



ANDERSON
LEGAL
GROUP, P.C.

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CLIENT QUESTIONNAIRE
(SAPCR/MODIFICATION / ADOPTION / PATERNITY)

Please complete this questionnaire. If you spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your case. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and Social Security number.
 - a. Name: _____
 - b. Date of birth: _____
 - c. Place of birth: _____
 - d. Social Security number: _____
 - e. Driver's license number: _____ State: _____
 - f. Race and Ethnicity: _____
 - g. E-mail address: _____

2. Where are you living now?
 - a. Address: _____
 - b. City, state, zip: _____
 - c. Who currently resides with you: _____

3. What are your telephone numbers?

Home: _____

Work: _____

Cellular: _____

Facsimile: _____

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

5. Who referred you to this office:

6. Have you consulted or retained any other attorneys on this matter before coming to this office?

Yes: _____ No: _____

If yes, please state who and when?

7. Please complete the following information concerning your employment.

- a. Employer: _____
- b. Job title: _____
- c. Street address: _____
- d. City, _____ state, _____ zip:

- e. Telephone number: _____
- f. Gross salary per month or annually: \$ _____
- g. Length of employment: _____
- h. Education: _____

8. Please give the other parent's full name, date and place of birth, and Social Security number:

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security number: _____
- e. Driver's license number: _____
- f. Race and Ethnicity: _____

9. Where does the other parent live now and what is the telephone number?

- a. Address: _____
- b. City/State: _____
- c. Phone #: _____

10. Please complete the following information concerning the other parent's employment.

- a. Employer: _____
- b. Job title: _____
- c. Street address: _____
- d. City, state, zip: _____
- e. Telephone number: _____
- f. Gross salary per month or annually: _____
- g. Length of employment: _____
- h. Education: _____

11. Please give the following information regarding your prior marriage (if any) and all court cases:

- a. Date: _____

- b. Place: _____
- c. Court and Cause number of other litigation: _____
- d. Date and type of last filing: _____

12. Please give the full name, date and place of birth, sex, and social security number of each child in this matter:

- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____
- g. Race and Ethnicity: _____

- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____
- g. Race and Ethnicity: _____

- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____
- g. Race and Ethnicity: _____

- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____
- g. Race and Ethnicity: _____

- a. Name: _____
- b. Sex: Male: _____ Female: _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. Driver's license number: _____

g. Race and Ethnicity: _____

13. Check as appropriate any issues that need to be addressed in your case:

- | | |
|--|--|
| <input type="checkbox"/> Drugs / Alcohol | <input type="checkbox"/> Physical violence |
| <input type="checkbox"/> Sexual disappointment | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sexual infidelity | <input type="checkbox"/> Incompatibility |
| <input type="checkbox"/> Financial disputes | <input type="checkbox"/> Other: _____ |

14. Will there be a dispute over the children? _____
If not, custody will be with whom? _____

15. Where are the children living at this time and with whom?

16. List all property (other than furniture and clothing) that is owned by the children.

17. Where do the children reside in Texas (County)? _____

18. What County do you reside in? _____

19. How long have you resided in that County?

20. How long have the children resided in that County? _____

21. Does the other parent have an attorney now? _____
If yes, who? _____

22. Do you have any other children? _____
If yes, please give the full name, date and place of birth, sex, and social security number of each child.

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. With whom does this child reside? _____

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____

- e. Social Security number: _____
- f. With whom does this child reside? _____

- a. Name: _____
- b. Sex: Male _____ Female _____
- c. Date of birth: _____
- d. Place of birth: _____
- e. Social Security number: _____
- f. With whom does this child reside: _____

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

24. Does the other parent pay/receive child support? _____ If so, how much? \$_____ per _____.

25. If this is an adoption case, please put the information of the “new” parent:

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security number: _____
- e. Driver’s license number: _____ State: _____
- f. E-mail address: _____

26. If this is an adoption case, please summarize the reasons that you are seeking termination and adoption:

27. Please list any witnesses you believe would offer testimony in support of your request for custody/termination/adoption:

- a. Name: _____
- b. Telephone Number: _____
- c. Email Address: _____
- d. Affiliation to the Parties or Role in the Case: _____
- e. Summary of Expected Testimony: _____

- a. Name: _____
- b. Telephone Number: _____
- c. Email Address: _____
- d. Affiliation to the Parties or Role in the Case: _____
- e. Summary of Expected Testimony: _____

- a. Name: _____
- b. Telephone Number: _____
- c. Email Address: _____
- d. Affiliation to the Parties or Role in the Case: _____
- e. Summary of Expected Testimony: _____

- a. Name: _____
- b. Telephone Number: _____
- c. Email Address: _____
- d. Affiliation to the Parties or Role in the Case: _____
- e. Summary of Expected Testimony: _____

- a. Name: _____

- b. Telephone Number: _____
- c. Email Address: _____
- d. Affiliation to the Parties or Role in the Case: _____
- e. Summary of Expected Testimony: _____
