

TLC Law, PLLC

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Client Name: _____

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 THAT THE ADULT WAS A VICTIM OF ABUSE OR NEGLECT AS A CHILD AND THAT THE DISCLOSURE IS NECESSARY. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, ARE

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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. 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: _____

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: _____

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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: _____

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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 marriage:

13. 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: _____

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14. Have you seen a marriage counselor? _____

If so, please state name: _____

15. Have you and your spouse attempted reconciliation? _____

If not, would you like to attempt reconciliation? _____

16. What is your religious preference? _____

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

18. 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 _____ noncohabitation _____ your spouse's
for at least 3 years for at least 3 years infidelity

_____ other: _____

19. How long have you lived in Texas? _____

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

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

If so, when and where? _____

21. Does your spouse have an attorney? _____

If so, who? _____

22. Have you ever been married before? _____

If so, how many times? _____

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About your children:

23. Do you and your spouse have minor children? If so, please give the following information for each such child. Please only list children of the marriage; that is, for which you and your spouse are the parents.

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: _____

Name: _____

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

Place of birth: _____

Social Security number: _____

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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: _____

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

25. Do you pay/receive child support for these children? _____
If so, how much? \$ _____ per _____

26. Does your spouse pay/receive child support? _____
If so, how much? \$ _____ per _____

27. 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? _____

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28. If private health insurance is not in effect for the children, please 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? _____

29. Will there, in your opinion, be an agreement on custody of the children? _____

If so, who will the children live with primarily? _____

30. List all property (other than furniture and clothing and 529 plans) owned by the children:

31. Check as appropriate if *you or your spouse’s* care of the children involve any of the following. Please check regardless of whether you think it is a “big issue” or not:

_____ drug/alcohol use that affects the care of the child(ren)	_____ poverty affecting the care of the child(ren)	_____ living environment unsafe
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- _____ emotional abuse of child(ren) or member of household
- _____ physical abuse of the child(ren) or member of household
- _____ abandonment of the child(ren), including a parent simply not being present to care for the child(ren)
- _____ mental or physical state of parent renders her/him unable to properly care for child(ren)
- _____ person in presence of the child(ren) unsuitable
- _____ you/your spouse has a new boyfriend/girlfriend

_____ other issue that concerns you; other side may have concerns about.
 (EXPLAIN)

Jurisdictional information regarding children (*answer questions 32 to 36. only if a party or potential party resides outside Texas*):

- 32. 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. _____

- 33. 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. _____

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34. 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.

35. 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. _____

36. 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. _____

Other Parent-Child Relationship Information:

37. Have you or the other parent ever sought or been subject to a protective order? (If so, please provide actual protective order document)

38. Have you or the other parent ever contacted or been contacted by the Office of the Attorney General (and if so, when) ? _____

39. Have you or the other parent ever contacted or been contacted by child protective services (and if so, when and what was it about (put on an additional page if needed) ?

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40. Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket? If so, please indicate date of incident, charge, date and nature of disposition (conviction, dismissed, etc.), and the sentence (i.e.: jail, deferred adjudication, probation, etc.):

Miscellaneous issues:

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

42. 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. _____

43. Do you or your spouse have an Amazon Echo, Google Home, Siri, or other smart speaker or virtual assistant? If so, please state when it was acquired and its current location?

44. Do you *or* your spouse have any other minor children? That is, children not born to both of you.

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

Name: _____

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

Parent's names: _____

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Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Parent's names: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

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

Parent's names: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

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

46. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____

47. Does your spouse pay/receive child support? _____
If so, how much? \$ _____ per _____

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48. Briefly explain what you want to achieve from this case? (use additional page if necessary)

Please attach or bring the following documents:

- A. Prior court orders involving the marriage or the child(ren) in this case (this includes OAG orders and divorce decrees).
- B. Your past three pay stubs and your most recent tax return.
- C. If you have health insurance for the child(ren) please bring a breakdown of the current monthly premium for the children (that is, how much a month it costs to insure the children).
- D. Any other texts, emails, or other documents you want me to review or think is important.

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EXTRA PAGE IF YOU NEED MORE SPACE: