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Name: _____

Date: _____

Client Questionnaire

IT IS YOUR RESPONSIBILITY TO PROVIDE ANY PRIOR ORDERS SIGNED BY THE COURT TO OUR FIRM

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 or on the back of this page; Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your response 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 CIVIL 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: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____ State: _____

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

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Mobile: _____ Fax _____

Email: _____

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: _____

Email: _____

Mobile Phone: _____

Other: _____

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 THE OTHER PARTY(S):

8. Please give the *full* name (including maiden name), date and place of birth, and Social Security number of the other party to this litigation.

Full name: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Relationship to you or children (i.e. ex-spouse, biological father of...) _____

Please give the *full* name (including maiden name), date and place of birth, and Social Security number of the other party to this litigation.

Full name: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Relationship to you or children (i.e. ex-spouse, biological father of...) _____

9. Where is the other party(s) living now, and what is his or her phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

10. Please complete the following information concerning the other party's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

ABOUT THE CHILD(REN):

11. Please give the full name, date and place of birth, sex, and Social Security number of each of the children subject of this modification:

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

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? _____

14. Is the other party in agreement to this suit? _____

If not, what do you think the objections will be? _____

How long have you resided in Texas? _____

What County do you reside in? _____

How long have you resided in that County? _____

15. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

Do the child(ren) have insurance? _____

If so, who provides the insurance and how much is it? _____

16. Does the other party have an attorney? _____

If so, who? _____

17. Do you or the other party pay/receive child support? _____

If so, how much? \$ _____ per _____

18. Do you or the other party 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

- 19. Do you have any prior cases with the Texas Attorney General? _____**
If so, what is your OAG Case No. _____
You will need to contact the office of the Attorney General and sign the form giving me permission to get information to your case.
Was this original case (Please circle one) a: Divorce b: Adoption c: Paternity c: Suit Affecting Parent-Child Relationship
Did you sign an Acknowledgement of Paternity for the child(ren) at birth: _____

If so-please provide a copy of them.

20. "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.

If an answer to one of the questions below is "yes," please describe the situation in detail.

Will anyone allege that you or the other party has done any of the following:

	You	Other Party
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 spouse? _____
- 17. Been accused of child abuse? _____
- 18. Had a sexual relationship during the marriage with someone other than spouse? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

- | | You | Other Party |
|---|-------|-------------|
| 19. Had a homosexual/bisexual relationship? | _____ | _____ |
| 20. Engaged in unusual sexual practices? | _____ | _____ |

21. Had a pregnancy outside of a marriage?

22. Had a sexually transmitted disease?

23. Drunk to excess?

If so, what and how often? _____

24. Other?

25. If you or the other party 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:

26. Do you the other party suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or the other party made any photographs or audio or visual recordings of the other party?

28. If so, describe the content: _____

