



Client Name: _____

Date: _____

CLIENT QUESTIONNAIRE

Please fill out this questionnaire. 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, 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.

INFORMATION ABOUT YOU:

Full name: _____
Birth date (mm/dd/yyyy): _____
Provide the *City, State* in which you were born: _____
Social Security number: _____
Ethnicity: _____
Driver's license number: _____ State: _____

Home Address:

Street: _____
City: _____ State: _____ Zip: _____
County: _____
How long have you lived in your current **county**? _____

Contact Information

Phone: _____
Mobile phone: _____
Email
_____ @ _____ .com

Employment:

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone: _____, May we call you at work? Yes No
Fax: _____, May we fax you at work ? Yes No
Gross salary per month or annually (please specify): _____
Length of employment: _____

INFORMATION ABOUT YOUR OPPOSING PARTY

Full name: _____
Birth date (mm/dd/yyyy): _____
Provide the *City, State* in which you were born: _____
Social Security number: _____
Ethnicity: _____

Driver's license number: _____ State: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Contact Information

Phone: _____

Mobile phone: _____

Email

_____ @ _____ .com

Employment

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____

Gross salary per month or annually (please specify): _____

Length of employment: _____

MARRIAGE AND SEPARATION

Date of Marriage: _____

City/State where Married: _____

Are you currently separated from your spouse? Yes No

If yes, what is the date you and your spouse separated? _____

Will you be requesting a name change? Yes No

If so, please provide the requested change: _____

INFORMATION ABOUT YOUR CHILDREN

Please give the full name, gender, date and place of birth, age, and Social Security number, of each child born to *you and your spouse/partner*:

Child #1:

Name: _____ Born before marriage? Yes No
Date of birth: _____
Place of birth: _____
Age: _____ Did father sign the birth certificate and/or AOP? Yes No
Gender (M/F) _____
Social Security number: _____

Child #2:

Name: _____ Born before marriage? Yes No
Date of birth: _____
Place of birth: _____
Age: _____ Did father sign the birth certificate and/or AOP? Yes No
Gender (M/F) _____
Social Security number: _____

Child #3:

Name: _____ Born before marriage? Yes No
Date of birth: _____
Place of birth: _____
Age: _____ Did father sign the birth certificate and/or AOP? Yes No
Gender (M/F) _____
Social Security number: _____

Child #4:

Name: _____ Born before marriage? Yes No
Date of birth: _____
Place of birth: _____
Age: _____ Did father sign the birth certificate and/or AOP? Yes No
Gender (M/F) _____
Social Security number: _____

Health Insurance for Children

Is/Are the child(ren) currently covered by private health insurance? Yes No

If yes, who carries the health insurance? _____

What is the name of the insurance carrier? _____

Is the insurance provided through an employer? Yes No

If so, please give name of employer: _____

What does it cost monthly to insure the child(ren)? _____

If the child(ren) is/are not covered under private health insurance, then is private health insurance available at to either parent at a reasonable cost? Yes No

If no, then is/are the child(re) receiving any state funded health care coverage or other medical assistance? Yes No

If so, what is the type of coverage (Medicaid, Medicare, CHIPS)? _____

Children from a partner other than your spouse/ex-spouse:

Please give the full name, date of birth and age of each child born to you *other than those listed above*:

Child #1:

Name: _____

Date of birth: _____

Place of birth: _____

Age: _____

Gender (M/F) _____

Social Security number: _____

Child #2:

Name: _____

Date of birth: _____

Place of birth: _____

Age: _____

Gender (M/F) _____

Social Security number: _____

Child #3:

Name: _____

Date of birth: _____

Place of birth: _____

Age: _____

Gender (M/F) _____

Social Security number: _____

Child #4:

Name: _____

Date of birth: _____

Place of birth: _____

Age: _____

Gender (M/F) _____

Social Security number: _____

PREGNANCY:

