

Client Name: _____
Email: _____
Date: _____

FAMILY LAW ENFORCEMENT/MODIFICATION CLIENT QUESTIONNAIRE

Please fill out this questionnaire and return it as soon as possible to the attorney. 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 answer to 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, date and place of birth, driver's license number and social security number:
Full Name: _____
Maiden Name (if any): _____
Birth Date: _____
City, State and County of Birth: _____
Social Security Number: _____

Driver's License State and Number: _____
Your race or ethnicity: _____

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

Address: _____

City: _____

County: _____

Mailing address if different: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Pager: _____

3. Is there another person who can reach you if necessary?

Name of contact person: _____

Your relationship to that person: _____

Phone Number: _____

Address: _____

4. At what address do you wish to receive mail from this office?

5. Which phone number do you prefer we use to contact you?

6. Who referred you to this office?

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

If so, please state who and when: _____

8. Please complete the following information concerning your employment:

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

May we call you at work? _____

Gross salary per month/per hour or annually: _____

- Length of employment: _____
 Level of Education: _____
9. Were you ever in the military? _____
 If so, which branch? _____
 Length of service: _____
 Is your service complete? _____
10. What is your religious preference? _____
11. How long have you lived in Texas? _____
12. How long have you lived in the county? _____

About the Opposing Party (Your spouse, ex-spouse, or other parent of the child):

13. Please list the opposing party's full name, date and place of birth, driver's license number and social security number:
 Full Name: _____
 Maiden Name (if any): _____
 Birth Date: _____
 City, State and County of Birth: _____
 Social Security Number: _____
 Driver's License State and Number: _____
 Race or Ethnicity: _____
14. Where is the opposing party living now, and what is his/her phone number?
 Address: _____
 City: _____
 County: _____
 Mailing address if different: _____

 Home Phone: _____
 Work Phone: _____
 Mobile Phone: _____
 Pager: _____
15. Please complete the following information concerning the opposing party's employment:
 Employer: _____
 Job Title: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone No.: _____

Gross salary per month/per hour or annually: _____
Length of employment: _____
Level of Education: _____

16. Was the opposing party ever in the military? _____
If so, which branch? _____
Length of service: _____
Is his/her service complete? _____
17. What is the opposing party's religious preference? _____

About the Children:

18. Please list the full name, date and place of birth, sex and social security number of each child who is the subject of this suit:

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Place of Employment: _____
Address of Employment: _____
Phone Number of Employment: _____

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

20. Please list each place each child has lived for the last 5 years (include street address, city, state and zip), name each person who lived in the home with the child, and state the length of time the child lived there:

Dates: _____
Name of child(ren): _____

Address of residence: _____
Persons residing in the home: _____

Dates: _____
Name of child(ren): _____

Address of residence: _____
Persons residing in the home: _____

Dates: _____
Name of child(ren): _____

Address of residence: _____
Persons residing in the home: _____

Dates: _____

Name of child(ren): _____

Address of residence: _____

Persons residing in the home: _____

21. How are the children currently covered on medical insurance?

22. What is the monthly cost of the children's portion of the health insurance?

About the Prior Order(s): (Please attach a copy of the last court order)

23. If you were previously married to the other parent, please give the date and place of your marriage:

Date: _____

Place (include city, state and county): _____

24. Date Divorce was Final: _____

Place of divorce (include city, state and county): _____

Cause Number of Divorce: _____

Name of your attorney in the divorce if applicable: _____

Name of your ex-spouse's attorney in the divorce if applicable:

25. Who was awarded primary conservatorship of the children? _____

26. What type of visitation was ordered? _____

27. Who was ordered to pay child support? _____

28. What is the amount of child support ordered? _____ per _____

29. Are the child support payments current? _____

30. What, if anything, do you want to change about the prior order and why?

31. What, if anything, do you want to enforce about the prior order and why?

32. Do you or the opposing party have any other children for whom a duty of support is owed?

33. 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: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____
Driver's License State and Number: _____
Name of parents: _____

Name: _____
Sex (M/F?): _____
Date of Birth: _____
Place of Birth: (include city, state and county): _____
Social Security Number: _____

Driver's License State and Number: _____
Name of parents: _____

34. Where and with whom do these children live?

34. Do you pay/receive child support? _____
If so, how much? \$_____ per _____

35. Does the opposing party pay/receive child support?
If so, how much? \$_____ per _____

“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 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 opposing party has done any of the following:

	You	The opposing 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 or drugs?	_____	_____
11. Engaged in gambling activities? (legal or illegal?)	_____	_____

		You	The opposing party
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 the other party?	_____	_____
17.	Been accused of child abuse?	_____	_____
18.	Had a sexual relationship during the marriage with someone other than spouse?	_____	_____
19.	Had a sexual relationship (during or not during the marriage) with someone other than 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.	Other?	_____	_____

25. If you or the opposing 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 or the opposing party suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or the opposing party made any photographs or audio or visual records of the other party? _____

If so, please describe the content:
