

Client Name: _____

Client Questionnaire - Parent-Child Relationship Suit

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. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

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Attorney/Client-Privileged Information

About you:

1. Name: _____
(First) (Middle) (Last) (Maiden)
Address: _____
City, State, Zip: _____
Home Telephone Number: _____
Cell Telephone Number: _____
Email Address: _____
Date of Birth: _____
Place of Birth: _____
Social Security Number: _____ - _____ - _____
Driver's License Number: _____ State: _____

2. Mailing address if different.
Address: _____
City, State, Zip: _____
Home Telephone Number: _____

3. Please complete the following about your employment.
Employer: _____
Job Title: _____
Street Address: _____
City, State, Zip: _____
Telephone Number: _____
Gross Salary per Month: _____
Length of Employment: _____
Education: _____

4. Date & Place of Divorce: _____

About the other parent of your child(ren):

4. Please give the following information.
Full name: _____
Date of birth: _____ Place of birth: _____
Social Security Number: _____ - _____ - _____

Attorney/Client-Privileged Information

Driver's license number and state: _____

Maiden name, if applicable: _____

5. Where does the other parent living now, and what is his or her phone number and e-mail address?

Address: _____

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

Home Phone: _____ Home e-mail: _____

6. Does anyone else live in the other parent's household? Y N If yes, List the additional persons living there and their relationship to the other parent:

7. Please give the following information concerning the other parent's employment.

Employer: _____

Job title: _____

Street Address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

About your children:

8. Please give the following information for each child.

A. Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Attorney/Client-Privileged Information

B. Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

C. Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

9. Is private health insurance in effect for the children? Y N 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? Y N

If so, which parent? _____

10. 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? Y N

Are the children receiving health benefits coverage under the Children's Health Insurance Program (CHIP) under chapter 62, Health and Safety Code? Y N

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

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

Y N

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

Y N

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

Attorney/Client-Privileged Information

If so, who applied? _____

What is the status of the application? _____

11. Will there be an agreement on custody of the children? Y N

Who will the children live with primarily? _____

12. Where and with whom are the children living now?

13. List all property (other than furniture and clothing) owned by the children:

Jurisdictional information regarding children: (answer questions 14-18 only if a party or potential party resides outside Texas):

14. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period.

15. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any.

16. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

Attorney/Client-Privileged Information

17. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

18. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.

Other Parent-Child Relationship Information:

19. Have you or the other parent ever sought or been subject to a protective order?

20. Have you or the other parent ever contacted or been contacted by the Office of the Attorney General?

21. Have you or the other parent ever contacted or been contacted by child protective services?

22. Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket?

Attorney/Client-Privileged Information

Please be aware that if you disclose any abuse of a minor child by you or anyone else during our visits, I have a duty to disclose this information to law enforcement or the proper reporting authorities.

Please be advised that I cannot make any promises or guarantees as to the outcome of your case other than to provide you with the best possible representation.

Please also be advised that **YOU MAY BE PROHIBITED FROM POSSESSING ANY FIREARMS**. If the judge presiding over your case issues an order which restrains you from harassing your spouse or other intimate partner, this includes restraining orders, protective orders, permanent injunctions, and any other orders meeting the definition. 18 U.S.C. §922(g)(8) state in part:

“It shall be unlawful for any person...who is subject to a court order that-

A. was issued after a **hearing** of which such person received **actual notice**, and at which such person had an **opportunity to participate**;

B. **restrains such person from harassing**, striking, or threatening an **intimate partner** of such person or child of such intimate power or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and

C. (i) includes a **finding** that such person represents a credible threat to the **physical safety** of such intimate partner of child; or

(ii) by its terms explicitly **prohibits the use**, attempted use, or threatened use of **physical force** against such intimate partner or child that would reasonably be expected to cause bodily injury

to ship or transport in interstate or foreign commerce, or **possessing or affecting commerce, any firearm or ammunition**; or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

VIOLATION OF 18 U.S.C. §992 (g)(8) is a **FEDERAL FELONY** WHICH CAN SUBJECT YOU TO **IMPRISONMENT AND A FINE!**

I have read the foregoing and I understand and I am in agreement with the terms and conditions contained therein.

DATE

CLIENT'S SIGNATURE