

**Law Office of
Michael G. Diaz, P.C.**
230 E. Hunt St., Ste. 100
McKinney, TX 75069
Tel: (972) 542-6820

FAMILY LAW QUESTIONNAIRE

Please fill out this questionnaire 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 relevant questions. If a question does not apply to your particular situation, please indicate by marking on the questions "N/A." If that answer to any questions requires more space than has been provided on the form, please complete your answer on a separate sheet.

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 OF 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 OT THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL 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 SECTIOIN 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.

Attorney/Client Privileged Information

Personal

About you:

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

Full name: _____

Birth date: _____ State where born: _____

Social security number (last 3 digits): _____

Driver's license number (last 3 digits): _____

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

Address: _____

City: _____ County: _____

State: _____ Zip: _____

3. State the name and ages of all people currently living in your household.

4. How do you prefer that we contact you?

Address: _____

Phone: _____

Emergency Phone: _____

Email: _____

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

If so, please state who and when: _____

6. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Address: _____

City, state, zip: _____

Gross salary per month or annually: _____

Length of employment: _____

Attorney/Client Privileged Information

Education: _____

How were you referred to this office? (circle one)

Previous Client Website Bar Association Office Sign Phonebook

Friend (name of friend): _____

About the other party:

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

Full name: _____

Birth date: _____ State where born: _____

Social security number (last 3 digits): _____

Driver's license number (last 3 digits): _____

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

Address: _____

City, state, zip: _____

Phone: _____

Email: _____

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

Employer: _____

Job title: _____

Address: _____

City, state, zip: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

Typical days of the week/hours of the day worked: _____

About your children:

10. 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:

Attorney/Client Privileged Information

Full Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Full Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Full Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

Full Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number: _____

11. Will there be a dispute over the children? _____

 If not, with whom will custody be? _____

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

13. Does the other parent have an attorney? _____

14. Do you or the other parent pay/receive child support? _____

 If so, how much? \$ _____ per _____

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

Full Name: _____

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

Place of birth: _____

Attorney/Client Privileged Information

Full Name: _____

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

Place of birth: _____

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

16. Please provide a list of the places where the children have lived during the past five years, and the names and present addresses of the persons with whom the children have lived during that period.

17. 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 children, identify the court, the case number, and the date of the child custody determination, if any.

18. If you know of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, the other parent or the children, identify the court, the case number, and the nature of the proceedings.

19. Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

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20. List all extracurricular activities your children are involved with, including the days of the week and hour per week.

“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.

Will anyone allege that you or the other parent has done any of the following:

	You	Other Parent
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric	_____	_____

Attorney/Client Privileged Information

disorder?

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

16. Abused own spouse? _____

17. Been accused of child abuse? _____

18. Do you or the other parent suffer from any physical disability that would interfere with
being able to care for the children?

19. Have you or your spouse or the other parent made any photographs or audio or visual
recordings of the other party?

20. If so, describe content: _____

Health Insurance Information

_____ Private health insurance is / is not in effect for the minor children:

Identity of Health Insurance Company: _____

Policy Number: _____

Parent responsible for premium: _____

Monthly cost of premium: _____

If coverage is available through employment, state which parent: _____

_____ Medicaid benefits under Chapter 32, Human Resource Code.

_____ Health benefit coverage under the Children’s Health Insurance Program (CHIPS)

Monthly cost of premium: _____

Please prepare and provide the following items:

1. A timeline history of your relationship with the other parent up through the present date.
Begin with your dating relationship. Emphasize any important events or episodes with

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particular reference to your child(ren). If this is a modification, begin your history from the date of the last Final Order.

2. Prepare a list of potential witnesses, including their mailing address, phone numbers, and about what each witness could testify to.