



SHANNON

FAMILY LAW

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VOLUNTARY RELINQUISHMENT | PARENTAL RIGHTS | 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: _____

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- 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 out of a relationship with a person 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) _____

TERMINATION OF PARENTAL RIGHTS:

20. Has a termination 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: _____



21. If not, who will file? _____
Is the termination proceeding likely to be: Contested _____ OR Uncontested _____
If "contested," then on what points? _____

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

23. Does the parent relinquishing parental rights have Native American Indian ancestry? ___ YES or ___ NO. If YES, then state the name of the tribe in which the parent has membership:

24. Name of the person who is a prospective adoptive parent, who will be appointed as a managing conservator:

25. Name and address of the person to whom the completed Affidavit of Relinquishment should be mailed:

LAWYERS:

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

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

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

ARE YOU SEEKING ANY MODIFICATIONS? YES NO If Yes, then answer the following:

27. What parts of the prior order do you want the court to modify? Attach a copy of the prior order to be modified. Circle the provision in the prior order that you want modified.. Describe below each modification you want the court to make.

28. What are the reasons (grounds) that you have to support the court making a decision to modify?

