

Client Information Form

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY PERSON OR PERSON WITH A DISABILITY AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE OR THAT THE ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.



GENERAL FAMILY QUESTIONNAIRE

Please answer **all** questions clearly and truthfully. Please do not leave any blanks. If not applicable, write N/A. Who is seeking legal advice. If it's your relative, please answer questions about the person inquiring for (CLIENT), not about yourself. *Information furnished in this questionnaire will remain confidential.*

Referred by _____ Date: _____

Client

1. Name (first, middle, last): _____

2. Maiden name: _____

3. Other prior names: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Social Security number: _____ 7. Driver's license: _____

8. Address (street, city, state, zip): _____

9. Mailing address: _____

10. Home Phone: _____ 11. Cell phone: _____ 12. Work Phone: _____

13. E-mail address: _____

14. Employer's Name _____ 15. Work Address: _____

16. How long have you lived in Texas: _____ 17. How long have you lived in the County: _____

18. Educational Background: _____ 19. Military Service: _____

20. Emergency Contact (name, relationship, phone number): _____

Opposing Party

Spouse Ex-Spouse Other

1. Name (first, middle, last): _____

2. Maiden name: _____

3. Other prior names: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Social Security number: _____ 7. Driver's license: _____

8. Present Address (street, city, state, zip): _____

9. County of Residence: _____

10. Home Phone: _____ 11. Cell phone: _____ 12. Work Phone: _____

13. E-mail address: _____

14. Employer's Name _____ 15. Work Address: _____

16. Educational Background: _____ 17. Military Service (Branch): _____

18. Opposing Attorney's Information (name, address, phone number): _____

Children

1. Name: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____ Social Security Number: _____

Special needs of child (if applicable): _____

Children are presently in custody of: _____

Address of Residence: _____

Name of parent if different from the party in the case: _____

2. Name: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____ Social Security Number: _____

Special needs of child (if applicable): _____

Children are presently in custody of: _____

Address of Residence: _____

Name of parent if different from the party in the case: _____

3. Name: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____ Social Security Number: _____

Special needs of child (if applicable): _____

Children are presently in custody of: _____

Address of Residence: _____

Name of parent if different from the party in the case: _____

4. Name: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____ Social Security Number: _____

Special needs of child (if applicable): _____

Children are presently in custody of: _____

Address of Residence: _____

Name of parent if different from the party in the case: _____

Litigation

1. Has a suit been filed: Yes No

If Yes, provide the following information

2. County/State: _____ Cause Number: _____

3. Subject of Litigation: _____

4. Date of Next Hearing: _____

5. Is there a restraining order in place: Yes No Permanent Temporary

If Yes, provide the following information

6. Who was the order issued against: _____ 7. Date of Issuance: _____

8. Issuing Court: _____ 9. Why was it Issued: _____

10. Has there been prior family-law litigation involving the same parties/children: Yes No

If Yes, provide the following information

11. Nature of Suit: _____ 12. County of Court: _____

13. Attorney: _____ 14. Case Number: _____

15. Has any of the parties filed for bankruptcy within the last ten years? Yes No

If Yes, provide the following information

16. Name of Person who filed: _____ 17. Date of filing: _____

18. Name of Trustee: _____ **Automatic Stay Lifted:** Yes No **Case Closed:** Yes No

Complete this Section for DIVORCE Cases

1. Date of Marriage: _____ 2. Place of Marriage: _____

3. Date of Separation: _____ 4. Person who moved out: Myself Spouse

5. Do you want to restore your maiden name: Yes No N/A Maiden name: _____

6. Is there a premarital/postmarital agreement: Yes No 7. Domestic Violence: Yes No

If yes, please attach a copy of the agreement

8. Name of accountant, if any: _____

9. Did you acquire any of the following DURING marriage:

Real Property (address): _____

Vehicles (year/make/model): _____

Stocks/Bonds: _____

Retirement Plans: _____

Other (bank accounts/insurance/etc): _____

10. Your property BEFORE marriage:

Real Property (address): _____

Vehicles (year/make/model): _____

Stocks/Bonds: _____

Retirement Plans: _____

Other (bank accounts/insurance/etc): _____

If children are involved

11. Do you plan to seek primary custody of the children? Yes No

12. Does your spouse/ex-spouse plan to seek primary custody? Yes No

13. Have you been accused of domestic violence against your spouse or have your spouse been physically violent towards you? If yes, please explain:

