

Client Name: \_\_\_\_\_

### **Client Questionnaire - Parent-Child Relationship Suit**

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 the question "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 to 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 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, 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. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

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Attorney/Client-Privileged Information

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.

**Information Requested**

**About your children:**

1. Please give the following information for each child.

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

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Disability, if any: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Disability, if any: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Disability, if any: \_\_\_\_\_

2. Is private health insurance in effect for the children? \_\_\_\_\_

If so, please give the following information.

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium: \_\_\_\_\_

Is the insurance coverage provided through a parent's employment? \_\_\_\_\_

If so, which parent? \_\_\_\_\_

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3. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code? \_\_\_\_\_

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? \_\_\_\_\_

If so, what is the cost of the premium? \_\_\_\_\_

Does the mother have access to private health insurance at reasonable cost to her?

\_\_\_\_\_

Does the father have access to private health insurance at reasonable cost to him?

\_\_\_\_\_

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? \_\_\_\_\_

If so, who applied? \_\_\_\_\_

What is the status of the application? \_\_\_\_\_

\_\_\_\_\_

4. Will there be an agreement on custody of the children? \_\_\_\_\_

Who will the children live with primarily? \_\_\_\_\_

5. Where and with whom are the children living now? \_\_\_\_\_

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6. List all property (other than furniture and clothing) owned by the children:

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**Jurisdictional information regarding children:** (answer questions 7.-11. only if a party or potential party resides outside Texas):

7. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period. \_\_\_\_\_

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8. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any. \_\_\_\_\_

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9. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

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10. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children. \_\_\_\_\_

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11. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief. \_\_\_\_\_

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Include the following questions if the parent-child relationship suit is independent of a divorce.

**About the other parent of your children:**

12. Please give the following information.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

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Maiden name, if applicable: \_\_\_\_\_

13. Where is the other parent living now, and what is his or her phone number and e-mail address?

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

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

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

14. Who else lives in the other parent's household? \_\_\_\_\_

15. Please give the following information concerning the other parent's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

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

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**Other Parent-Child Relationship Information:**

16. Have you or the other parent ever sought or been subject to a protective order? \_\_\_\_\_

\_\_\_\_\_

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17. Have you or the other parent ever contacted or been contacted by the Office of the Attorney General? \_\_\_\_\_

18. Have you or the other parent ever contacted or been contacted by child protective services? \_\_\_\_\_

19. Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket? \_\_\_\_\_