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Name: _____

Date: _____

Client Questionnaire

IT IS YOUR RESPONSIBILITY TO PROVIDE ANY PRIOR ORDERS

Initials

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.

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Personal

About you:

1. Please give your *full* name, date and place of birth and Social Security No.

Full name: _____

Maiden name: _____

Birth Date: _____ Current Age: _____ Race: _____

County Where born: _____ State Where born: _____

Social Security Number: _____

Driver's License No. _____

Do you want a name change? If so, to what? _____

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

Address: _____

City: _____

County: _____ State: _____ Zip: _____

Home phone: _____

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: _____

Cell Phone _____

5. Who referred you to this office? _____

6. Have you consulted any other attorneys on this matter before coming to this office? _____ I so, please state who and when? _____

7. Please complete the following information concerning your employment.

Employer: _____

Job Title: _____ Gross Salary: _____

Street Address _____

City/State/Zip: _____

Phone No. _____ Can we call you at work: _____

Length of Employment: _____ Education: _____

About Your (ex)spouse:

8. Please give your (ex)spouse's full name, date and place of birth and Social Security no.

Full name (Including maiden name): _____

Birthdate: _____ Current Age: _____ Race: _____

County where born: _____ State where born: _____

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

9. Where is your (ex)spouse living now, and what is her/her phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Do you want your (ex)spouse served? _____ If so, where? _____

10. Please complete the following information concerning your (ex)spouse's employment.

Employer: _____

Job Title: _____ Gross Salary : _____

Street: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Length of employment: _____

Education: _____

About your children:

11. Please give the full name , date and place of birth, sex and social security no. of each child of this marriage:

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

12. Will there be a dispute over the children? _____ If not, with whom will custody be? _____ Where and with whom are the children living now? _____

About your marriage and separation:

13. Please give the date & place of your marriage

Date: _____ Place (City/County/State): _____

Are you separated from your (ex)spouse? _____ If so, please state date of separation: _____

14. Have you seen a marriage counselor? _____ If so, please state name: _____ What is your religious preference? _____

If none, are you agnostic or atheist? _____ What is your (ex)spouse's religious preference? _____ If none, are they agnostic or atheist? _____

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

_____ Drugs/alcohol	_____ sexual disappointment	_____ infidelity
_____ financial dispute	_____ physical violence	_____ living apart
_____ incompatibility	_____ other: _____	_____ cruelty

16. How long have you lived in Texas? _____

17. Have you or your (ex)spouse ever filed for divorce before?
_____ If so, when and where? _____

18. Does your (ex)spouse have an attorney? _____ Who?

19. Have you been married prior to this marriage: _____

20. How many children do you and your (ex)spouse have:

If any children have not emancipated (graduated high school), please give the full name, date and place of birth, sex, and social security number of each child.

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____ Social Security No. _____

- 21. Where and with whom do these children live? _____
- 22. Do you pay/receive child support? _____ If so, how much?
\$ _____ per _____

Real Property:

23. Please state the following about any real property:

a. Address: _____

b. Mortgage Company: _____

c. Estimated fair market value: \$ _____

d. Year bought: _____

e. Mortgage balance: \$ _____

f. Monthly payments: \$ _____

a. Address: _____

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a. Address: _____

b. Mortgage Company: _____

c. Estimated fair market value: \$ _____

d. Year bought: _____

e. Mortgage balance: \$ _____

f. Monthly payments: \$ _____

Motor Vehicles, Boats, Airplanes, Cycles or Trailers:

24. a. Year: _____ Model: _____

b. Who drives? _____

c. Financed with: _____

a. Year: _____ Model: _____

b. Who drives? _____

c. Financed with: _____

a. Year: _____ Model: _____

b. Who drives? _____

c. Financed with: _____

a. Year: _____ Model: _____

b. Who drives? _____

c. Financed with: _____

a. Year: _____ Model: _____

b. Who drives? _____

c. **Financed with:** _____

Bank Accounts, Savings, CD's, Credit Union, Savings Bonds:

25. a. **Name of Bank:** _____

b. **Account name:** _____

c. **Account Balance:** _____

d. **Names on Withdrawal card:** _____

a. **Name of Bank:** _____

b. **Account name:** _____

c. **Account Balance:** _____

d. **Names on Withdrawal card:** _____

a. **Name of Bank:** _____

b. **Account name:** _____

c. **Account Balance:** _____

d. **Names on Withdrawal card:** _____

Life Insurance:

26. a. **Name of Company:** _____

b. **Insuring Life of:** _____

a. **Name of Company:** _____

b. **Insuring Life of:** _____

a. Name of Company: _____

b. Insuring Life of: _____

Stocks, Mutual Funds:

27. a. Name of Stock: _____

b. Estimated amount invested: _____

a. Name of Stock: _____

b. Estimated amount invested: _____

a. Name of Stock: _____

b. Estimated amount invested: _____

Retirement, Pensions, Other Company Benefits:

28. Do you participate in any retirement plan? _____ Does your (ex)spouse participate in any plan? _____

29. Do you participate in any company savings plan? _____ If so, how much do you have in the company savings plan? \$ _____

30. Does your (ex)spouse participate in any company savings plan? _____ if so, how much does your (ex)spouse have in that company savings plan? \$ _____

31. Does anyone owe you or your (ex)spouse any money? _____ if so, how much is owed? \$ _____ Owed by whom? _____

32. Are you involved in any lawsuits? _____ If so, explain

33. Do you own any livestock or mineral interests? _____

34. Do you belong to any clubs with an equity interest? _____ if so, where?

Debts: (Other than house and/or automobiles)

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

d. _____ \$ _____

e. _____ \$ _____

Income Tax:

35. Have you filed for all previous years? _____

36. Prepared by whom? _____

37. Refund received? _____ if so, how much \$ _____

Separate Property:

38. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance) ?

If so, detail your separate property: _____

39. Does your (ex)spouse own any separate property?

If so, detail the separate property: _____

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, I 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 your (ex)spouse or ex-(ex)spouse has done any of the following (use the back of this page if necessary):

	You	Your (ex)spouse (Or ex-
(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 alcohol?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused prescription drugs?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____

- 10. **Been arrested for or convicted of driving while under the influence of alcohol? (Drunk driving, DWI)** _____
- 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 (ex)spouse?** _____
- 17. **Been accused of child abuse?** _____
- 18. **Had a sexual relationship during the marriage with someone other than your (ex)spouse?** _____
- 19. **Had a sexual relationship (during or not during the marriage) with someone other than own (ex)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? _____

24. Drunk to excess? _____

If so, what and how often?

25. Other? _____

26. If you or your (ex)spouse has a relationship with a persons whom the children see frequently and that other person would answer "Yes" to one or more of the preceding questions, describe the situation:

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

28. Have you or your (ex)spouse made any photographs or audio or visual recordings of the other party? _____ If so, describe the content:

29. Do any of your children suffer from any physical disability that would be grounds for additional and/or extended child support?

Have you ever had a case with the Texas Attorney General? _____

If so, what is your OAG case no.? _____

Also, please call the office of the Attorney General to sign the form to add me as your attorney.

