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## **Questionnaire—Parent-Child Relationship**

Please fill out this questionnaire and bring it to your initial consultation.

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.

#### **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? \_\_\_\_\_

**Attorney/Client-Privileged Information**

4. At what address do you wish to receive mail from this office? \_\_\_\_\_  
\_\_\_\_\_

5. How do you prefer that we contact you?

Address: \_\_\_\_\_

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 children:**

9. Please give the following information for each child.

**Attorney/Client-Privileged Information**

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: \_\_\_\_\_

10. 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? \_\_\_\_\_

**Attorney/Client-Privileged Information**

If so, which parent? \_\_\_\_\_

11. 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? \_\_\_\_\_

Do you have access to private health insurance at reasonable cost to you?

\_\_\_\_\_

Does the other parent of your children have access to private health insurance at reasonable cost to [him/her]?

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

12. Will there be an agreement on custody of the children? \_\_\_\_\_

Who will the children live with primarily? \_\_\_\_\_

13. Where and with whom are the children living now? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Jurisdictional information regarding children** (answer questions 7.–11. only if a party or potential party resides outside Texas):

**Attorney/Client-Privileged Information**

15. 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. \_\_\_\_\_

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

16. 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. \_\_\_\_\_

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

17. 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.

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

18. 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. \_\_\_\_\_

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

19. 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. \_\_\_\_\_

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

**About the other parent of your children:**

20. Please give the following information.

**Attorney/Client-Privileged Information**

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

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

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

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

Maiden name, if applicable: \_\_\_\_\_

21. Where is the other parent living now, and what is his or her phone number and e-mail address?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

22. Who else lives in the other parent's household? \_\_\_\_\_

23. Please give the following information concerning the other parent'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: \_\_\_\_\_

**Other Parent-Child Relationship Information:**

24. Have you or the other parent ever sought or been subject to a protective order? \_\_\_\_\_

**Attorney/Client-Privileged Information**

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25. Have you or the other parent ever contacted or been contacted by the Office of the Attorney General? \_\_\_\_\_
26. Have you or the other parent ever contacted or been contacted by child protective services? \_\_\_\_\_
27. Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket? \_\_\_\_\_
28. Do you or the other parent have a drug or alcohol problem? If so, explain. \_\_\_\_\_
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