

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

### **Client Questionnaire – Divorce/SAPCR**

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, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY PERSON OR PERSON WITH A DISABILITY AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES 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 OR THAT THE ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. THE REPORT SHALL BE MADE TO THE

APPROPRIATE AGENCY. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

**Privacy Policy Regarding Social Security Numbers:** Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

### Information Requested

#### About you:

1. Please give the following information.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number (last 3 digits only): \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Who else lives in your household? \_\_\_\_\_
4. At what address do you wish to receive mail from this office? \_\_\_\_\_  
\_\_\_\_\_
5. How do you prefer that we contact you?
- ☐ Address: \_\_\_\_\_
- ☐ Phone: \_\_\_\_\_
- ☐ E-mail: \_\_\_\_\_  
(note: e-mail communications may not be confidential)
6. Who referred you to this office? \_\_\_\_\_
7. Have you consulted or retained any other attorneys on this matter before coming to this office? \_\_\_\_\_
- Is so, please state who and when: \_\_\_\_\_
8. Please give the following information concerning your employment.
- Employer: \_\_\_\_\_
- Job title: \_\_\_\_\_
- Street address: \_\_\_\_\_
- City, state, zip: \_\_\_\_\_
- Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- May we contact you by phone or e-mail you at work? (yes/no/both) \_\_\_\_\_
- Monthly gross salary: \_\_\_\_\_
- Annual gross salary: \_\_\_\_\_
- Length of employment: \_\_\_\_\_
- Education/training: \_\_\_\_\_

**About your spouse (other parent):**

9. Please give the following information.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number (last 3 digits only): \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

10. Where is your spouse (other parent) living now, and what is his or her phone number and e-mail address?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

11. Who else lives in your spouse (other parents)'s household? \_\_\_\_\_

12. Please give the following information concerning your spouse (other parent)'s employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Monthly gross salary: \_\_\_\_\_

Annual gross salary: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education/training: \_\_\_\_\_

**About your children:**

13. Please give the full name, sex, date and place of birth, Social Security number of each child you and your spouse (other parent) have together:

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

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number (last 3 digits only): \_\_\_\_\_

Disability, if any: \_\_\_\_\_

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

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number (last 3 digits only): \_\_\_\_\_

Disability, if any: \_\_\_\_\_

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

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number (last 3 digits only): \_\_\_\_\_

Disability, if any: \_\_\_\_\_

Do you believe there will there be a dispute over custody of the children? \_\_\_\_\_

If *not*, with whom will custody be? \_\_\_\_\_

ATTORNEY/CLIENT-PRIVILEGED INFORMATION

**About your residency:**

14. How long have you lived in Texas? \_\_\_\_\_

How long have you lived in the county where you now reside? \_\_\_\_\_

**About your marriage and separation, if applicable:**

15. 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 (if unsure, please state the last date you and your spouse were intimate): \_\_\_\_\_

16. Have you seen a marriage counselor? \_\_\_\_\_

If so, please state name: \_\_\_\_\_

17. Have you and your spouse attempted reconciliation? \_\_\_\_\_

If not, would you like to attempt reconciliation? \_\_\_\_\_

18. What is your religious preference? \_\_\_\_\_

19. What is your spouse's religious preference? \_\_\_\_\_

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

\_\_\_\_\_ drugs/alcohol          \_\_\_\_\_ financial dispute          \_\_\_\_\_ physical violence

\_\_\_\_\_ emotional abuse          \_\_\_\_\_ your infidelity          \_\_\_\_\_ religion

\_\_\_\_\_ confinement in          \_\_\_\_\_ non-cohabitation          \_\_\_\_\_ your spouse's  
mental institution          for at least 3 years          infidelity  
for at least 3 years

\_\_\_\_\_ other: \_\_\_\_\_

21. Have you or your spouse ever filed for divorce, (if applicable)? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

**ATTORNEY/CLIENT-PRIVILEGED INFORMATION**

22. Does your spouse (other parent) have an attorney? \_\_\_\_\_

If so, who? \_\_\_\_\_

23. Have you ever been married before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

24. Do you or your spouse (other parent) have any other children for whom a duty of support is owed? \_\_\_\_\_

If so, please give the following information for each such child.

