

**CONFIDENTIAL FAMILY LAW QUESTIONNAIRE FOR SIBLING**

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

Please complete this questionnaire as fully and accurately as possible. All information provided herein will be held in strict confidence. **(NOTE: I WILL NEED TO HAVE A COPY OF EACH COURT ORDER, IF ANY.)**

**INFORMATION ON YOURSELF:**

Name \_\_\_\_\_

Maiden name: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ How Long? \_\_\_\_\_

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

**If you want mail from this office sent to a different address, please furnish an address:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

What is your mental and physical health? \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_

Call before faxing? Yes \_\_\_\_\_ No \_\_\_\_\_

Position/Title \_\_\_\_\_ Gross Salary/Month \_\_\_\_\_

Date of hire: \_\_\_\_\_ Length of time with current employer \_\_\_\_\_

Hours at work: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Leave a message? \_\_\_\_\_

**INFORMATION ON SPOUSE, FORMER SPOUSE, OR SIGNIFICANT OTHER:**

Name \_\_\_\_\_

Maiden name: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence: \_\_\_\_\_ How long? \_\_\_\_\_

How long has the person lived in Texas? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

What is the person's mental and physical health? \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_

Call before faxing? Yes \_\_\_\_\_ No \_\_\_\_\_

Position/Title \_\_\_\_\_ Gross Salary/Month \_\_\_\_\_

Date of Hire \_\_\_\_\_

Length of time with current employer \_\_\_\_\_

Hours at work: \_\_\_\_\_ May we contact the person at work? \_\_\_\_\_

Leave a message? \_\_\_\_\_

**Child(ren)'s Information**

1. Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

2. Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

3. Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

4. Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

**Parent(s) Information**

**Mother:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Income \_\_\_\_\_

Length of time with current employer \_\_\_\_\_

**Father:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Income \_\_\_\_\_

Length of time with current employer \_\_\_\_\_

**Service of Persons**

Addresses where the persons are to be served:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Times when the persons are at these addresses:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

License plate numbers and types of vehicles that these persons drive:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brief physical description of the persons:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Previous Court Proceedings, if Any**

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

Style of Case \_\_\_\_\_

Designation of Court \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Case Pending \_\_\_\_yes \_\_\_\_no

Attorneys Involved in Case:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Your involvement with Child(ren)**

Date of last contact: \_\_\_\_\_ Frequency of Contact: Daily/ Weekly/ Monthly

Why contact stopped? \_\_\_\_\_

Your Opinion of Parents:

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

Why is it in the best interest of the child(ren) to be involved? Please Explain

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

Type of Conservatorship Requested: Managing / Joint Managing / Possessory / Possession of / Access to / other (explain)

\_\_\_\_\_

Access Scheduled Requested: Monthly/ summer/ Holiday/ Other (explain)

\_\_\_\_\_

**If previously represented by an Attorney, please provide the Name, Address, and Phone Number for that Attorney.**

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attorney's Phone Number \_\_\_\_\_

Referred By \_\_\_\_\_

\_\_\_\_\_