



SHANNON

FAMILY LAW

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ENFORCEMENT [SAPCR] 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.

GENERAL INFORMATION

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

SHANNON LAW
ENFORCEMENT
QUESTIONNAIRE

Page 1 of 7



In addition, we need you to furnish AS SOON AS POSSIBLE copies of your income tax returns for the past two years, pay stubs for the last month, and any documentation you have regarding current debts and property.

1. Please give your full name, date and place of birth, and Social Security number.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

2. Where are you living now?

- a. Address: _____
- b. City, State, Zip: _____
County: _____ Texas Resident Since: _____

3. How may we find you?

- a. Phone: _____ Other: _____
- b. Please give your email address: _____
- c. Preferred method of contact: _____
- d. Social media accounts:
Facebook _____ Twitter _____ Other _____

4. Please complete the following concerning your employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____



- e. Telephone number: _____
- f. Gross salary per month or annually: \$ _____
- g. Length of employment: _____
- h. Education: _____

5. Please give the full name, date and place of birth, and Social Security number of the other parent:

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

6. Please provide the following information about the other parent:

- a. Address: _____
City, State, Zip: _____
- b. Residence telephone number: _____
- c. Email: _____
- d. Social Media Accounts:
Facebook _____ Twitter _____ Other _____

7. Complete the following concerning the other parent's employment:

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____



- f. Gross salary per month or annually: \$ _____
- g. Length of their employment: _____
- h. Education of other parent: _____

8. Please give a description and date of prior orders.

Date: _____ Type: _____ Cause No.: _____
 Description: _____

9. Please give *full* name, date and place of birth, sex, Social Security number, and driver's license number of each child of this relationship.

A. NAME: _____
 SEX: _____
 BIRTHPLACE: _____
 BIRTHDATE: _____
 DRIVER'S LICENSE NO: _____ STATE: _____
 SOCIAL SECURITY NUMBER: _____

B. NAME: _____
 SEX: _____
 BIRTHPLACE: _____
 BIRTHDATE: _____
 DRIVER'S LICENSE NO: _____ STATE: _____
 SOCIAL SECURITY NUMBER: _____

C. NAME: _____
 SEX: _____
 BIRTHPLACE: _____
 BIRTHDATE: _____
 DRIVER'S LICENSE NO: _____ STATE: _____
 SOCIAL SECURITY NUMBER: _____

10. With whom do the child[ren] live (who is primary)? _____

Where (Address): _____

Are you the custodial parent or noncustodial parent? _____

11. Are there any disabilities associated with the child[ren]? YES [] or NO []



If so, state for each for each child the disability and the special needs due because of the disability: _____

12. Is there any property owned by the child[ren]? YES [] or NO []

13. Are you currently married? YES [] or NO []

If so, what is your spouse's name? _____

a. Address: _____

City, State, Zip: _____

b. Residence telephone number: _____

c. Email: _____

d. Social Media Accounts:
Facebook _____ Twitter _____ Other _____

19. Have you been married before? YES [] or NO [] If so, how many times? ____

Do you have children by a previous relationship? YES [] or NO []
If so, give full name, date and place of birth, and sex of each child of your previous relationships.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

With whom do these children reside? _____

20. Has your other partner been married before? YES [] or NO []

If so, how many times? _____

Do they have children by a previous relationship? YES [] or NO []



If so, give full name, date and place of birth, and sex of each child of their previous relationships.

A. NAME: _____
 SEX: _____
 BIRTHPLACE: _____
 BIRTHDATE: _____
 DRIVER'S LICENSE NO: _____ STATE: _____
 SOCIAL SECURITY NUMBER: _____

B. NAME: _____
 SEX: _____
 BIRTHPLACE: _____
 BIRTHDATE: _____
 DRIVER'S LICENSE NO: _____ STATE: _____
 SOCIAL SECURITY NUMBER: _____

With whom do these children reside? _____

CHILD SUPPORT AND POSSESSION

1. Do you currently pay or receive child support? YES [] or NO []
If so, how much? \$ _____ per _____
2. Do you have an OAG File Number? YES [] or NO []
If so, what? _____
OAG Online Access Number: _____ PIN: _____

ENFORCEMENT

1. Which order has been violated and is being sought for enforcement?

Describe the noncompliance:

Relief being sought:



PROCESS

1. Has a proceeding been filed?

If so, who filed: _____ Date filed: _____

County: _____ State: _____

Current Settings: _____

Deadlines: _____

If NOT, who will file? _____

2. Will the proceeding be: Contested Uncontested

If "contested"—on what points? _____

2. Has there been any history of family violence? YES or NO

If so, describe with dates: _____

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

Petitioner:

Attorney Name: _____

Address: _____

Phone #'s: _____

Fax: _____

Respondent:

Attorney Name: _____

Address: _____

Phone #'s: _____

Fax: _____

