

Client Name: _____

Client Questionnaire

Please fill out this questionnaire. It is important that you answer each question fully. It is imperative that you be honest!

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. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

About you:

Full Legal name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you wish to receive mail from this office at the address above? If not, what address?

Home phone: _____ Home Fax: _____

Pager: _____ Mobile phone: _____

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

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: _____

Length of employment: _____

Name and address of person responsible for bill, if other than client: _____

Person we can contact if we cannot reach you:

Name: _____

Address: _____

Residence Phone: _____

Business Phone: _____

Relationship: _____

Who referred you to this office? _____

- Previous Client _____
- Acquaintance _____
- Advertising _____
- Referral Service _____

Nature of case / reason for seeking consultation with our office:

Witnesses (if applicable):

1. Name: _____
Address: _____
Occupation: _____
2. Name: _____
Address: _____
Occupation: _____
3. Name: _____
Address: _____
Occupation: _____
4. Name: _____
Address: _____
Occupation: _____

******* DO NOT COMPLETE - OFFICE USE ONLY *******

Fee Arrangement: _____
Estimated Fee: \$ _____
Hourly Rate: \$ _____
Retainer Received: \$ _____
Case Accepted or Rejected: _____
Date Accepted/Rejected: _____
Attorney Signature: _____