

## **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 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, including maiden name if applicable, date and place of birth, and Social Security number.

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ City and 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: \_\_\_\_\_ How long have you lived in this 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, including maiden name if applicable, date and place of birth, and Social Security number.

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ City and 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 (city, county and state): \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F):\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth (city, county and state): \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F):\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth (city, county and state): \_\_\_\_\_

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 (city and state): \_\_\_\_\_

Are you now separated from your spouse? \_\_\_\_\_

If so, please state date of separation: \_\_\_\_\_

15. Have you seen a marriage counselor? \_\_\_\_\_

If so, please state name: \_\_\_\_\_

16. What is your religious preference? \_\_\_\_\_

If none, are you agnostic or atheist? \_\_\_\_\_

17. What is your spouse's or ex-spouse's religious preference? \_\_\_\_\_

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

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

___ drugs/alcohol	___ sexual disappointment	___ infidelity
___ financial dispute	___ physical violence	___ religion
___ incompatibility	___ other: _____	

19. How long have you lived in Texas? \_\_\_\_\_

20. Have you or your spouse ever filed for divorce? \_\_\_\_\_  
If so, when and where? \_\_\_\_\_
21. Does your spouse or ex-spouse have an attorney? \_\_\_\_\_  
If so, who? \_\_\_\_\_
22. Have you ever been married before? \_\_\_\_\_  
If so, how many times? \_\_\_\_\_
23. Do you or your spouse or ex-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: \_\_\_\_\_

24. Where and with whom do these children live? \_\_\_\_\_

25. Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

26. Does your spouse or ex-spouse pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

27. If a divorce is granted, should the wife's maiden name be restored?  
\_\_\_\_\_

If so, what name should be used? \_\_\_\_\_

**SUMMARY OF PROPERTY**

**Real Estate** (if applicable, please provide a copy of the deed of trust):

1. Address: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Estimated Fair Market Value: \$ \_\_\_\_\_  
Year Bought: \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_  
Monthly Payments: \$ \_\_\_\_\_
2. Address: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Estimated Fair Market Value: \$ \_\_\_\_\_  
Year Bought: \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_  
Monthly Payments: \$ \_\_\_\_\_
3. Address: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Estimated Fair Market Value: \$ \_\_\_\_\_  
Year Bought: \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_  
Monthly Payments: \$ \_\_\_\_\_

**Motor Vehicles, Boats, Airplanes, Cycles, Trailers:**

1. Year: \_\_\_\_\_ Model: \_\_\_\_\_  
Who drives?: \_\_\_\_\_  
Mortgage with: \_\_\_\_\_  
VIN# \_\_\_\_\_
2. Year: \_\_\_\_\_ Model: \_\_\_\_\_  
Who drives?: \_\_\_\_\_  
Mortgage with: \_\_\_\_\_  
VIN# \_\_\_\_\_
3. Year: \_\_\_\_\_ Model: \_\_\_\_\_  
Who drives?: \_\_\_\_\_

Mortgage with: \_\_\_\_\_

4. Year: \_\_\_\_\_ Model: \_\_\_\_\_

Who drives?: \_\_\_\_\_

Mortgage with: \_\_\_\_\_

VIN# \_\_\_\_\_

5. Year: \_\_\_\_\_ Model: \_\_\_\_\_

Who drives?: \_\_\_\_\_

Mortgage with: \_\_\_\_\_

VIN# \_\_\_\_\_

**Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:**

1. Name of bank: \_\_\_\_\_

Account name: \_\_\_\_\_

Amount on deposit: \$ \_\_\_\_\_

Names on withdrawal card: \_\_\_\_\_

2. Name of bank: \_\_\_\_\_

Account name: \_\_\_\_\_

Amount on deposit: \$ \_\_\_\_\_

Names on withdrawal card: \_\_\_\_\_

3. Name of bank: \_\_\_\_\_

Account name: \_\_\_\_\_

Amount on deposit: \$ \_\_\_\_\_

Names on withdrawal card: \_\_\_\_\_

4. Name of bank: \_\_\_\_\_

Account name: \_\_\_\_\_

Amount on deposit: \$ \_\_\_\_\_

Names on withdrawal card: \_\_\_\_\_

**Life Insurance:**

1. Name of company: \_\_\_\_\_

Insuring Life of: \_\_\_\_\_

2. Name of company: \_\_\_\_\_

Insuring Life of: \_\_\_\_\_

3. Name of company: \_\_\_\_\_  
Insuring Life of: \_\_\_\_\_

**Stocks, Mutual Funds:**

1. Name of stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_
2. Name of stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_
3. Name of stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_

**Retirement, Pensions, Other Company Benefits:**

1. Do you participate in any retirement plan? \_\_\_\_\_  
Does your spouse participate in any plan? \_\_\_\_\_
2. Do you participate in any company savings plan? \_\_\_\_\_  
If so, how much do you have in that savings plan? \$ \_\_\_\_\_
3. Does your spouse participate in any company savings plan? \_\_\_\_\_  
If so, how much does your spouse have in that savings plan? \$ \_\_\_\_\_
4. Does anyone owe you or your spouse any money? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_  
Owed by whom? \_\_\_\_\_
5. Are you involved in any lawsuits? \_\_\_\_\_  
If so, explain \_\_\_\_\_
6. Do you own any livestock or mineral interests \_\_\_\_\_
7. Do you belong to any clubs with an equity interest? \_\_\_\_\_  
If so, where? \_\_\_\_\_

**Debts:** (Other than house and/or automobiles)

Please include to whom the debt is owed to and the account number of the debt.

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_



- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_
- 7. \_\_\_\_\_ \$ \_\_\_\_\_
- 8. \_\_\_\_\_ \$ \_\_\_\_\_
- 9. \_\_\_\_\_ \$ \_\_\_\_\_
- 10. \_\_\_\_\_ \$ \_\_\_\_\_

**Income Tax:**

- 1. Have you filed for all previous years? \_\_\_\_\_
- 2. Has your spouse filed for all previous years? \_\_\_\_\_

**Separate Property:**

1. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? Please list the property giving a description of the property and the approximate value of the property.

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

**Last Will and Testament:**

- 1. Do you have a will? \_\_\_\_\_  
If so, prepared by whom? \_\_\_\_\_
- 2. Does your spouse have a will? \_\_\_\_\_ If so, prepared by whom? \_\_\_\_\_

**Referral:**

Who referred you to this office? \_\_\_\_\_

**"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 your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
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 or not 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? \_\_\_\_\_
- 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. Other? \_\_\_\_\_
- \_\_\_\_\_

26. If you or your spouse or ex-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:

\_\_\_\_\_

\_\_\_\_\_

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

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28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party?

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29. If so, describe the content:

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