



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

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

## CLIENT QUESTIONNAIRE

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: 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, 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. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY. 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.



**INFORMATION ABOUT YOU:**

Full name: \_\_\_\_\_  
Birth date (mm/dd/yyyy): \_\_\_\_\_  
Provide the *City, State* in which you were born: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

**Home Address:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**County:** \_\_\_\_\_

How long have you lived in your current **county**? \_\_\_\_\_

**Contact Information**

Phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email  
\_\_\_\_\_ @ \_\_\_\_\_ .com

**Employment:**

Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Phone: \_\_\_\_\_, May we call you at work? Yes  No   
Fax: \_\_\_\_\_, May we fax you at work ? Yes  No   
Gross salary per month or annually (please specify): \_\_\_\_\_  
Length of employment: \_\_\_\_\_

**INFORMATION ABOUT YOUR OPPOSING PARTY**

Full name: \_\_\_\_\_  
Birth date (mm/dd/yyyy): \_\_\_\_\_  
Provide the *City, State* in which you were born: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

**Home Address:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information**

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

Mobile phone: \_\_\_\_\_

Email

\_\_\_\_\_ @ \_\_\_\_\_ .com

**Employment**

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

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

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

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

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

Gross salary per month or annually (please specify): \_\_\_\_\_

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

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**MARRIAGE AND SEPARATION**

Date of Marriage: \_\_\_\_\_

City/State where Married: \_\_\_\_\_

Are you currently separated from your spouse? Yes  No

If yes, what is the date you and your spouse separated? \_\_\_\_\_

Will you be requesting a name change? Yes  No

If so, please provide the requested change: \_\_\_\_\_

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## INFORMATION ABOUT YOUR CHILDREN

Please give the full name, gender, date and place of birth, age, and Social Security number, of each child born to *you and your spouse/partner*:

### Child #1:

Name: \_\_\_\_\_ Born before marriage? Yes  No

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

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

Age: \_\_\_\_\_ Did father sign the birth certificate and/or AOP? Yes  No

Gender (M/F) \_\_\_\_\_

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

### Child #2:

Name: \_\_\_\_\_ Born before marriage? Yes  No

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

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

Age: \_\_\_\_\_ Did father sign the birth certificate and/or AOP? Yes  No

Gender (M/F) \_\_\_\_\_

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

### Child #3:

Name: \_\_\_\_\_ Born before marriage? Yes  No

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

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

Age: \_\_\_\_\_ Did father sign the birth certificate and/or AOP? Yes  No

Gender (M/F) \_\_\_\_\_

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

### Child #4:

Name: \_\_\_\_\_ Born before marriage? Yes  No

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

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

Age: \_\_\_\_\_ Did father sign the birth certificate and/or AOP? Yes  No

Gender (M/F) \_\_\_\_\_

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

**Health Insurance for Children**

Is/Are the child(ren) currently covered by private health insurance? Yes  No

If yes, who carries the health insurance? \_\_\_\_\_

What is the name of the insurance carrier? \_\_\_\_\_

Is the insurance provided through an employer? Yes  No

If so, please give name of employer: \_\_\_\_\_

What does it cost monthly to insure the child(ren)? \_\_\_\_\_

If the child(ren) is/are not covered under private health insurance, then is private health insurance available at to either parent at a reasonable cost? Yes  No

If no, then is/are the child(re) receiving any state funded health care coverage or other medical assistance? Yes  No

If so, what is the type of coverage (Medicaid, Medicare, CHIPS)? \_\_\_\_\_

**Children from a partner other than your spouse/ex-spouse:**

Please give the full name, date of birth and age of each child born to you *other than those listed above*:

**Child #1:**

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

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

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

Age: \_\_\_\_\_

Gender (M/F) \_\_\_\_\_

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

**Child #2:**

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

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

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

Age: \_\_\_\_\_

Gender (M/F) \_\_\_\_\_

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

**Child #3:**

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

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

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

Age: \_\_\_\_\_

Gender (M/F) \_\_\_\_\_

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

**Child #4:**

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

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

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

Age: \_\_\_\_\_

Gender (M/F) \_\_\_\_\_

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

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**PREGNANCY:**

**Note: *YOU CANNOT FINALIZE A DIVORCE IN TEXAS WHILE PREGNANT***

Are you pregnant now?    Yes     No     If yes, what is expected due date? \_\_\_\_\_

If you answered yes, please tell us who the father is:

