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**Your Name:** \_\_\_\_\_

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## CLIENT QUESTIONNAIRE - CONTEMPT

### INSTRUCTIONS

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.

### 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: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

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: \_\_\_\_\_

Pager: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other: \_\_\_\_\_

5. Who referred you to this office? \_\_\_\_\_

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: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

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 contempt:**

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. Is the other party required to provide insurance for the children? \_\_\_\_\_

If so, does the other party have current insurance? \_\_\_\_\_

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 \_\_\_\_\_.

\_\_\_\_\_ Modification Order 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 contempt?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. Is the other behind on child support?** \_\_\_\_\_

If so, list the approximate amount owed? \_\_\_\_\_

\_\_\_\_\_

**17. How long have you resided in Texas?** \_\_\_\_\_

What County do you reside in? \_\_\_\_\_

How long have you resided in that County? \_\_\_\_\_

**18. When did you receive your last child support check?** \_\_\_\_\_

How much was the check? \$ \_\_\_\_\_

**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 contempt before?** \_\_\_\_\_

If so, when and where? \_\_\_\_\_

**21. Does the other party have an attorney?** \_\_\_\_\_

If so, who? \_\_\_\_\_

22. What type of communication have you had with the other party concerning arrearage? \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

24. Do the children involved in the contempt own any property? \_\_\_\_\_ If

so, please describe: \_\_\_\_\_

**25. "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
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 disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused spouse?	_____	_____
17. Been accused of child abuse?	_____	_____
18. 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.

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You

Other Party

19. Had a homosexual/bisexual relationship?

\_\_\_\_\_

20. Engaged in unusual sexual practices?

\_\_\_\_\_

21. Had a pregnancy outside of a marriage?

\_\_\_\_\_

22. Had a sexually transmitted disease?

\_\_\_\_\_

23. Drunk to excess?

\_\_\_\_\_

If so, what and how often? \_\_\_\_\_

24. Other?

\_\_\_\_\_

25. 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:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

27. Have you or the other party made any photographs or audio or visual recordings of the other party? \_\_\_\_\_

\_\_\_\_\_

28. If so, describe the content: \_\_\_\_\_

\_\_\_\_\_

**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.