ - _____	Approx. Pay _____ /month (Gross)
	Tuesday	_____ - _____	
	Wednesday	_____ - _____	
	Thursday	_____ - _____	
	Friday	_____ - _____	
	Saturday	_____ - _____	
	Sunday	_____ - _____	

Attorney (if any) \_\_\_\_\_

Date \_\_\_\_\_

**OTHER PARTIES INVOLVED**

Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM/DD/YYYY  
Former Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Role \_\_\_\_\_

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Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM/DD/YYYY  
Former Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Role \_\_\_\_\_

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Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM/DD/YYYY  
Former Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Role \_\_\_\_\_

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Legal Name \_\_\_\_\_ DOB \_\_\_\_\_  
First Middle Last MM/DD/YYYY  
Former Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SSN \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Role \_\_\_\_\_

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