

SLATE LAW & ASSOCIATES
Attorneys At Law

Your Name: _____

Date: _____

CLIENT QUESTIONNAIRE – CHILD PROTECTIVE SERVICES

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

Check One of the Following:

<input type="checkbox"/> Both Biological Parents	<input type="checkbox"/> Grandparents
<input type="checkbox"/> One Biological and One Step Parent	<input type="checkbox"/> Other _____

ABOUT THE PARENTS:

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

Child's Mother

Full name: _____ Maiden name: _____
 Birth date: _____ Current Age: _____ Race: _____
 County where born: _____ State where born: _____
 Social Security number: _____ Driver's license number: _____
 Your relationship to the child(ren): _____

Child's Father

Full name: _____
 Birth date: _____ Current Age: _____ Race: _____
 County where born: _____ State where born: _____
 Social Security number: _____ Driver's license number: _____
 Do you want a name change? If so what? _____
 Your relationship to the child(ren): _____

Other:

Full name: _____
Birth date: _____ **Current Age:** _____ **Race:** _____
County where born: _____ **State where born:** _____
Social Security number: _____ **Driver's license number:** _____
Do you want a name change? If so what? _____
Your relationship to the child(ren): _____

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.

Mother

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: _____

Father

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 CHILDREN:

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

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. _____

9. Will there be a dispute over the children? _____
Is there another party involved in the case? _____

10. Do any other parties have an attorney? _____
If so, who? _____

11. Do the children involved in the suit own any property? _____
If so, please describe: _____

12. Are the children subject to a prior court order? _____
If so, please describe: _____

13. Were the children conceived in Texas? _____
If not, then where? _____

14. "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.

15. Will anyone allege that you or the other party has done any of the following:

	Mother	Father
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 partner?	_____	_____

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

	Mother	Father
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? _____

16. 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: _____

17. Do you the other party suffer from any physical disability that would interfere with being able to care for the children? _____

18. Have you or the other party made any photographs or audio or visual recordings of the other party? _____ If so, describe the content: _____

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

20. Has there been a previous CPS case that involved the children? Yes___ No___

21. Has there been a previous CPS case that involved the Mother? Yes___ No___

22. Has there been a previous CPS case that involved the Father? Yes___ No___

Please provide a detailed timeline of the case, facts and details regarding the allegations or circumstances. (Who, What, When, Where and Why)
