

Date Prepared: _____

CONFIDENTIAL CIVIL LAW QUESTIONNAIRE

Please provide the information requested and return it to the above law office as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case. **Also, please be certain to forward to us a conformed copy of each prior Court order, if any, along with your Confidential Questionnaire that you will have completed hereinbelow.**

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. Please refer to the question number to which your answer applies and attach your answer to this form.

NOTICE OF CONFIDENTIALITY

The information provided hereinbelow is subject to the attorney-client privilege and attorney work-product privileges and will be held in strict confidence. 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 Texas Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. See Tex. Fam. Code § 261.101.

1. CLIENT (YOURSELF)

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number (last 3 digits): _____

Driver's license number and state (last 3 digits): _____

Maiden name (if applicable): _____

2. YOUR CONTACT INFORMATION

Current Address: _____

City: _____ County: _____ State: _____

ZIP: _____ Cell phone: _____

How long have you lived at this address? _____

How long have you lived in Texas? _____

How long have you lived in this county? _____

Who else lives in your household? _____

How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Cell phone: _____

E-mail: _____

(please note that e-mail communications may not be confidential)

Do you use social media? If so, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

X (f/k/a Twitter): _____

LinkedIn: _____

Other: _____

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. _____

3. YOUR CURRENT 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? _____

Business Fax Number: _____ Call before faxing? Yes _____ No _____

Working hours, days: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of current employment: _____

Education/training: _____

4. OPPOSING PARTY

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number (last 3 digits): _____

Driver's license number and state (last 3 digits): _____

Maiden name (if applicable): _____

Address where the person is to be served: _____

Days, times when the person is at this address: _____

Type of vehicle and license plate numbers that this person drives:

Brief physical description of this person (i.e. sex, race/ethnicity, height, weight, etc.): _____

5. OPPOSING PARTY'S CONTACT INFORMATION

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Cell phone: _____

E-mail: _____

Who else lives in the opposing party's household? _____

Does the opposing party use social media? If so, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

X (f/k/a Twitter): _____

LinkedIn: _____

Other: _____

6. OPPOSING PARTY'S EMPLOYMENT

Employer: _____

Job title: _____

Street address: _____

City, state, ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

Working hours, days: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

7. POSSIBLE CASE-RELATED INFORMATION

Have you sued or been sued in the last ten (10) years? _____

Has a bankruptcy been filed by you in the last ten (10) years? _____

Do you have tax problems? _____

Do you have a tax preparer or accountant who prepares your returns? _____

If so, whom? _____

(Please be advised that this law office does not offer any tax-related advice.)

Have you ever been arrested for or convicted of a crime? _____

Do you have a license to carry a firearm? _____

Issuing State: _____

Date(s) of incident (if applicable): _____

Name, address, phone no. of person(s) with whom you have spoken concerning this case:

Have you received any documents concerning this case? _____

Have you made any oral statements concerning this case? _____

Have you signed any written statements concerning this case? _____

Do you have pictures concerning this case? _____

Please briefly describe the nature of your case: _____

8. OTHER CASE-RELEVANT INFORMATION

Have you consulted or retained any other attorneys on this matter before contacting this office?

If previously represented by an Attorney, please provide the following:

Attorney's Name _____

Attorney's Address _____

City _____ State _____ Zip Code _____

Attorney's Phone Number _____

Are you seeking that the opposing party contribute to your attorney's fees in your case? _____

Other than yourself, is there someone we can contact in an emergency? _____

Name and Relationship: _____

Address: _____

Telephone: _____

Who referred you to this law office? _____