

SLATE LAW & ASSOCIATES
Attorneys At Law
1920 Country Place Parkway, Ste. 354
Pearland, Texas 77584
281-410-5780
Facsimile: 281-476-5811

Your Name: _____ Retainer: _____ (flat/hourly)

Date: _____

CLIENT QUESTIONNAIRE - NAME CHANGE

Please fill out this questionnaire. 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. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

NOTICE OF CONFIDENTIALITY

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

Office Use Only:

County: _____ **Retainer Fee:** _____ **Contested: Yes / No**

Notes: _____

Personal Information

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

Full name: _____ (Maiden) _____
Birth date: _____ Age : _____ County/State where born: _____
Social Security number: _____ Driver's license number: _____
What do you want your name changed to? _____

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

Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home phone: _____ Mobile: _____
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: _____
Email Address: _____
Mobile Phone: _____
Fax: _____
Other: _____

5. How were you referred to this office (please check one)?:

- Personal reference: _____
- Internet: Website _____
- Other: _____

6. Have you consulted 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: _____

8. "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 (use the back of this page if necessary):

Answer Yes or No - If Yes,
Explain

Committed a crime? _____

Been arrested? _____

Been in jail or prison? _____

Used illegal drugs? _____

Abused prescription drugs? _____

Been hospitalized for abusing prescription drugs? _____

Abused alcohol? _____

Been hospitalized for abusing alcohol? _____

Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? _____

Engaged in gambling activities (legal or illegal)? _____

Engaged in other illegal activities? _____

Attempted suicide? _____

Been hospitalized for an emotional or psychiatric disorder? _____

Suffered from or received treatment for an emotional or psychiatric condition? _____