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CLIENT INFORMATION QUESTIONNAIRE

SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP

Date: _____

Referred by: _____

Please fill out this fact sheet and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. 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: Refer to the question number to which your answer applies and attach your answer to this questionnaire.

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.

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 OR 261.401 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.

Attorney/Client Privileged Information

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.

PERSONAL

About you:

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

First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Maiden name: _____

Birth date: _____ City and State where born: _____

Social Security number: _____

Driver's license number: _____

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

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Cell phone: _____ Email address: _____

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

If so, please state who and when: _____

4. 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: _____

Attorney/Client-Privileged Information

About the other party:

1. Please give the other party's *full* name, date and place of birth, Social Security number and driver's license number.

First name: _____

Middle name: _____

Last name: _____

Suffix: _____

Maiden name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver's license number: _____

2. Where is the other party living now, and what is his or her phone number and e-mail address?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home e-mail: _____

3. Please complete the following information concerning the other party's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

About the children:

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

1.A. First name: _____

Middle name: _____

Last name: _____

Attorney/Client-Privileged Information

Suffix: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

1.B. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

1.C. First name: _____

Middle name: _____

Last name: _____

Suffix: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

2. Is private health insurance in effect for the children? _____

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? _____

3. Temporary Orders desired? _____

4. Extraordinary relief desired? _____

5. Request award of attorney fees? _____

Attorney/Client-Privileged Information

- 6. Waiver of Service? _____
- 7. Are you seeking full custody, partial custody, or visitation? _____
- 8. Why are you pursuing this matter? _____

- 9. Who is/are the child(ren) living with now and for what period of time? _____

- 10. What are you seeking to accomplish? Check all that apply.

Child Support:

- _____ You pay child support
- _____ Other party pays child support
- _____ You provide health insurance
- _____ Other party provides health insurance

Visitation:

- _____ More time with you
- _____ More time with other party
- _____ Change visitation to something else

Conservatorship

- _____ Joint Managing Conservatorship
- _____ Sole managing conservatorship for _____

11. Do you have children by a previous marriage? _____

If so, please give the full name, date and place of birth, sex, and Social Security number of each such child.

- 11.A. First name: _____
- Middle name: _____
- Last name: _____
- Suffix: _____
- Maiden name: _____
- Sex (M/F): _____ Date of birth: _____ Age: _____
- Place of birth: _____
- Social Security number: _____
- 11.B. First name: _____
- Middle name: _____
- Last name: _____
- Suffix: _____

Attorney/Client-Privileged Information

Maiden name: _____

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

Place of birth: _____

Social Security number: _____

11.C. Where and with whom do these children live? _____

12. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

13. Does the other party have children by a previous marriage? _____

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

15. Does the other party pay/receive child support? _____

If so, how much? \$ _____ per _____

16. Have you been to court before in this matter? _____

Signature: _____