



HAQUE LAW
A BUSINESS AND HEALTH LAW FIRM

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Client Questionnaire - Divorce

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 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.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO 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 OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, OR IF THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT AN ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THE PROFESSIONAL DETERMINES IN GOOD FAITH THAT DISCLOSURE OF THE INFORMATION IS NECESSARY TO PROTECT THE HEALTH AND SAFETY OF ANOTHER CHILD OR AN ELDERLY OR DISABLED PERSON AS DEFINED BY SECTION 48.002 OF THE TEXAS HUMAN RESOURCES 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 SECTION 21.11 OF THE TEXAS PENAL CODE OR IS AN ADULT WHO WAS A

VICTIM OF ABUSE OR NEGLECT AS A CHILD. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, 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.

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the client. They are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

Client Name: _____

Information Requested

About you:

1. Please give the following information.

Full name: _____

Date of birth: _____ City & State of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

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

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

3. Who else lives in your household? _____

4. At what address do you wish to receive mail from this office? _____

5. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Pager: _____ Mobile phone: _____

E-mail: _____

(e-mail communications may not be confidential)

6. Who referred you to this office? _____

7. Have you consulted or retained any other attorneys on this matter before coming to this

office? _____

Is so, please state who and when: _____

8. Please give the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

About your spouse:

9. Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

10. Where is your spouse living now, and what is his or her phone number and e-mail address?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home e-mail: _____

11. Who else lives in your spouse's household? _____

12. Please give the following information concerning your spouse's employment.

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

About your children:

13. Please give the full name, date and place of birth, sex, social security number, driver's license number, and disability, if any, of each child of this marriage.

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

14. Is private health insurance in effect for the children? _____

If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

15. If private health insurance is not in effect for the children, please answer the following questions.

Are the children receiving Medicaid benefits under Ch. 32, Human Resources Code? _____

Are the children receiving health benefits coverage under the Children's Health Insurance program under Ch. 62, Health and Safety Code? _____

If so, what is the cost of the premium? _____

Does the mother have access to private health insurance at a reasonable cost to her? _____

Does the father have access to private health insurance at a reasonable cost to him? _____

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

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

If not, who will have custody? _____

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

About your marriage and separation:

18. Please give the date and place of your marriage.

Date: _____ Place: _____

Are you now separated from your spouse? _____

If so, please state date of separation: _____

19. Have you seen a marriage counselor? _____

If so, please state name: _____

20. Have you and your spouse attempted reconciliation? _____

If not, would you like to attempt reconciliation? _____

21. What is your religious preference? _____

22. What is your spouse's religious preference? _____

23. Check as appropriate if your marital difficulties involve any of the following:

_____ drugs/alcohol	_____ financial dispute	_____ physical violence
_____ emotional abuse	_____ your infidelity	_____ religion
_____ confinement in mental institution for at least 3 years	_____ noncohabitation for at least 3 years	_____ your spouse's infidelity
_____ other: _____		

24. How long have you lived in Texas? _____

How long have you lived in the county where you now reside? _____

25. Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

26. Does your spouse have an attorney? _____

If so, who? _____

27. Have you ever been married before? _____

If so, how many times? _____

28. Do you or your spouse have any other children for whom a duty of support is owed?

If so, please give the following information for each such child.

Name: _____

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

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

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

30. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____
31. Does your spouse pay/receive child support? _____
If so, how much? \$ _____ per _____
32. If a divorce is granted, should the wife's maiden name be restored? _____
If so, what name should be used? _____
33. Have you or your spouse ever sought or been subject to a protective order? _____
34. Have you or your spouse ever contacted or been contacted by the Office of the Attorney General? _____
35. Have you or your spouse ever contacted or been contacted by child protective services?

36. Have you or your spouse ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

About weapons and ammunition:

37. Are there firearms or ammunition in your possession or subject to your control? _____
If so, please describe the items and state their location. _____

38. Are there firearms or ammunition in your spouse's possession or subject to your spouse's control? _____
If so, please describe the items and state their location. _____

About the jurisdiction of the children:

39. 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. _____

40. 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.

41. 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, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

42. 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. _____

43. If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.
