

Client Name: _____

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.

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.

Personal

About you:

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

Full name: _____

Birth date: _____ 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: _____

5. Who referred you to this office? _____

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

If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

May we call you at work? _____

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, and Social Security number.

Full name: _____

Birth date: _____ City & State where born: _____

Social Security #: _____

Driver's license #: _____

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

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

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

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

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, 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:_____

12. Will there be a dispute over the children? _____

If *not*, with whom will custody be? _____

13. Where and with whom are the children living now? _____

About your marriage and separation:

14. 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: _____
15. How long have you lived in Texas? _____
16. Have you or your spouse ever filed for divorce? _____
If so, when and where? _____
17. Does your spouse or ex-spouse have an attorney?

If so, who? _____
18. If a divorce is granted, should the wife's maiden name be restored?

If so, what name should be used? _____
19. Are the children currently covered by health insurance?

If yes, who is the carrier? _____
If yes, is it through an employer? _____