

Date Prepared: _____

CONFIDENTIAL FAMILY LAW QUESTIONNAIRE FOR SIBLING

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. OTHER OPPOSING PARTY (IF ANY)

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.): _____

8. OTHER OPPOSING PARTY'S EMPLOYMENT (IF ANY)

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: _____

9. CHILD(REN)

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

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

Disability, if any: _____

PRIVILEGED AND CONFIDENTIAL

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

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

Disability, if any: _____

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

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

Disability, if any: _____

Will there be a dispute concerning the children? _____

If not, with whom will the children primarily reside? _____

With whom are the children now residing? _____

Does any child suffer a chronic illness or disability? If so, please describe. _____

Do the children own significant property (other than furniture, clothing, etc.)? _____

(Please do not attempt to withdraw any funds from any account[s] in the child/ren's name[s].)

Is there a child, a party, or a potential party that lives outside Texas? _____ If you answered "yes," please let us know because this law office will need to ask you additional questions concerning jurisdictional information.

10. HEALTH INSURANCE INFORMATION

Do you have health insurance? _____

Does your spouse have health insurance? _____

Is private health insurance in effect for a child? 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? _____

Is dental insurance in effect for a child? 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? _____

Is vision insurance in effect for a child? If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

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, Texas 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 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? _____

11. CASE-RELATED INFORMATION

Frequency of Contact: Daily / Weekly / Monthly / Summer / Holiday

Date of last contact: _____

If contact has stopped, please explain why.

Your opinion of the child(ren)'s parents:

Please explain why is it in the best interest of the child(ren) for you to be involved:

Type of Conservatorship Requested: Sole Managing / Joint Managing / Possessory / other
(please explain below)

Type of Possession / Access Requested: Monthly / Summer / Holiday / other (please explain below)

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

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

Have you filed an income tax return for each year of your marriage? _____

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 or your spouse ever utilized the services of the Office of the Attorney General? ___

Have you or your spouse ever sought or been subject to a protective order? _____

Have you or your spouse ever contacted or been contacted by Child Protective Services? ___

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

Do you own or possess firearms or ammunition? _____

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

Do you have a license to carry a firearm? _____

Issuing State: _____

Are there firearms or ammunition in your spouse's possession or subject to your spouse's control? _____

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

12. PRIOR COURT PROCEEDINGS (IF ANY)

Case Number _____

Style of Case _____

Designation of Court _____

County _____ State _____

Case Currently Pending ___yes___ ___no___

Attorneys Involved in Prior Case:

Attorney's Name _____

Attorney's Address _____

City _____ State _____ Zip Code _____

Attorney's Phone Number _____

Other Attorney's Name _____

Other Attorney's Address _____

City _____ State _____ Zip Code _____

Other Attorney's Phone Number _____

13. OTHER CASE-RELEVANT INFORMATION

Have you consulted or retained any other attorneys on this matter before coming to 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 (or parties, as applicable) 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? _____