

**Your Name:** \_\_\_\_\_

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

## **CLIENT QUESTIONNAIRE - PATERNITY**

Please fill out this questionnaire. 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. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney

### **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.**

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**PERSONAL**

**ABOUT YOU:**

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

Full name: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Race: \_\_\_\_\_  
County where born: \_\_\_\_\_ State where born: \_\_\_\_\_  
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: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ 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: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**5. How were you referred to this office (please check one)?**

- Personal reference: \_\_\_\_\_
  - Internet – Website: \_\_\_\_\_
  - Other: \_\_\_\_\_

**6. Have you consulted any other attorneys on this matter before coming to this office?** \_\_\_\_\_  
If so, 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 THE OTHER PARENT:**

**8. Please give the *full* name (including maiden name), date and place of birth, and Social Security number of the child's other parent.**

Full name: \_\_\_\_\_ (Maiden) \_\_\_\_\_  
Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Race: \_\_\_\_\_  
County where born: \_\_\_\_\_ State where born: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Driver's license #: \_\_\_\_\_  
Relationship to you or children (i.e. ex-spouse, biological father of...) \_\_\_\_\_

**9. Where is the other parent 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 other parent's employment.**

Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**ABOUT YOUR CHILDREN:**

**11. Please give the full name, date and place of birth, sex, and Social Security number of each of the children subject of this paternity:**

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
What you wish the child's name to be if changed in this paternity case: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
What you wish the child's name to be if changed in this paternity case: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
What you wish the child's name to be if changed in this paternity case: \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
What you wish the child's name to be if changed in this paternity case: \_\_\_\_\_

**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 RELATIONSHIP WITH THE OTHER PARENT:**

**14. Have you ever lived with this person?** \_\_\_\_\_  
If so, where and how long? \_\_\_\_\_

**15. Why and when did you separate?** \_\_\_\_\_

**16. Is the other party in agreement to this paternity?** \_\_\_\_\_  
If not, what do you think the objections will be? \_\_\_\_\_

**17. Did you and the other party ever present yourself as being married?** \_\_\_\_\_  
If so, please state how: \_\_\_\_\_

**18. Do you pay/receive child support?** \_\_\_\_\_

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

**19. Do the child(ren) have insurance?** \_\_\_\_\_  
If so, who provides the insurance and how much is it?  
\_\_\_\_\_

**20. Have you ever been married to this person?** \_\_\_\_\_  
Or have any intentions of being married? \_\_\_\_\_

**21. Does the other party have an attorney?** \_\_\_\_\_  
If so, who? \_\_\_\_\_

**22. Do you party pay/receive child support?** \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

**Does the other party pay/receive child support?** \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

**23. Do you or the other 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: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**24. Do the children involved in the paternity own any property?** \_\_\_\_\_  
If so, please describe: \_\_\_\_\_

**25. Are the children subject to a prior court order?** \_\_\_\_\_

If so, please describe \_\_\_\_\_

26. Were the children conceived in Texas? \_\_\_\_\_

27. How long have you resided in Texas? \_\_\_\_\_

What county do you reside in? \_\_\_\_\_

How long have you resided in that County? \_\_\_\_\_

28. "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 the other party has done any of the following:

	You	Other Party
Committed a crime?	_____	_____
Been arrested?	_____	_____
Been in jail or prison?	_____	_____
Used illegal drugs?	_____	_____
Been hospitalized for using illegal drugs?	_____	_____
Abused prescription drugs?	_____	_____
Been hospitalized for abusing prescription drugs?	_____	_____
Abused alcohol?	_____	_____
Been hospitalized for abusing alcohol?	_____	_____
Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
Engaged in gambling activities (legal or illegal)?	_____	_____
Engaged in other illegal activities?	_____	_____
Attempted suicide?	_____	_____
Been hospitalized for an emotional or psychiatric disorder?	_____	_____
Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____

Abused spouse? \_\_\_\_\_

Been accused of child abuse? \_\_\_\_\_

Had a sexual relationship during the relationship with someone other than your partner? \_\_\_\_\_

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

\_\_\_\_\_

You                      Other Party

Had a homosexual/bisexual relationship? \_\_\_\_\_

Engaged in unusual sexual practices? \_\_\_\_\_

Had a pregnancy outside of a marriage? \_\_\_\_\_

Had a sexually transmitted disease? \_\_\_\_\_

Drunk to excess? If so, what and how often? \_\_\_\_\_

\_\_\_\_\_

Other? \_\_\_\_\_

**29. If you or the other party 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: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**30. Do you the other party suffer from any physical disability that would interfere with being able to care for the children? \_\_\_\_\_**

**31. Have you or the other party made any photographs or audio or visual recordings of the other party? \_\_\_\_\_ If so, describe the content: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_