

ATTORNEY/CLIENT-PRIVILEGED INFORMATION

Client Name: _____

Client Questionnaire

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,

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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.

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:_____

Birth date:_____ State where born:_____

Social Security number:_____

Driver's license number:_____

2. Where are you living now, and what is your phone number?

Address:_____

City:_____ County:_____ State:_____

Zip:_____ Home phone:_____

3. At what address do you wish to receive mail from this office?_____

4. How do you prefer that we contact you?

Address:_____

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Phone: _____ Fax: _____

Pager: _____ Mobile phone: _____

E-mail: _____ (e-mail communications may not be confidential)

5. Who referred you to this office? _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

Is so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About your spouse or ex-spouse:

8. Please give your spouse's or ex-spouse's *full* name, date and place of birth, Social Security number, and driver's license number.

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

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Driver's license number:_____

9. Where is your spouse or ex-spouse living now, and what is his or her phone number and e-mail address?

Address:_____

City:_____ County:_____ State:_____

Zip:_____ Home phone:_____

Home e-mail:_____

10. Please complete the following information concerning your spouse's or ex-spouse's employment.

Employer:_____

Job title:_____

Street address:_____

City, state, zip:_____

Phone:_____ Fax: _____

E-mail:_____

Gross salary per month or annually:_____

Length of employment:_____

Education:_____

About your children:

11. Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage:

Name:_____

Sex (M/F):_____ Date of birth:_____ Age:_____

Place of birth:_____

Social Security number: _____

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Driver's license number: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

12. Will there be a dispute over the children? _____

If *not*, with whom will custody be? _____

13. Where and with whom are the children living now? _____

About your marriage and separation:

14. Please give the date and place of your marriage:

Date: _____ Place: _____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

15. Have you seen a marriage counselor? _____

If so, please state name: _____

16. What is your religious preference? _____

If none, are you agnostic or atheist? _____

17. What is your spouse's or ex-spouse's religious preference?

If none, is your spouse or ex-spouse agnostic or atheist?

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18. Check as appropriate if your marital difficulties involve any of the following:

- drugs/alcohol sexual disappointment infidelity
 financial dispute physical violence religion
 incompatibility other:_____

19. How long have you lived in Texas?_____

20. Have you or your spouse ever filed for divorce?_____

If so, when and where?_____

21. Does your spouse or ex-spouse have an attorney?_____

If so, who?_____

22. Have you ever been married before?_____

If so, how many times?_____

23. Do you or your spouse or ex-spouse have any other children for whom a duty of support is owed?_____

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child:

Name:_____

Sex (M/F):_____ Date of birth:_____ Age:_____

Place of birth:_____

Social Security number: _____

Name:_____

Sex (M/F):_____ Date of birth:_____ Age:_____

Place of birth:_____

Social Security number: _____

Name:_____

Sex (M/F):_____ Date of birth:_____ Age:_____

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Place of birth: _____

Social Security number: _____

24. Where and with whom do these children live? _____

25. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____

26. Does your spouse or ex-spouse pay/receive child support? _____
If so, how much? \$ _____ per _____

27. If a divorce is granted, should the wife's maiden name be restored? _____
If so, what name should be used? _____

Jurisdictional Information Regarding Children:

28. 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. _____

29. 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. _____

30. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and

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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. _____

31. 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. _____

32. 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. _____

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

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REMEMBER THAT IF A PROFESSIONAL, INCLUDING YOUR ATTORNEY OR AN EMPLOYEE OF YOUR 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, THE PROFESSIONAL SHALL MAKE A REPORT TO AN APPROPRIATE AGENCY, AS PREVIOUSLY EXPLAINED TO YOU IN THIS CLIENT QUESTIONNAIRE.

IF AN ANSWER TO ONE OF THE QUESTIONS BELOW IS "YES," PLEASE DESCRIBE THE SITUATION IN DETAIL.

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk		

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driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
	You	Your spouse or ex-spouse
17. Been accused of child abuse?	_____	_____
18. Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____
19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?	_____	_____
If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____		

20. Had a homosexual/bisexual relationship?	_____	_____
21. Engaged in unusual sexual practices?	_____	_____
22. Had a pregnancy outside of marriage?	_____	_____
23. Had a sexually transmitted disease?	_____	_____

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24. Drunk to excess?

If so, what and how often?_____

25. Other? _____

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party?_____

29. If so, describe the content:_____

Please e-mail this form and the responses to basil@reasonable-doubt.com or fax it to Basil Hoyle (817) 685-0593. Please use such additional pages as you may need to discuss any other information you think might be useful in your case.