

Dennis M. Slate, P.C.
Attorney At Law
112 East Forrest
Deer Park, Texas 77536
281-476-9447
Facsimile: 281-476-5811

Legal Assistant:
Lynda S. Miller

Legal Secretary:
Melissa L. Still

Your Name: _____

Date: _____

CLIENT QUESTIONNAIRE - PATERNITY

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 PARENT:

8. Please give the *full* name (including maiden name), date and place of birth, and Social Security

number of the child’s other parent.

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 parent 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 parent’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 paternity:

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. _____

What you wish the child's name to be if changed in this paternity case: _____

Name: _____

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

Place of birth: _____

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

What you wish the child's name to be if changed in this paternity case: _____

Name: _____

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

Place of birth: _____

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

What you wish the child's name to be if changed in this paternity case: _____

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 RELATIONSHIP WITH THE OTHER PARENT:

14. Have you ever lived with this person? _____

If so, where and how long? _____

15. Why and when did you separate? _____

16. Is the other party in agreement to this paternity? _____

If not, what do you think the objections will be? _____

17. Did you and the other party ever present yourself as being married? _____

If so, please state how. _____

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 ever been married to this person or have any intentions of being married? _____

21. Does the other party have an attorney? _____

If so, who? _____

22. Do you or 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: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

24. Do the children involved in the paternity own any property? _____

If so, please describe: _____

25. Are the children subject to a prior court order? _____

If so, please describe. _____

26. Were the children conceived in Texas? _____

27. How long have you resided in Texas? _____

What county do you reside in? _____

How long have you resided in that County? _____

28. "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.

	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.