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

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Disability, if any: \_\_\_\_\_

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

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Disability, if any: \_\_\_\_\_

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

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Disability, if any: \_\_\_\_\_

**ATTORNEY/CLIENT-PRIVILEGED INFORMATION**

25. Where and with whom do each of the children listed above live? \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
26. Do you pay/receive child support? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_
27. Does your spouse (other parent) pay/receive child support? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_
28. When the divorce is granted, should your maiden name be restored? (Only applicable to the wife): \_\_\_\_\_ If so, what name should be used? \_\_\_\_\_
29. Have you or your spouse (other parent) ever sought or been subject to a protective order? \_\_\_\_\_  
If so, when and where? \_\_\_\_\_
30. Have you or your spouse (other parent) ever contacted or been contacted by the Office of the Attorney General? \_\_\_\_\_ If so, when and where? \_\_\_\_\_
31. Have you or your spouse (other parent) ever contacted or been contacted by child protective services? \_\_\_\_\_ If so, when and where? \_\_\_\_\_
32. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

**About real property:**

33. Did you purchase any real property during your marriage? \_\_\_\_\_
34. If yes, please list each parcel of real property owned:  
\_\_\_\_\_  
\_\_\_\_\_



**ATTORNEY/CLIENT-PRIVILEGED INFORMATION**

**About vehicles:**

35. Did you purchase any motor vehicles during your marriage? \_\_\_\_\_

36. If yes, please list the year, make and model of each vehicle owned:

---

---

37. Did you purchase any of the following during your marriage?

\_\_\_\_\_ Boat \_\_\_\_\_ RV \_\_\_\_\_ Four-Wheeler \_\_\_\_\_ Trailer  
\_\_\_\_\_ Golf Cart \_\_\_\_\_ Airplane \_\_\_\_\_ Other

38. If yes to any of the above, list the year, make, and model of each item selected above:

---

---

**About weapons and ammunition:**

39. Are there firearms or ammunition in your possession or subject to your control? \_\_\_\_\_

If so, please describe the items and state their location. \_\_\_\_\_

---

40. Are there firearms or ammunition in your spouse (other parents)'s possession or subject to your spouse (other parent)'s control? \_\_\_\_\_

If so, please describe the items and state their location. \_\_\_\_\_

---

---

**About separate property:**

41. Do you own any separate property (real or personal) (purchased prior to the marriage or given specifically as a gift to you, including by inheritance)? If yes, please list each item below:

---

---

---

---

42. **"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. 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 each situation in detail.

Will anyone allege that you or your spouse (other parent) has done any of the following:

	You	Your Spouse/Other Parent
1. Committed a crime?	<hr/>	<hr/>
2. Been arrested?	<hr/>	<hr/>

**ATTORNEY/CLIENT-PRIVILEGED INFORMATION**

- |     |                                                                                                 |       |       |
|-----|-------------------------------------------------------------------------------------------------|-------|-------|
| 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 own spouse?                                                                              | _____ | _____ |

**ATTORNEY/CLIENT-PRIVILEGED INFORMATION**

17. Been accused of child abuse? \_\_\_\_\_

18. Had a sexual relationship during the marriage/relationship with someone other than own spouse (other parent)? \_\_\_\_\_

19. Had a homosexual/bisexual relationship? \_\_\_\_\_

20. Had/Have a sexually transmitted disease? \_\_\_\_\_

21. Other? \_\_\_\_\_

If other, state here: \_\_\_\_\_

22. If you or your spouse (other parent) 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:

---

---

---

23. If you or your spouse (other parent) suffer from any physical disability that would interfere with being able to care for the children, describe the physical disability?

---

---

24. If you or your spouse (other parent) made any photographs or audio or visual recordings of the other party, describe the photographs, audio or visual recordings:

---

---