

SLATE LAW & ASSOCIATES
Attorneys At Law

Your Name: _____

Date: _____

CLIENT QUESTIONNAIRE -MODIFICATION

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.

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PERSONAL

ABOUT YOU:

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

Full name: _____ (Maiden) _____
Birth date: _____ County/State where born: _____
Social Security number: _____ Driver's license number: _____
Race: _____

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

Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home phone: _____ Mobile: _____
Email Address: _____
Emergency Contact: _____ Phone: _____

- 3. At what address do you wish to receive mail from this office?** _____

- 4. How do you prefer that we contact you?**

Address: _____
Phone: _____
Fax: _____
Mobile Phone: _____
Other: _____
Email Address: _____

- 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.

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 OTHER PARTY:

8. Please give the *full* name (including maiden name), date and place of birth, and Social Security number of the other party to this litigation.

Full name: _____ (Maiden) _____
Birth date: _____ County/State where born: _____
Social Security number: _____ Driver's license number: _____
Race: _____
Relationship to you or children (i.e. ex-spouse, biological father of...) _____

9. Where is the other party living now, and what is his or her phone number?

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

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

Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
Gross salary per month or annually: _____
Length of employment: _____
Education: _____

ABOUT YOUR CHILDREN:

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

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 children? _____
If not, with whom will custody be? _____

13. Where and with whom are the children living now? _____

ABOUT YOUR MARRIAGE AND SEPARATION OR PATERNITY:

14. Please give a description of the order to be modified:

_____ Paternity Order exists and was signed on _____.
_____ Divorce Decree exists and was signed on _____.
_____ I have a copy of the order.
_____ I do not have a copy of this order.

15. Why are you seeking this modification? _____

16. Is the other party in agreement to this modification? _____
If not, what do you think the objections will be? _____

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

18. Do you pay/receive child support? _____

If so, how much? \$ _____ per _____

19. Do the child(ren) have insurance? _____
If so, who provides the insurance and how much is it? _____

20. Have you or the other party ever filed for modification before? _____
If so, when and where? _____

21. Does the other party have an attorney? _____
If so, who? _____

22. Does the other party pay/receive child support? _____
If so, how much? \$ _____ per _____

23. Do you or the other party have any other 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. _____

24. Do the children involved in the modification own any property? _____
If so, please describe: _____

25. Check any of the following which are applicable:

- _____ Retention of the current primary custodian would be injurious to child(ren).
- _____ Primary custodian has relinquished possession and control of child(ren).
- _____ Change from joint to sole managing conservator is needed.
- _____ Support payments should continue after child's eighteenth birthday because of a mental or physical disability.
- _____ Order to be modified has become unworkable or inappropriate because
- _____ Managing/Possessory conservator has changed residence to a place outside of the court's jurisdiction.

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:

	You	Other Party
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. _____

	You	Other Party
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: _____

