



# SHANNON

## FAMILY LAW

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### 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. Please provide us with your current address, social media handles and phone number:

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_ Other: \_\_\_\_\_



- 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: \_\_\_\_\_

**PERSON FINANCIALLY RESPONSIBLE:**

8. Please provide 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: \_\_\_\_\_  
 Diver's License State and Number: \_\_\_\_\_

- Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_
10. Please complete the following information:  
 employment.  
 Employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Gross Annual or Monthly Salary: \_\_\_\_\_  
 Length of Employment: \_\_\_\_\_  
 Education Level: \_\_\_\_\_

**PRIOR LEGAL ACTIONS**

11. Legal actions, if any, you were previously involved in:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

