

Your Name: _____

Date: _____

CLIENT QUESTIONNAIRE –
PREMARITAL/POSTMARITAL AGREEMENT

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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Tel: (281) 464-3884

1635 Dunlavy Street
Houston, Texas 77006
Fax: (281) 476-5811
Tel: (281) 476-9447

Personal Information

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

Full name: _____ Maiden name: _____
Birth date: _____ Current Age: _____ Race: _____
County where born: _____ State where born: _____
Social Security number: _____ Driver's license number: _____
Do you want a name change? If so what? _____

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 Number: _____

3. How do you prefer that we contact you?

Address: _____
Phone: _____
Fax: _____
Mobile phone: _____
Email Address: _____

4. How were you referred to this office (please check one)?:

- Personal reference: _____
- Internet – Website: _____
- Other: _____

5. Have you consulted 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: _____
Street address: _____
City, state, zip: _____
Telephone number: _____
May we call you at work? _____
Gross salary per month or annually: _____
Length of employment: _____

Education: _____

- 7. **Please give your potential spouse/spouses *full* name, date and place of birth, and Social Security number.**

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

- 8. **Where is your spouse/spouses living now, and what is his or her phone number?**

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

- 9. **Please complete the following information concerning your spouse/spouses employment.**

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