



LAW OFFICE OF  
**DAN KRIEGER**

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Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Suit: \_\_\_\_\_

County: \_\_\_\_\_

**CLIENT QUESTIONNAIRE**

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 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.**

## PERSONAL INFORMATION

About you:

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

Full name: \_\_\_\_\_

Birth: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

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: \_\_\_\_\_

Email: \_\_\_\_\_ This is a secure email and I desire to receive

case information on this email account: Yes No

Mobile Phone: \_\_\_\_\_

5. Who referred you to this office? \_\_\_\_\_

6. If you have consulted or retained any other attorneys on this matter prior to coming to this office, 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 opposing party (i.e. spouse or ex-spouse):

8. Please give opposing party's full name, date and place of birth, and Social Security number.

Full name: \_\_\_\_\_

Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_

Do you have a recent photograph of the opposing party available if needed for process service of the divorce? Yes No

9. Where is opposing party 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 opposing party's employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

About the children subject of this matter:

11. Please give the full name, date and place of birth, sex, and Social Security number of each child of this matter:

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: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F):\_\_Date of birth:\_\_\_\_\_Age:\_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

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 marriage and separation:

14. 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: \_\_\_\_\_

15. Have you seen a marriage counselor? \_\_\_\_\_

If so, please state name: \_\_\_\_\_

16. What is your religious preference? \_\_\_\_\_

If none, are you agnostic or atheist? \_\_\_\_\_

17. What is your spouse's or ex-spouse's religious preference? \_\_\_\_\_

If none, is your spouse or ex-spouse agnostic or atheist? \_\_\_\_\_

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

\_\_\_drugs/alcohol

\_\_\_sexual disappointment

\_\_\_infidelity

\_\_\_financial dispute

\_\_\_physical violence

\_\_\_religion

\_\_\_incompatibility

\_\_\_other: \_\_\_\_\_

19. How long have you lived in Texas? \_\_\_\_\_

20. Have you or your spouse ever filed for divorce? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

21. If the opposing party has an attorney, please provide that name:

\_\_\_\_\_

22. Number of previous marriages. \_\_\_\_\_

23. Do you or opposing 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: \_\_Place of birth: \_\_\_\_\_

Age: \_\_\_\_\_Social Security number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F):\_\_Date of birth: \_\_Place of birth: \_\_\_\_\_

Age: \_\_\_\_\_Social Security number: \_\_\_\_\_

24. Where and with whom do these children live? \_\_\_\_\_

\_\_\_\_\_

25. Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

26. Does opposing party pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

27. If a divorce is granted, should the wife's maiden name be restored? \_\_\_\_\_

If so, what name should be used? \_\_\_\_\_

28. List the year, make, model, and color of your vehicle

\_\_\_\_\_

29. List the year, make, model, and color of your spouse's vehicle

\_\_\_\_\_

**"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 your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
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?   | _____ | _____                          |
|     |  | You   | Your<br>spouse or<br>ex-spouse |
| 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 own spouse?   | _____ | _____                          |
| 17. | Been accused of child abuse?   | _____ | _____                          |
| 18. | Had a sexual relationship during the marriage with someone other than own spouse?  | _____ | _____                          |
| 19. | Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? | _____ | _____                          |

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

- 
- |     |   |       |       |
|-----|---|-------|-------|
| 20. | Had a homosexual/bisexual relationship? | _____ | _____ |
| 21. | Engaged in unusual sexual practices?    | _____ | _____ |



22. Had a pregnancy outside of marriage? \_\_\_\_\_
23. Had a sexually transmitted disease? \_\_\_\_\_
24. Drunk to excess? \_\_\_\_\_

If so, what and how often? \_\_\_\_\_

25. Other important information you would like to discuss?  
\_\_\_\_\_  
\_\_\_\_\_

26. If you or your spouse or ex-spouse 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party? \_\_\_\_\_  
\_\_\_\_\_

29. If so, describe the content: \_\_\_\_\_  
\_\_\_\_\_

**EXHIBIT "A"**

**REQUIRED HEALTH INSURANCE INFORMATION PURSUANT TO TFC §154.181(b):**

Pursuant to Texas Family Code §154.181(b), the parties submit the following information regarding health insurance for the minor child(ren) the subject of this suit:

Check the appropriate box:

**Private health insurance is in effect for the minor child(ren):**

Identity of Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of parent responsible for payment of premium: \_\_\_\_\_

Is coverage available through a parent's employment?  Yes  No

**Private health insurance is not in effect for the minor child(ren):**

[Is/Are] the child(ren) receiving medical assistance under Chapter 32, Human Resources Code? (i.e. CHIPS, Medicaid)  Yes  No

If YES, the cost of the premium? \$\_\_\_\_\_ per week/month/year (circle one)

Does either parent have access to private health insurance at a reasonable cost to that parent? Reasonable is defined as a premium not to exceed 9% of the parent's annual resources, as described by section 154.062(b) of the Texas Family Code?  Yes  No