



AZ LAW FIRM

DOWNTOWN AUSTIN | SOUTH AUSTIN | KYLE | SAN MARCOS | PFLUGERVILLE

TELEPHONE: (512) 400-7070

FAX: (512) 532-7766

CLIENT QUESTIONNAIRE—PARENT-CHILD RELATIONSHIP

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 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 OR DISABLED PERSON 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: _____

Previous name(s): _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

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 Number: _____

How long have you lived at this address? _____

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: _____ Fax: _____

Mobile phone: _____

E-mail Address: _____

(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: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

ABOUT THE OTHER PARENT:

9. Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

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

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Phone Number: _____

Email Address: _____

How long has the other parent lived at this address? _____

11. Who else lives in the household with the other parent? _____

12. Please give the following information concerning the other parent's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

ABOUT YOUR CHILDREN

13. Please give the following information for each child.

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

14. Is private health insurance in effect for the children? _____

If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

15. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? _____

If so, what is the cost of the premium? _____

Do you have access to private health insurance at reasonable cost to you?

Does the other parent of your children have access to private health insurance at a reasonable cost to him or her? _____

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

16. Is private dental insurance in effect for the children? _____

If so, please give the following information:

Name of insurance company: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

17. Will there be an agreement on custody of the children? _____

Who will the children live with primarily? _____

18. Where and with whom are the children living now? _____

19. List all property (other than furniture and clothing) owned by the children:

JURISDICTIONAL INFORMATION REGARDING THE CHILDREN (answer questions 20.-24. only if a party or potential party resides outside Texas):

20. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period. _____

21. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any. _____

22. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, the other parent, or the children, identify the court, the case number, and the nature of the proceeding.

23. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children. _____

24. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief. _____

OTHER PARENT-CHILD RELATIONSHIP INFORMATION:

25. How long have you lived in Texas? _____

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

26. Does the other parent have an attorney? _____

If so, who? _____

27. Do you or the 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: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

28. Where and with whom do these children live? _____

29. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

30. Does the other parent pay/receive child support? _____

If so, how much? \$ _____ per _____

31. Have you or the other parent ever sought or been subject to a protective order? ____
If so, explain _____

32. Have you or the other parent ever contacted or been contacted by the Office of the Attorney General? _____

33. Have you or the other parent ever contacted or been contacted by child protective services for any reason? _____

34. Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

ABOUT WEAPONS AND AMMUNITION:

35. Are there firearms or ammunition in your possession or subject to your control? ____

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

36. Are there firearms or ammunition in the other parent's possession or subject to the other parent's control? _____

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

BACKGROUND:

37. Have you ever been arrested? _____

If so, please provide the following information:

| Date of Arrest | Arresting Agency | Charge | Disposition of Case |
|----------------|------------------|--------|---------------------|
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

38. Has the other parent ever been arrested? _____
 If so, please provide the following information:

| Date of Arrest | Arresting Agency | Charge | Disposition of Case |
|----------------|------------------|--------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

39. Have you ever used any controlled substances or drugs? _____
 If so, please provide the following information:

| Name of Controlled Substance or Drug Used | Prescription? | Frequency (Daily, Weekly, etc.) | Date of Last Use |
|---|---------------|---------------------------------|------------------|
| | | | |
| | | | |
| | | | |

40. Has the other parent ever used any controlled substances or drugs? _____
 If so, please provide the following information:

| Name of Controlled Substance or Drug Used | Prescription? | Frequency (Daily, Weekly, etc.) | Date of Last Use |
|---|---------------|---------------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

41. Do you drink alcohol? _____
 If so, how many drinks do you consume on average in a month? _____
 Would you characterize your alcohol consumption as rare, social, moderate, or heavy? _____
 Would the other parent characterize your alcohol consumption as rare, social, moderate, or heavy? _____

42. Does the other parent drink alcohol? _____
 If so, how many drinks does he or she consumer on average in a month? _____
 Would you characterize the other parent's alcohol consumption as rare, social, moderate, or heavy? _____
 Would the other parent characterize their alcohol consumption as rare, social, moderate, or heavy? _____

43. Has the other parent ever committed family violence against you? _____
 If so, please provide the date(s) of any such family violence and a brief description of the incident. _____

44. Have you ever committed family violence against the other parent? _____

If so, please provide the date(s) of any such family violence and a brief description of the incident. _____

45. Have you been diagnosed with any mental health disorders? _____
If so, what? _____
Are you currently taking medication for any mental health disorder? _____
If so, what? _____

46. Has the other parent been diagnosed with any mental health disorders? _____
If so, what? _____
Does the other parent take medication for any mental health disorder? _____
If so, what? _____

47. Has CPS (Child Protective Services) opened any investigations or cases involving you or the other parent? _____
If so, please provide the date(s) of any such investigation, the reason/allegations for the investigation, the status of the investigation, the name of any investigator, if available, and a brief description. _____

48. Are there any additional claims or allegations the other parent would make against you in court? If so, what claims or allegations would he or she make? _____

49. Is there any additional information we need to know about the other parent?_____

INFORMATION ABOUT YOUR HOME:

50. Please describe the home (*i.e.*, apartment, single-family residence, mobile home, number of bedrooms, amount of acreage/land):_____

Mortgage Holder (Lender):_____

Current Monthly Payment:\$_____

Date Home Purchased:_____ Down Payment:\$_____

Original Mortgage Amount:\$_____

Current Mortgage Balance:\$_____

VEHICLES:

51. List the year, make, model, and VIN of any vehicles that you currently drive:_____

INCOME:

Please list the gross **monthly** income and the monthly deductions for each party:

| Gross Monthly Income Source | You | Other Parent |
|---|------------|---------------------|
| Salary and Wages, including commissions, bonuses, allowances, and overtime: | \$ | \$ |
| Pensions and Retirement: | \$ | \$ |
| Social Security: | \$ | \$ |
| Disability or Unemployment Insurance: | \$ | \$ |

| | | |
|--|----|----|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Your Expenses:

| Description of Expense | Monthly Amount |
|---|-----------------------|
| Rent or Mortgage Payment for Residence: | \$ |
| Real Property Taxes on Residence: | \$ |
| Real Property Insurance for Residence: | \$ |
| Maintenance Costs for Residence: | \$ |
| Food: | \$ |
| Utilities: | \$ |
| Telephone/Cell Phone: | \$ |
| Laundry: | \$ |
| Clothing (for you and children): | \$ |
| Medical, Dental, Life Insurance Deductions: | \$ |
| Medical and Dental Expenses Not Paid by Insurance: | \$ |
| Child Care and Babysitting: | \$ |
| School (supplies, lunch, etc.): | \$ |
| Entertainment (including movies, eating out, clubs, social obligations, travel) | \$ |
| Donations and Tithes: | \$ |
| Vehicle Expenses (gas, oil, repairs, tires, tags, inspections): | \$ |
| Vehicle Insurance: | \$ |
| Vehicle Payments: | \$ |
| Credit Card Payments: | \$ |
| Other Expense (please identify): | \$ |
| Other Expense (please identify): | \$ |
| Other Expense (please identify): | \$ |
| Other Expense (please identify): | \$ |
| Total Monthly Expenses: | \$ |

Other Information You Think We May Need To Know:
