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

Date: \_\_\_\_\_

## Client Questionnaire

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

**Initials**

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 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: \_\_\_\_\_

b. Mortgage Company: \_\_\_\_\_

c. Estimated fair market value: \$ \_\_\_\_\_

d. Year bought: \_\_\_\_\_

e. Mortgage balance: \$ \_\_\_\_\_

f. Monthly payments: \$ \_\_\_\_\_

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):**

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

- (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.**

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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.

Were any Acknowledgements of Paternity signed at the birth of your child(ren)? \_\_\_\_\_  
If so, please provide a copy of each.

