

Client Name: _____

File # _____

CLIENT QUESTIONNAIRE – FAMILY CASE

Please fill out this questionnaire and bring it to your initial client meeting. 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.

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

Full name: _____

Birthdate: _____ 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: _____

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

5. Who referred you to this office? _____

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

Is so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail 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, Social Security number, and driver's license number.

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

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

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home e-mail: _____

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

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

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, Social Security number, and

driver's license number of each child of this marriage.

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____:

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

12. Is private health insurance in effect for the children?

If so, please give the following information.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

13. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code? _____

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? _____

If so, what is the cost of the premium? _____

Does the mother have access to private health insurance at reasonable cost to her?

Does the father have access to private health insurance at reasonable cost to him?

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

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

If *not*, who will have custody? _____

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

About your marriage and separation:

16. 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: _____

17. Have you seen a marriage counselor? _____

If so, please state name: _____

18. What is your religious preference? _____

If none, are you agnostic or atheist? _____

19. What is your spouse's or ex-spouse's religious preference? _____

If none, is your spouse or ex-spouse agnostic or atheist? _____

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

_____ drugs/alcohol _____ sexual disappointment _____ infidelity

_____ financial dispute _____ physical violence _____ religion

_____ incompatibility _____ other: _____

21. How long have you lived in Texas? _____

22. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

23. Does your spouse or ex-spouse have an attorney? _____

If so, who? _____