Note: *YOU CANNOT FINALIZE A DIVORCE IN TEXAS WHILE PREGNANT*

Are you pregnant now? Yes No If yes, what is expected due date? _____

If you answered yes, please tell us who the father is:

Full name: _____

Birth date (mm/dd/yyyy): _____

Provide the *City, State* in which you were born: _____

Social Security number: _____

Ethnicity: _____

Driver's license number: _____ State: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Contact Information

Phone: _____

Mobile phone: _____

Email
_____ @ _____ .com

Employment

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____

Gross salary per month or annually (please specify): _____

Length of employment: _____

PRIOR CASES INVOLVING *SAME PARTIES*:

If you have had been involved in a prior court case related to your current case check the boxes that apply:

Divorce	<input type="checkbox"/>	Contempt	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	Other	<input type="checkbox"/>
CPS	<input type="checkbox"/>		
Paternity	<input type="checkbox"/>	If other, please explain:	_____
Adoption	<input type="checkbox"/>	_____	
Modification	<input type="checkbox"/>	_____	

If you checked any of the boxes above please answer the following:

Case Number: _____

When was the suit filed? _____

When was the suit completed? _____

Who was your attorney? _____

PROPERTY INFORMATION

Do you or your spouse own any of the following? Check the boxes that apply:

	<u>You</u>	<u>Spouse</u>		<u>You</u>	<u>Spouse</u>
House	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	Savings Account	<input type="checkbox"/>	<input type="checkbox"/>
401K	<input type="checkbox"/>	<input type="checkbox"/>	Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Business Interest	<input type="checkbox"/>	<input type="checkbox"/>			

If you checked any of the boxes above, you must fill out a Property Inventory Form provided by our firm and return it to our office prior to filing your suit.

SENSITIVE ITEMS

If any of the following apply to you or your spouse check the appropriate box:

	<u>You</u>	<u>Spouse</u>
1. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
3. USED ILLEGAL DRUGS IN PAST 90 DAYS?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
8. Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
10. Suffered from or received treatment for an Emotional or psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
11. Abused spouse?	<input type="checkbox"/>	<input type="checkbox"/>
12. Been accused of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
13. Had a sexual relationship during the marriage with someone other than own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
14. Had a homosexual/bisexual relationship?	<input type="checkbox"/>	<input type="checkbox"/>
15. Engaged in unusual sexual practice?	<input type="checkbox"/>	<input type="checkbox"/>
16. Had a pregnancy outside of marriage?	<input type="checkbox"/>	<input type="checkbox"/>
17. Had or have a sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>

Important Disclosure: PLEASE READ CAREFULLY

I have answered all of the above questions truthfully to the best of my knowledge. I have been advised that failure to accurately and truthfully disclose any of the above information may cause my case to be delayed, dismissed, or otherwise harmed. _____ (client initials)

1. THE RUDISEL LAW FIRM, P.C. will provide clients with divorce cases an Inventory and Appraisal. Failure to disclose any property, regardless of value or of the date it was acquired, may result in a **loss of the property** or a loss of the ability to divide or allocate the property at a future date. _____ (client initials)
2. A positive drug test may result in the **loss of custody rights** over a child or children. _____ (client initials)

Client Signature

Date

FOR OFFICE USE ONLY

Date: _____

Time: _____

1. Type of Case:

Divorce (children) Yes No SAPCR Enforcement
 Mod.: Custody Support Possession and Access

Other: _____

2. Contested Uncontested

3. Petitioner Respondent Intervenor

4. Court Number: _____ Parenting Class required? _____

5. County: _____

6. Party will test positive for drugs? Yes No Name: _____

7. Property:

Real property Yes No
Separate property Yes No

8. Retainer:

Hourly Yes No Rate: _____
Flat Rate Yes No Fee: _____

9. How did client hear of us? _____
If referred, by whom? _____

Parties present during consultation: _____

Pleading to File:

Does the Attorney General need to be noticed? Yes No

Affidavit Required? Yes No

Special Instruction:

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