

Client Name: _____ **Date:** _____

CLIENT QUESTIONNAIRE – PARENT-CHILD RELATIONSHIP SUIT

Welcome to Kersh Law Firm, P.C. Please fill out this questionnaire. If a question does not apply to your particular situation, then indicate by marking the question “N/A.” If the answer to any question requires more space, then attach a sheet of paper to this questionnaire with the question number and your answer.

It is important that you answer each question. 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, 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. 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.

INFORMATION REQUESTED

About You:

- 1. Your Full Name: _____
 Date of Birth: _____ Place of Birth: _____
 Social Security Number: _____
 Driver’s License Number and State: _____
 Maiden Name, if applicable: _____
 Current Home Address: _____
 City/State/Zip/County: _____
 Home Phone: _____ Cell Phone: _____
 Email*: _____
*(*email communications may not be confidential)*
- 2. Your Employer: _____
 Job Title: _____
 Work Address: _____
 City/State/Zip: _____
 Work Phone: _____ May we call you at work? _____
 Work Email: _____ May we email you at work? _____
 Monthly Gross Salary: _____

Annual Gross Salary: _____

Length of Employment: _____

Education/Training: _____

3. Your Vehicle Year: _____ Make/Model: _____

VIN: _____

About Your Children:

4. Your Child's Name: _____

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

Place of Birth: _____

Social Security Number: _____

Driver's License Number and State: _____

Disability, if any: _____

5. Your Child's Name: _____

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

Place of Birth: _____

Social Security Number: _____

Driver's License Number and State: _____

Disability, if any: _____

6. Your Child's Name: _____

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

Place of Birth: _____

Social Security Number: _____

Driver's License Number and State: _____

Disability, if any: _____

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

If so, 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? _____

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

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

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

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

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

Does the father have access to private health insurance at 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? _____

9. Will there be an agreement on custody of the children? _____

Who will the children live with primarily? _____

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

11. List all property (other than furniture and clothing) owned by the children:

Jurisdictional Information Regarding Your Children*:

*(*answer questions 12-16 only if a party or potential party resides outside of Texas)*

12. Please provide a list of the places where the children have lived during the past five years and the names and current addresses of the persons with whom the children have lived during that period. _____

13. 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, then identify the court, the case number, and the date of the child custody determination, if any. _____

14. 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, then identify the court, the case number, and the nature of the proceeding.

15. 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. _____

16. 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, then disclose the reason for that belief.

About the Other Parent of Your Children:

(*answer questions 17-19 only if the parent-child relationship suit is independent of a divorce)

17. Other Parent's Full Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____
Driver's License Number and State: _____
Maiden Name, if applicable: _____
Other Parent's Current Home Address: _____
City/State/Zip/County: _____
Home Phone: _____ Cell Phone: _____
Email*: _____
*(*email communications may not be confidential)*

18. Who else lives in the other parent's household? _____

19. Other Parent's Employer: _____
Job Title: _____
Work Address: _____
City/State/Zip: _____
Work Phone: _____ Work Fax: _____
Work Email: _____
Monthly Gross Salary: _____
Annual Gross Salary: _____
Length of Employment: _____
Education/Training: _____

Other Parent-Child Relationship Information:

20. Have you or the other parent ever sought or been subject to a protective order? _____
21. Have you or the other parent ever contacted or been contacted by the Office of the Attorney General? _____
22. Have you or the other parent ever contacted or been contacted by child protective services?

23. Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

24. If you answered yes to any of the questions above, then give a brief statement of the facts.
