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CLIENT QUESTIONNAIRE

Please answer each question (on each page) in this questionnaire fully. It is imperative that you be candid! You should answer all questions relevant to your case. 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. *Please see the end of this form for fees for your first visit to our office. We will discuss the attached Fee Agreement with you during your office conference today. You do not need to sign the Agreement until the conference.*

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. 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.

Today's Date: _____

What is the purpose of your visit today? _____

I. Personal

About you:

1. Please give your *full* name, date and place of birth, and Social Security number.

First, middle and last name: _____

Birth date: _____ Age _____ City and State of birth _____

Social Security number: _____

Driver's license number: _____

Your maiden name (if applicable) _____

2. Where are you living now, and what is your phone number?

Street name and number: _____

City: _____ Zip _____ County: _____

How long have you lived in the county? _____ How long in Texas? _____

Home phone: _____

Email address: _____

3. At what address do you wish to receive mail from this office?

4. How do you prefer that we contact you?

Address: _____

Phone: _____

Fax: _____

Mobile Phone: _____

Email address: _____

5. Who referred you to this office? _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

If so, please state who and when: _____

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

May we call you at work? _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

II. Please provide the following information about your spouse. (Or, if this is a modification or a paternity action, provide the information for the biological parent of the children of this action):

8.

First, middle, and last name: _____

Birth date: _____ Age: _____ City, State and County of birth: _____

Social Security #: _____

Driver's license #: _____

Maiden name (if applicable) _____

9.

Street Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

10.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Highest level of education: _____

III. About your children:

11. Please give the following information for each child of this marriage or, if this is a paternity or a modification, for the child(ren) of this action::

Name: _____

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

Place of birth: _____

Social Security number: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

12. Will there be a dispute over the children? _____

If *not*, with whom will custody be? _____

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

14. Are the children covered by health (including dental, vision) insurance? ____ If so, whose policy covers them? What is the cost of this insurance per month? \$ _____

IV. About your marriage and separation:

15. Please give following information regarding your marriage:

Date: _____ City/State: _____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

16. Have you seen a marriage counselor? _____

17. What is your religious preference? _____

18. What is your spouse's religious preference? _____

19. Check as appropriate if your marital difficulties involve any of the following:

- | | | |
|-----------------------|---------------------------|----------------|
| ___ drugs/alcohol | ___ sexual disappointment | ___ infidelity |
| ___ financial dispute | ___ physical violence | ___ religion |
| ___ incompatibility | ___ other: _____ | |

20. How long have you lived in Texas? _____

21. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

Does your spouse (or ex-spouse or biological parent, if applicable) have an attorney?

If so, who? _____

22. Have you ever been married before? _____

If so, how many times? _____

23. If you or your spouse (or ex-spouse or biological parent, if applicable) have any other children for whom a duty of support is owed, please list the number of children for whom there is still have a duty of support _____

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

25. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

26. Does your spouse (or ex-spouse) pay/receive child support? _____
 If so, how much? \$ _____ per _____
27. If a divorce is granted, should the wife's maiden name be restored? Yes _____ No _____

 If so, what name should be used (please give FULL name)? _____

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail.

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

| | You | Your spouse or ex-spouse |
|--|-------|--------------------------|
| a. Committed a crime? | _____ | _____ |
| b. Been arrested? | _____ | _____ |
| c. Been in jail or prison? | _____ | _____ |
| d. Used illegal drugs? | _____ | _____ |
| e. Been hospitalized for using illegal drugs? | _____ | _____ |
| f. Abused prescription drugs? | _____ | _____ |
| g. Been hospitalized for abusing prescription drugs? | _____ | _____ |

- h. Abused alcohol? _____
- i. Been hospitalized for abusing alcohol? _____
- j. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? _____
- k. Engaged in gambling activities (legal or illegal)? _____
- l. Engaged in other illegal activities? _____
- m. Attempted suicide? _____
- n. Been hospitalized for an emotional or psychiatric disorder? _____
- o. Suffered from or received treatment for an emotional or psychiatric condition? _____
- p. Abused own spouse? _____
- q. Been accused of child abuse? _____
- r. Had a sexual relationship during the marriage with someone other than own spouse? _____
- s. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? _____
- t. Had a homosexual/bisexual relationship? _____
- u. Engaged in unusual sexual practices? _____
- v. Had a pregnancy outside of marriage? _____
- w. Had a sexually transmitted disease? _____
- x. Drunk to excess? _____

If so, what and how often? _____

y. Other? _____

28. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

29. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

30. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party?

31. If so, describe the content: _____

IV. About your assets and liabilities (*answer only for divorce cases*):

32. Do you or your spouse own real estate? _____

33. Do you or your spouse have participate in any company savings plans or retirement plans?

34. Do you or your spouse owe credit card debts, have outstanding loans or other liabilities?

35. Vehicles:

The car you drive:

Make _____ Year _____ Model _____

VIN# _____

The car your spouse drives:

Make _____ Year _____ Model _____

VIN# _____

Are there any other vehicles, such as additional automobiles, motorcycles, or boats?

Yes _____ No _____

36. Do you and your spouse have credit card debts? _____

37. Do you and your spouse have any other debits, other than car payments and mortgage?

Yes _____ No _____