



SHANNON

FAMILY LAW

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SAPCR [SUIT AFFECTING THE PARENT CHILD RELATIONSHIP] QUESTIONNAIRE

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 OF 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: _____
 Email Address: _____
 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: _____
 Email: _____
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 THE OTHER PARENT:

8. Please give the other parent'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 / ex-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 PRIOR ORDERS (IF ANY):

11. Please give the date and place and cause number of any prior orders.
 Cause Number on Order: _____
 Name and Number of Court: _____



County where Pending: _____
Date Order was entered: _____

CHILDREN:

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.

CONSERVATORSHIP (CUSTODY) ISSUES:

16. What is the current conservatorship of the child(ren), if any? Biological Parents are:
Joint Managing Conservators _____ OR _____ is Sole Managing
Conservator and _____ is Sole Possessory Conservator.

17. Other non-biological parent conservators: Name, address, and contact information

18. What conservatorship status do you want? _____

19. Periods of time and possession:
What is the current schedule?

What schedule do you propose?



RIGHTS and DUTIES:

20. What are the current rights and duties under the latest orders, if any?

(Attach a copy of the current order with all modifications.)

21. What rights and duties do you propose? _____

(Attach additional sheets if needed.)

CHILD SUPPORT:

22. What is the current level of child support per month? _____

23. Which parent is obligated to pay? _____

24. What level of child support do you propose to be fixed? _____

26. Are you the Custodial Parent or Noncustodial Parent? _____

27. Do you have an OAG File Number? If yes, what is it? _____

28. Do you have an OAG Online Access Number and PIN? If yes, what are they? _____

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

(Attach child support financial information forms.)

HEALTH INSURANCE:

26. What is the current health insurance available to the child(ren) and who is it through?

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: \$ _____

The insurance coverage (is / is not) provided through a parent's employment.

*See attached Health Insurance Availability Statement

PROCESS:

27. Which parent will file? _____

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: _____



- _____
28. Is the proceeding likely to be: Contested _____ OR Uncontested _____?
 If "contested," then on what points? _____
29. What is the date of any PRIOR ORDER? _____
30. Has there been any history of family violence? _____
 If so, please describe dates and incidents. _____
- _____
- _____
- _____
- _____
- _____

LAWYERS:

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

Petitioner: _____
 Attorney Name: _____
 Address: _____
 Phone #'s: _____
 Fax: _____

Respondent: _____
 Attorney Name: _____
 Address: _____
 Phone #'s: _____
 Fax: _____

ADDITIONAL NOTES: _____



STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made by _____, petitioner /
respondent, in accordance with section 154.181 of the Texas Family Code.

1. *Child[ren]*

The following child[ren] [is/are] the subject of this suit:

Name: _____

Birth date: _____

Social Security number: _____

Name: _____

Birth date: _____

Social Security number: _____

Name: _____

Birth date: _____

Social Security number: _____

2. *Health Insurance Availability*

Private health insurance is in effect for the child[ren], _____

Name of insurance company: _____

Policy number: _____



Party responsible for premium: _____

Monthly cost of premium: \$_____

The insurance coverage [is/is not] provided through a parent's employment.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: \$_____

The insurance coverage [is/is not] provided through a parent's employment.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: \$_____

The insurance coverage is not provided through a parent's employment.

_____ Private health insurance is not in effect for the child[ren], _____

*The child[ren] [is/is not/are/are not] receiving Medicaid benefits under chapter 32, Human Resources Code.

The child[ren] [is/is not/are/are not] receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code.[The cost of the premium is \$_____.]*



_____, mother of the child[ren], [has/does not have] access to private health insurance at reasonable cost to her.

_____, father of the child[ren], [has/does not have] access to private health insurance at reasonable cost to him.

_____ has applied for _____ [Medicaid benefits for the child[ren]] [and / or] _____ [coverage for the child[ren] under Children's Health Insurance Program].

The status of the application is _____.

Date: _____

Printed name: _____

