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Name: _____

Date: _____

Client Questionnaire

IT IS YOUR RESPONSIBILITY TO PROVIDE ANY PRIOR ORDERS SIGNED BY THE COURT TO OUR FIRM

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 or on the back of this page; Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your response 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 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: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____ State: _____

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

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Mobile: _____

Fax _____

Email: _____

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

4. How do you prefer that we contact you?

Address: _____

Phone: _____

Fax: _____

Email: _____

Mobile Phone: _____

Other: _____

5. Who referred you to this office? _____

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

If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

May we call you at work? _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

ABOUT THE OTHER PARTY:

8. Please give the *full* name (including maiden name), date and place of birth, and Social Security number of the other party to this litigation.

Full name: _____ (Maiden) _____

Birth date: _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Relationship to you or children (i.e. ex-spouse, biological father of...) _____

9. Where is the other party living now, and what is his or her phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

10. Please complete the following information concerning the other party's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

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, and Social Security number of each of the children subject of this modification:

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

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 OR PATERNITY:

14. Please give a description of the order to be modified:

_____ Paternity Order exists and was signed on _____.

_____ Divorce Decree exists and was signed on _____.

_____ I have a copy of the order.

_____ I do not have a copy of this order.

15. Why are you seeking this modification? _____

16. Is the other party in agreement to this modification? _____

If not, what do you think the objections will be? _____

17. How long have you resided in Texas? _____

What County do you reside in? _____

How long have you resided in that County? _____

18. Do you pay/receive child support? _____

If so, how much? \$_____ per _____

19. Do the child(ren) have insurance? _____

If so, who provides the insurance and how much is it? _____

20. Have you or the other party ever filed for modification before? _____

If so, when and where? _____

21. Does the other party have an attorney? _____

If so, who? _____

22. Do you or the other party pay/receive child support? _____

If so, how much? \$_____ per _____

23. Do you or the other party 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: _____

24. Do the children involved in the modification own any property? _____

If so, please describe: _____

25. Check any of the following which are applicable:

_____ Retention of the current primary custodian would be injurious to child(ren).

_____ Primary custodian has relinquished possession and control of child(ren).

_____ Change from joint to sole managing conservator is needed.

_____ Support payments should continue after child's eighteenth birthday because of a mental or physical disability.

_____ Order to be modified has become unworkable or inappropriate because _____

_____ Managing/Possessory conservator has changed residence to a place outside of the court's jurisdiction.

26. Do you have any prior cases with the Texas Attorney General? _____

27. If so, what is your OAG Case No. _____

You will need to contact the office of the Attorney General and sign the form giving me permission to get information to your case.

Was this original case (Please circle one) a: Divorce b: Adoption c: Paternity c: Suit Affecting Parent-Child Relationship

Did you sign an Acknowledgement of Paternity for the child(ren) at birth: _____

If so-please provide a copy of them.

27. "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.

If an answer to one of the questions below is "yes," please describe the situation in detail.

Will anyone allege that you or the other party has done any of the following:

	You	Other Party
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 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 spouse? _____
- 17. Been accused of child abuse? _____
- 18. Had a sexual relationship during the marriage with someone other than spouse? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

	You	Other Party
19. Had a homosexual/bisexual relationship?	_____	_____
20. Engaged in unusual sexual practices?	_____	_____
21. Had a pregnancy outside of a marriage?	_____	_____
22. Had a sexually transmitted disease?	_____	_____
23. Drunk to excess?	_____	_____

If so, what and how often? _____

24. Other? _____

25. If you or the other party 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:

26. Do you the other party suffer from any physical disability that would interfere with being able to care for the children?

27. Have you or the other party made any photographs or audio or visual recordings of the other party?

28. If so, describe the content:_____

NOTES:
