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Client Questionnaire – Partnership/Operation

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.

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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. 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: _____

E-mail: _____

(e-mail communications may not be confidential)

5. Who referred you to this office? _____

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

- office? _____
- Is so, please state who and when: _____
7. Name of the Partnership? _____
 8. Is there a different name for the business? _____
 9. What is the purpose of the partnership and/or business? _____

 10. Name of each Partner? _____
 11. How much does each Partner own for a total of 100%? _____

 12. Will the Partnership Agreement also act as an Operation Agreement? _____
 13. Term of the Partnership? Months or years or perpetual? _____
 14. Place of Business? (State and specific Address) _____
 15. Is there any initial capital? _____
 16. Is there a bank account established for the partnership and/or business? _____

 17. Which state and location will dictate the bank account rules and regulations? _____

 18. Will each Partner have an equal vote or is it based on percent (%) of ownership? _____
 19. Can the Partners withdraw capital? If so, what are the specific rules? _____

 20. Will there be distribution of profits? If so, how often? _____
 21. Who will be in charge of the business books? One of the Partners or a third-party accounting or bookkeeping firm? _____
 22. Will all or some Partners have authority to make decisions on behalf of the Partnership and/or business? _____
 23. Will any or all the Partners run operations? _____
 24. Will there be a management company or a manager running operations? _____

 25. Will the Partner(s) running operation draw a salary? If so, how much? _____
 26. What are some of the expenses incurred either from the partnership and/or business? _____

 27. Will each Partner be responsible for its own tax obligation? _____

28. Will the Partners make reasonable efforts to cause distribution to cover tax liabilities created by the Partnership? _____
29. Can the Partnership add more Partners? If so, by vote? How will the process take place to add more partners? _____
30. If more Partners are allowed to join, then and how does everyone have to agree? Will each partner have an equal vote, or will majority owner control the decision? _____

31. How will partner resolve issues when there is an equal number of yes and no? _____
32. What happens if a Partner passes away? _____

33. What happens if a Partner wants to sell their shares? _____

34. How should the business close if Partners chooses to close? _____
35. What happens if one or some of the Partners want to close the business, but other Partners want to remain open? _____

36. What is the process for cash call (when more capital is required to keep the Partnership and/or business sustainable)? _____

37. What happens if one or partners are unable to provide more cash when cash or capital is required to keep the business sustainable? _____
