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CLIENT QUESTIONNAIRE - SAPCR/GUARDIANSHIP

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

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:_____ Race:_____

Driver's license number:_____

Your relationship to the child(ren): _____

Male

Full name: _____

Birth date:_____ Age : _____ County/State where born:_____

Social Security number:_____ Race:_____

Driver's license number:_____

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:_____ 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.

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 YOUR 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: _____ Race: _____

Driver's license number: _____

Reason for not having the child: _____

Is the mother in agreement with this SAPCR? _____

Biological Father:

Full name: _____ (Maiden) _____

Birth date: _____ Age : _____ County/State where born: _____

Social Security number: _____ Race: _____

Driver's license number: _____

Reason for not having 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: _____ Pager: _____

Biological Father:

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Mobile: _____ Pager: _____

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

Biological Mother:

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

Biological Father:

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Telephone number: _____

Gross salary per month or annually: _____

Length of employment: _____

Education: _____

Where should the biological mother be served? _____

Where should the biological father 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: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

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
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.

	Female	Male
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.