Complete this Section if this is a Divorce Case with Children

1. Do you rent or own a home: Own Rent

2. Does the opposing party own or rent a home: Own Rent

3. Describe your living situation. Are there anyone else the child will be living with: _____

4. Describe the opposing party's living situation. Are there anyone else the child will be living with: _____

5. Who does the child currently reside with: Myself Opposing Party

6. Will the child have his/her own room if residing with you: Yes No

7. Will the child have his/her own room if residing with opposing party: Yes No

8. Would the child have to change schools if he/she lived with you: Yes No

9. Would the child have to change schools if he/she lived with opposing party: Yes No

10. Who helps the child get dressed and grooms the child: Myself Opposing Party

11. Who helps the child with their school: Myself Opposing Party

12. Who drops off the child at school: Myself Opposing Party

13. Who picks up the child from school: Myself Opposing Party

14. Who arranges for doctor appointments: Myself Opposing Party

15. If the child does not attend school yet, is the child at a daycare center while you are at work: Yes No

16. Do you want a geographical restriction as to the primary residence of the child: Yes No

17. Do you want primary physical custody of the child: Yes No

18. Do you have concerns about the child visiting the opposing party: _____

Complete this Section if a Prior Order is in Place involving the Children

1. Date of Divorce: _____ 2. County: _____ 3. Case Number: _____

4. Name of your attorney, if any: _____

5. Name of Opposing Attorney, if any: _____

6. Current Child Support Amount: \$_____ 7. Current Visitation Order: _____

8. Nature of current problem: Enforcement for Child Support Enforcement for Visitation Enforcement for Medical Bills

Child Support Increase/Decrease Modification: visitation/access/possession Modification: Conservatorship

Complete this Section if a Prior Order is in Place involving the Children

Modification of Child Support

1. Why are you seeking modification in child support: _____

Modification of Visitation/Access/Possession

1. What is the current visitation schedule: _____

2. What type of visitation schedule would you like: _____

3. Are there any substantial changes since the Court last rendered the order: _____

4. Are you the primary caretaker of the child: Yes No

Modification of Conservatorship

1. Describe the current conservatorship: _____

2. Are you the primary caretaker of the child: Yes No

3. Is there family violence: Yes No

4. Are there any substantial changes since the Court last rendered the order: _____

Enforcement Visitation

1. What is the current visitation schedule: _____

2. List the dates you were denied access and possession: _____

3. Are you seeking contempt: Yes No

Enforcement Child Support

1. How much does the obligor owe each month for child support: _____

2. When did the obligor stop paying: _____

3. How much is owed in back child support: _____

Enforcement Medical Bills

1. Did you send a copy of the medical bills to the opposing party: Yes No

2. How did you send it: _____

3. How much is the total amount of medical bills: _____

Additional Comments:

*****THE INFORMATION IN THIS QUESTIONNAIRE SHOULD NOT BE TAKEN AS LEGAL ADVICE FOR ANY INDIVIDUAL CASE OR SITUATION. ANY VIEWING OR USE OF THIS QUESTIONNAIRE DOES NOT CONSTITUTE ATTORNEY-CLIENT RELATIONSHIP. NO CLIENT-ATTORNEY RELATIONSHIP CAN ARISE FROM THE CONSULTATION UNLESS LE LAW GROUP AND CLIENT FORMALLY SIGNED A RETAINER AGREEMENT AND CLIENT PAYS APPLICABLE FEES FOR THE LEGAL SERVICES. LE LAW GROUP'S LEGAL ADVICE DURING THE CONSULTATION IS OUR OPINION CONCERNING THE MERITS OR CHANCES WITH RESPECT TO YOUR CASE AND WE DO NOT GUARANTEE THE OUTCOME OF ANY CASE. CLIENT MAY SEEK A SECOND OPINION FROM ANOTHER ATTORNEY REGARDING THE OUTCOME OF HIS/HER CASE.*****

I certify that the information I have provided is true and correct to the best of my knowledge and belief.

Client Name: _____ Signature _____ Date: _____