

Client Name: _____

Client Questionnaire -- Divorce

Please fill out this questionnaire. 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.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. 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 SECTION 21.11 OF THE TEXAS PENAL CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY- EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

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About you:

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Address: _____

(PHYSICAL address is required, OR PHYSICAL address AND a P.O. BOX)

City: _____ State: _____ Zip: _____

Home phone: _____ Home Fax: _____

Pager: _____ Mobile phone: _____

E-mail: _____

(e-mail communications may not be confidential)

At what address do you wish to receive mail from this office? _____

Person we may contact if we cannot reach you:

Name: _____

Address: _____

Residence Phone: _____

Business Phone: _____

Relationship: _____

Who referred you to this office? _____

Previous Client

Advertising

Acquaintance

Referral Service

Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

Fax: _____ May we fax to you at work? _____

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

Gross salary per month or annually (please specify): _____

Length of employment: _____

About your spouse:

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Please complete the following information concerning your spouse's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____

Gross salary per month or annually (please specify): _____

Length of employment: _____

Education: _____

INFORMATION ABOUT YOUR SPOUSE FOR PROCESS SERVER

Describe your spouse: _____

Approximate Height: _____

Approximate Weight: _____

Color, length, type of hair: _____

Does he/she wear glasses? _____

Distinguishing features (facial hair, scar, etc.) _____

Type, color of Vehicle: _____

Vehicle License State & Number: _____

Address for service: _____

Any security/gates at service address? _____

Best time of day to serve: _____

Any additional helpful information: _____

About your vehicles: (this information is required in every petition)

Make: _____ Model: _____ Year: _____

VIN #: _____

About your children:

Please give the full name, date and place of birth, sex, and Social Security number, of each child of this marriage:

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: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Will there be a dispute over the children? _____

If not, with whom will custody be? _____

Where and with whom are the children living now? _____

About your child's/children's health insurance:

Is/Are the child(ren) currently covered by private health insurance? _____

If yes, what is the name of the insurance carrier? _____

Policy/Group Number: _____

Which parent is currently responsible for payment of any insurance premium? _____

Is the insurance provided through an employer? If so, please give name of employer. _____

What is the cost of the insurance premium? _____

If not covered by private insurance, is the child receiving any state funded health care coverage or other medical assistance? If so, what is the coverage? _____

About your marriage and separation:

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: _____

Have you seen a marriage counselor? _____

If so, please state name and phone number: _____

Check as appropriate if your marital difficulties involve any of the following:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> drugs/alcohol | <input type="checkbox"/> sexual disappointment | <input type="checkbox"/> infidelity |
| <input type="checkbox"/> financial dispute | <input type="checkbox"/> physical violence | <input type="checkbox"/> religion |
| <input type="checkbox"/> incompatibility | <input type="checkbox"/> other: _____ | |

How long have you lived in Texas? _____

Have you or your spouse ever filed for divorce? _____

If so, when, where and give the case number? _____

Does your spouse have an attorney? _____

If so, who? _____

Have you ever been married before? _____

Do you or your spouse have any other children for whom a duty of support is owed? _____

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: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Where and with whom do these children live? _____

Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

Does your spouse pay/receive child support? _____

If so, how much? \$ _____ per _____

If a divorce is granted, will either party request a name change? _____

If so, what name should be used? _____

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. _____

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE. REMEMBER THAT IF A PROFESSIONAL, INCLUDING YOUR ATTORNEY OR AN EMPLOYEE OF YOUR 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 SECTION 21.11 OF THE TEXAS PENAL CODE, THE PROFESSIONAL SHALL MAKE A REPORT TO AN APPROPRIATE AGENCY, AS PREVIOUSLY EXPLAINED TO YOU IN THIS CLIENT QUESTIONNAIRE.

IF AN ANSWER TO ONE OF THE QUESTIONS BELOW IS "YES," PLEASE DESCRIBE THE SITUATION IN DETAIL.

Will anyone allege that you or your spouse has done any of the following:

	<u>You</u>	<u>Spouse</u>
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs? ...	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
17. Been accused of child abuse?	_____	_____
18. Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____
19. Had a sexual relationship during the marriage) with someone other than own spouse of which the children were aware?	_____	_____
If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____		

20. Had a homosexual/bisexual relationship?	_____	_____

- | | <u>You</u> | <u>Spouse</u> |
|--|------------|---------------|
| 21. Engaged in unusual sexual practices? | _____ | _____ |
| 22. Had a pregnancy outside of marriage? | _____ | _____ |
| 23. Had a sexually transmitted disease? | _____ | _____ |
| 24. Drunk to excess? | _____ | _____ |
| If so, what and how often? _____ | | |
| _____ | | |

25. If you or your spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation: _____
- _____
- _____
- _____
- _____
- _____