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

Birth date (mm/dd/yyyy): \_\_\_\_\_

Provide the *City, State* in which you were born: \_\_\_\_\_

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

Ethnicity: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

**Home Address:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information**

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

Mobile phone: \_\_\_\_\_

Email  
\_\_\_\_\_@\_\_\_\_\_.com

**Employment**

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

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

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

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

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

Gross salary per month or annually (please specify): \_\_\_\_\_

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

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**PRIOR CASES INVOLVING *SAME PARTIES*:**

If you have had been involved in a prior court case related to your current case check the boxes that apply:

Divorce	<input type="checkbox"/>	Contempt	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	Other	<input type="checkbox"/>
CPS	<input type="checkbox"/>		
Paternity	<input type="checkbox"/>	<b>If other, please explain:</b> _____	
Adoption	<input type="checkbox"/>	_____	
Modification	<input type="checkbox"/>	_____	

**If you checked any of the boxes above please answer the following:**

Case Number: \_\_\_\_\_

When was the suit filed? \_\_\_\_\_

When was the suit completed? \_\_\_\_\_

Who was your attorney? \_\_\_\_\_

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**PROPERTY INFORMATION**

Do you or your spouse own any of the following? Check the boxes that apply:

	<u>You</u>	<u>Spouse</u>		<u>You</u>	<u>Spouse</u>
House	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	Savings Account	<input type="checkbox"/>	<input type="checkbox"/>
401K	<input type="checkbox"/>	<input type="checkbox"/>	Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Business Interest	<input type="checkbox"/>	<input type="checkbox"/>			

**If you checked any of the boxes above, you must fill out a Property Inventory Form provided by our firm and return it to our office prior to filing your suit.**

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## SENSITIVE ITEMS

If any of the following apply to you or your spouse check the appropriate box:

	<u>You</u>	<u>Spouse</u>
1. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been in jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>USED ILLEGAL DRUGS IN PAST 90 DAYS?</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Been hospitalized for using illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been hospitalized for abusing prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Abused alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
8. Been hospitalized for abusing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
9. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
10. Suffered from or received treatment for an Emotional or psychiatric condition?	<input type="checkbox"/>	<input type="checkbox"/>
11. Abused spouse?	<input type="checkbox"/>	<input type="checkbox"/>
12. Been accused of child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
13. Had a sexual relationship during the marriage with someone other than own spouse?	<input type="checkbox"/>	<input type="checkbox"/>
14. Had a homosexual/bisexual relationship?	<input type="checkbox"/>	<input type="checkbox"/>
15. Engaged in unusual sexual practice?	<input type="checkbox"/>	<input type="checkbox"/>
16. Had a pregnancy outside of marriage?	<input type="checkbox"/>	<input type="checkbox"/>
17. Had or have a sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>

### Important Disclosure: PLEASE READ CAREFULLY

I have answered all of the above questions truthfully to the best of my knowledge. I have been advised that failure to accurately and truthfully disclose any of the above information may cause my case to be delayed, dismissed, or otherwise harmed. \_\_\_\_\_ (client initials)

1. THE RUDISEL LAW FIRM, P.C. will provide clients with divorce cases an Inventory and Appraisal. Failure to disclose any property, regardless of value or of the date it was acquired, may result in a **loss of the property** or a loss of the ability to divide or allocate the property at a future date. \_\_\_\_\_ (client initials)
2. A positive drug test may result in the **loss of custody rights** over a child or children. \_\_\_\_\_ (client initials)

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Client Signature

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Date

FOR OFFICE USE ONLY

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

Time: \_\_\_\_\_

1. Type of Case:

Divorce (children)  Yes  No  SAPCR  Enforcement  
 Mod.:  Custody  Support  Possession and Access

Other: \_\_\_\_\_

2.  Contested  Uncontested

3.  Petitioner  Respondent  Intervenor

4. Court Number: \_\_\_\_\_ Parenting Class required? \_\_\_\_\_

5. County: \_\_\_\_\_

6. Party will test positive for drugs?  Yes  No Name: \_\_\_\_\_

7. Property:

Real property  Yes  No  
Separate property  Yes  No

8. Retainer:

Hourly  Yes  No Rate: \_\_\_\_\_  
Flat Rate  Yes  No Fee: \_\_\_\_\_

9. How did client hear of us? \_\_\_\_\_  
If referred, by whom? \_\_\_\_\_

Parties present during consultation: \_\_\_\_\_

Pleading to File:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Attorney General need to be noticed?  Yes  No

Affidavit Required?  Yes  No

Special Instruction:

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(