

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.

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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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Information Requested

About your children:

1. Please give the following information for each child.

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Attorney/Client-Privileged Information

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

2. 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? _____

3. 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? _____

Attorney/Client-Privileged Information

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? _____

4. Will there be an agreement on custody of the children? _____

Who will the children live with primarily? _____

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

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

Jurisdictional information regarding children: (answer questions 7.-11. only if a party or potential party resides outside Texas):

7. 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. _____

Attorney/Client-Privileged Information

8. 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. _____

9. 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.

10. 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. _____

11. 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. _____

Attorney/Client-Privileged Information

Include the following questions if the parent-child relationship suit is independent of a divorce.

About the other parent of your children:

12. Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security Number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

13. Where is 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: _____

14. Who else lives in the other parent's household? _____

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

Employer: _____

Job title: _____

Street Address: _____

City, state, zip: _____

Attorney/Client-Privileged Information

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

Other Parent-Child Relationship Information:

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

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

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

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