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**THE CLARK LAW FIRM**  
A PROFESSIONAL CORPORATION



ATTORNEY AT LAW

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**Client Information Sheet**

**Date of Consultation:** \_\_\_\_\_

## **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 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:**

- 1. Please give your *full* name, date and place of birth, and Social Security number.  
Full name: \_\_\_\_\_  
Maiden name (if applicable): \_\_\_\_\_ Will we be requesting a name change? YES or NO  
Birth date: \_\_\_\_\_ City & State where born: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_  
Vehicle Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_
  
- 2. Where are you living now, and what are your phone numbers?  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_ E-mail: \_\_\_\_\_
  
- 3. At what address do you wish to receive mail from this office? \_\_\_\_\_
  
- 4. How do you prefer that we contact you? \_\_\_\_\_
  
- 5. Who referred you to this office? \_\_\_\_\_
  
- 6. 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: \_\_\_\_\_
  
- 7. 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: \_\_\_\_\_ Education: \_\_\_\_\_
  
- 8. Name & Phone Number of Emergency Contacts:  
a. \_\_\_\_\_  
b. \_\_\_\_\_

**About your adverse party:**

9. Please give your adverse party's *full* name, date and place of birth, Social Security number, and driver's license number.

Full name: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_ Will they be requesting a name change? YES or NO

Is so, what name shall be used? \_\_\_\_\_

Birth date: \_\_\_\_\_ City & State where born: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Vehicle Information: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

10. Where is your adverse party living now, and what are his or her phone number and e-mail address?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ E-mail: \_\_\_\_\_

11. Please complete the following information concerning your adverse party's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Education: \_\_\_\_\_

**About your children:**

12. Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage:

Name: \_\_\_\_\_ Sex (Male / Female)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (Male / Female)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

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Name: \_\_\_\_\_ Sex (Male / Female)  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (Male / Female)  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

13. Is private health insurance in effect for the child(ren)? 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? \_\_\_\_\_

14. If private health insurance is not in effect for the children, please answer the following questions:

Is/are the child(ren) receiving Medicaid benefits under chapter 32, Human Resources Code? \_\_\_\_\_

Is/are the child(ren) receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? If so, what is the cost of the premium?  
\_\_\_\_\_

Does the mother have access to private health insurance at reasonable cost to her? \_\_\_\_\_

Does the father have access to private health insurance at reasonable cost to him? \_\_\_\_\_

Has anyone applied for Medicaid benefits for the child(ren) or for coverage for the child(ren) under the Children's Health Insurance Program? If so, who applied?  
\_\_\_\_\_

What is the status of the application? \_\_\_\_\_

15. Will there be a dispute over the child(ren)? If *not*, with whom will custody be?  
\_\_\_\_\_

16. Where and with whom are the child(ren) living now? \_\_\_\_\_

**Jurisdictional Information Regarding Children:**

17. Please provide a list of the places where the child(ren) has/have lived during the past five years, and the names and present addresses of the persons with whom the child(ren) has/have lived during that period.

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18. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the child(ren), identify the court, the case number, and the date of the child custody determination, if any.

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19. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, adverse party, or the child(ren), identify the court, the case number, and the nature of the proceeding.

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20. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the child(ren) or claims rights of legal custody or physical custody of, or visitation with, the child(ren).

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21. If you believe that the health, safety, or liberty of you or the child(ren) would be jeopardized by disclosure of your address or that of the child(ren), please disclose the reason for that belief.

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**About your marriage and separation (if applicable):**

22. Please give the date and place of your marriage:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Are you now separated from your spouse? \_\_\_\_\_

If so, please state date of separation: \_\_\_\_\_

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

\_\_\_\_ drugs/alcohol                      \_\_\_\_ sexual disappointment                      \_\_\_\_ infidelity  
\_\_\_\_ financial dispute                      \_\_\_\_ physical violence                      \_\_\_\_ religion  
\_\_\_\_ incompatibility                      \_\_\_\_ other: \_\_\_\_\_

24. How long have you lived in Texas? \_\_\_\_\_ How long have you lived in this county? \_\_\_\_\_

25. Have you or your spouse ever filed for divorce? YES or NO. If so, when and where? \_\_\_\_\_

26. Does your spouse or ex-spouse have an attorney? If so, who? \_\_\_\_\_

27. Have you ever been married before? If so, how many times? \_\_\_\_\_

28. Do you or your spouse or ex-spouse have any other child(ren) for whom a duty of support is owed? If so, please give the full name, date and place of birth, sex, and Social Security number of each such child:

Name: \_\_\_\_\_ Sex (Male / Female)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Parent who child resides with: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (Male / Female)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Parent who child resides with: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (Male / Female)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Parent who child resides with: \_\_\_\_\_

29. Do you pay/receive child support? YES or NO If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

30. Does your spouse or ex-spouse pay/receive child support? YES or NO

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

**Property**

31. Is there a marital residence? Was it bought during the marriage? Who will keep the home? If there is a marital home involved, a deed will need to be provided for the final order.

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32. Are there any vehicles involved? Please list all vehicles, the vehicle you would like to keep, and the vehicle your spouse will keep. (We will need the year, make, models, and VIN numbers of each vehicle.)

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33. If there is any additional property you wish to include (businesses, real property, credit cards, bank accounts, retirement accounts, boats, trailers, R.V., jewelry, furniture, furnishings, fixtures, goods, art objects, collectibles, appliances, pets...), please list all items and who the property shall be awarded to if more room is needed. An Inventory will be conducted later as the case progresses.

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**I understand that there is a consultation fee of \$250.00 due and payable at the time of my appointment whether or not I decide to hire Robert S. Clark, Sr. and THE CLARK LAW FIRM, P.C.**

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**Signature**