

SLATE LAW & ASSOCIATES
Attorneys At Law
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Your Name: _____ **Retainer:** _____ (flat/hourly)

Date: _____ **Contested:** Y / N

CLIENT QUESTIONNAIRE - SAPCR/GUARDIANSHIP

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

Please give a brief description of the circumstances, including why you feel you should have custody of the child(ren) or guardianship of the adult/child(ren). _____

ABOUT THE PARTIES SEEKING CUSTODY OR GUARDIANSHIP:

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

Female

Full name: _____ (Maiden) _____
Birth date: _____ Age : _____ County/State where born: _____
Social Security number: _____ Driver's license number: _____
Race: _____
Your relationship to the child(ren): _____

Male

Full name: _____
Birth date: _____ Age : _____ County/State where born: _____
Social Security number: _____ Driver's license number: _____
Race: _____
Your relationship to the child(ren): _____

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 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.

Female

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: _____

Male

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: _____

ABOUT THE BIOLOGICAL PARENTS IF YOU ARE SEEKING CUSTODY/GUARDIANSHIP OF CHILD:

8. Please give the *full* name, date and place of birth, and Social Security number of biological parents.

Biological Mother:

Full name: _____(Maiden)_____
Birth date:_____ Age : _____ County/State where born: _____
Social Security number:_____ Driver's license number: _____
Race:_____
Reason mother should not have the child: _____
Is the mother in agreement with this SAPCR? _____

Biological Father:

Full name: _____
Birth date:_____ Age : _____ County/State where born: _____
Social Security number:_____ Driver's license number: _____
Race:_____
Reason father should not have the child: _____
Is the father in agreement with this SAPCR? _____

9. Where are the biological parents living now, and what is his or her phone numbers?

Biological Mother:

Address: _____
City:_____ County:_____ State:_____ Zip:_____
Home phone:_____ Mobile:_____

Biological Father:

Address: _____
City:_____ County:_____ State:_____ Zip:_____
Home phone:_____ Mobile:_____

10. Please complete the following information concerning the biological parents' employment.

Biological Mother:

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: _____

Biological Father:

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: _____

Where does the biological mother need to be served? _____

Where does the biological father need to be served? _____

ABOUT THE CHILDREN OR PERSON YOU'RE SEEKING GUARDIANSHIP OF:

11. Please give the full name, date and place of birth, sex, and Social Security number of each of the people subject of this suit:

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

Name: _____

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

Place of birth: _____

Social Security number: _____ Driver's License No. _____

12. Will there be a dispute over the custody/guardianship? _____

If *not*, have the other parties involved agreed to this action? _____

13. Where and with whom is the person you are seeking custody/guardianship for currently residing? _____

For each person you are seeking custody or guardianship of, state for the last five years, each place they have lived including the full address, the dates they lived there and with whom they lived.

RELATIONSHIP OF COUPLE SEEKING CUSTODY:

14. Are you currently married? _____
If so, where did you marry and how long have you been married? _____

15. What are the circumstances surrounding this matter? _____

16. If you are seeking custody of a child, are you eventually trying to adopt the child and if so, are the biological parents in agreement to the adoption? _____
If not, what do you think the objections will be? _____

17. If the person you are seeking custody of or guardianship for is living with you, how long have they done so? _____

18. How long have you resided in Texas? _____
What county do you reside in? _____
How long have you resided in that County? _____

19. Does the person you are seeking custody of or guardian ship of have health/dental insurance? _____
If so, please describe coverage and who provides the insurance and how much is it?

20. Check any of the following which are applicable to the biological parents if you are seeking custody of a child.

- _____ Left Children with intent to return
- _____ Left for 3 months without expressing intent to return
- _____ Left for 6 months without providing support
- _____ Placed or allowed the child in dangerous conditions
- _____ Conduct that endangers children
- _____ Failed to support for one year
- _____ Abandoned children without identifying them
- _____ Abandoned mother during pregnancy
- _____ Refused to submit to court order
- _____ Cause of absence from school
- _____ Executed affidavit of relinquishment
- _____ Injured child
- _____ Terminated with regard to another child
- _____ One of you are the child's biological parent

21. Do any other parties have an attorney? _____
If so, who? _____

22. Do you or the other party have any children 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 (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ Driver's License No. _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ Driver's License No. _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ Driver's License No. _____

Name: _____
Sex (M/F): _____ Date of birth: _____ Age: _____
Place of birth: _____
Social Security number: _____ Driver's License No. _____

23. Does the person you are seeking custody or guardianship of own any property? _____
If so, please describe: _____

24. Is the person subject to a prior court order? _____
If so, please describe. _____

25. Was the person conceived in Texas? _____

26. "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 the other party has done any of the following:

	Female	Male
Committed a crime?	_____	_____
Been arrested?	_____	_____
Been in jail or prison?	_____	_____
Used illegal drugs?	_____	_____
Been hospitalized for using 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?	_____	_____
Abused spouse?	_____	_____
Been accused of child abuse?	_____	_____
Had a sexual relationship during the marriage with someone other than spouse?	_____	_____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____

	Female	Male
Had a homosexual/bisexual relationship?	_____	_____
Engaged in unusual sexual practices?	_____	_____
Had a pregnancy outside of a marriage?	_____	_____
Had a sexually transmitted disease?	_____	_____
Drunk to excess? If so, what and how often? _____	_____	_____
_____	_____	_____
Other? _____	_____	_____

27. If you or the other party 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: _____

28. Do you the other party suffer from any physical disability that would interfere with being able to care for the children? _____

29. Have you or the other party made any photographs or audio or visual recordings of the other party? _____ If so, describe the content: _____

