
THE CLARK LAW FIRM

A PROFESSIONAL CORPORATION



ATTORNEYS AT LAW

Client Information Sheet

Client Questionnaire

The following is a series of questions which will help us identify many areas of importance in your case. It is very important that you completely fill in all of the blanks below. Some of these may not apply to your case and therefore simply identify those which do not by "NA".

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. It is your responsibility to keep your contact information up-to-date with our office. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

Please understand that The Clark Law Firm, P.C. does not yet represent you in this matter until a contract/power of attorney is executed by you and The Clark Law Firm, P.C..

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, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OF THE TEXAS FAMILY 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.

About You:

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

Full name: _____

Maiden name (if applicable): _____

Birth date: _____ State where born: _____

Social Security number: _____ Driver's license number: _____

Your Spouse's Full name: _____

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

Address: _____

City: _____ County: _____ State: _____ Zip _____

Home phone: _____ Mobile Phone: _____

Fax: _____ Pager: _____ Email: _____

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

How do you prefer that we contact you? _____

Who referred you to this office? _____

Have you consulted or retained any other attorney on this matter before coming to this office?

Yes or No If so, please state who and when: _____

Please complete the following information concerning your 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? _____

Gross salary per month or annually: _____

Length of employment: _____

About your education:

Please give information about your educational background.

Do you have a High School Diploma?:

Yes or No If so, please state when did you graduated: _____

Name of High School: _____ City & State: _____

Did you attend a College or University?:

Yes or No If so, please state when: _____

Name of College or University: _____ City & State: _____

Did you receive a degree?: _____

Other Education or Training: _____

About this case

Please give a brief description of the incident and what is alleged to have occurred:

Prior criminal history:

Please give information about any criminal history.

Have you ever been convicted of a Felony or Misdemeanor?:

Yes or No If so, please give the following information:

Cause No. _____ Court: _____ County: _____

Charge: _____ Date of Conviction: _____

Sentence (Probation, Deferred, TDCJ): _____

Additional Details: _____

Any additional convictions:

Yes or No If so, please give the following information:

Cause No. _____ Court: _____ County: _____

Charge: _____ Date of Conviction: _____

Sentence (Probation, Deferred, TDCJ): _____

Additional Details: _____