

CLIENT QUESTIONNAIRE

Post Divorce Modification of Conservatorship

Client Name: _____ **Date:** _____

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 "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 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 OT 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, and Social Security number.

Full Name: _____

Age: _____ Date of Birth: _____

Place of Birth: City: _____ County: _____ State: _____

Social Security Number: _____

Driver's License State and Number: _____

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

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Home Phone Number: _____

How long have you lived in Texas? _____ County? _____

3. At what address do you wish to receive your mail from this office? _____

4. How do you prefer that we contact you?

Address: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

5. Who referred you to this office? _____

6. Have you consulted or retained any other attorneys on this matter before coming

into this office? _____

If so, who and when? _____

7. Please complete the following information concerning your employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

May we call you at work? _____

Gross Annual or Monthly Salary: _____

Length of Employment: _____

Education Level: _____

ABOUT YOUR SPOUSE OR EX-SPOUSE:

- 8. Please give your spouse or ex-spouse's **full** name, date and place of birth, and Social Security number.

Full Name: _____

Age: _____ Date of Birth: _____

Place of Birth: City: _____ County: _____ State: _____

Social Security Number: _____

Diver's License State and Number: _____

- 9. Where is your spouse living now, and what is his/her phone number?

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone Number: _____

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

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Gross Annual or Monthly Salary: _____

Length of Employment: _____

Education Level: _____

ABOUT YOUR DIVORCE:

11. Please give the date and place and cause number of your divorce.

Cause Number on Decree: _____

Name and Number of Court: _____

Date Decree was Entered: _____

CHILDREN FROM MARRIAGE:

12. Please give the full name, date and place of birth, sex and Social Security number of each child:

Full Name: _____

Sex (M/F): _____ Birth Date: _____ State where born: _____

Social Security Number: _____

Full Name: _____

Sex (M/F): _____ Birth Date: _____ State where born: _____

Social Security Number: _____

Full Name: _____

Sex (M/F): _____ Birth Date: _____ State where born: _____

Social Security Number: _____

13. With whom do the children live (Primary)? _____ and

WHERE do they live? _____

14. Do any of the children have a disability? _____

If so, state for each child the disability and the special needs because of the disability.

15. Is there any property owned by the child(ren)? _____

If so, state for each child a list of property owned and approximate value.

CHILD SUPPORT and POSSESSION:

16. Do you currently pay or receive any child support? _____

If so, how much? \$_____ per _____

17. Is there currently any possession order in effect? _____

If so, what? _____

18. Do you currently have any obligation to provide support for child(ren) born by a mother other than your ex-spouse in this case? Yes ___ or No ___. If yes, then how many?

19. Do the children currently have health insurance available? (If so, please provide details) _____

PROCESS:

20. Has a proceeding been filed already? _____

If so, who filed, when was the proceeding filed, what county and state was it filed and are there any current settings or deadlines?

Who Filed: _____

Date: _____

County: _____

State: _____

Current Settings/Deadlines: _____

If not, who will file? _____

21. Is the proceeding likely to be: Contested _____ OR Uncontested _____

If "contested," then on what points? _____

22. What is the date of any PRIOR ORDER? _____

23. Has there been any history of family violence? _____

If so, please describe dates and incidents. _____

LAWYERS:

24. What are the names of the attorneys representing each party?

Petitioner: _____

Attorney Name: _____

Address: _____

Phone #'s: _____

Fax: _____

Respondent: _____

Attorney Name: _____

Address: _____

Phone #'s: _____

Fax: _____