

The Law Office of Seth P. Crosland
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Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully and candidly.

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 answers 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 attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED BY 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 261.001 OR 261.004 OF THE TEXAS FAMILY 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 UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT AND ARE NOT 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.

- Social Security numbers are collected by the firm from various sources, including income tax returns as well as the client.
- Social Security numbers are used to identify parties for a number of purposes, including the 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.
- All information received from our clients is confidential, particularly Social Security numbers. Social Security numbers are not divulged by the firm unless authorized by the client or required in the course of representation.

Attorney/Client – Privileged Information

- 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 information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

Personal

About you:

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

Full name: _____

Birth date: _____ State where born: _____

Social Security number: _____

Driver’s license number: _____

2. Where are you living right now, and what is your phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home 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: _____

Cell Phone: _____ Email: _____

5. Who referred you to this office? _____

6. Have you consulted or retained any other attorneys on this matter before coming to this office? _____ If so, please state who and when: _____

Attorney/Client – Privileged Information

7. Please complete the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, _____ state, _____ zip: _____

Phone: _____ May we call you at work?

Email: _____ May we email you at work?

Gross salary per month or annually? _____

Length of employment: _____

Education: _____

About your spouse or ex-spouse:

8. Please give your spouse's or ex-spouse's *full* name, date and place of birth, Social Security number, and driver's license number.

Full name: _____

Birth date: _____ State where born: _____

Social Security _____ number: _____

Driver's license number: _____

9. Where is your spouse or ex-spouse living now, and what is his/her phone number and email address?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

Home email: _____

10. Please complete the following information concerning your spouse's or ex-spouse's employment.

Attorney/Client – Privileged Information

Employer:

Job title: _____

Street address: _____

City, _____ state, _____ zip:

Phone: _____ Fax:

Email:

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, Social Security number, and driver's license number of each child of this marriage.

Name: _____

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

Social Security number: _____

Driver's license number: _____

Name: _____

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

Social Security number: _____

Driver's license number: _____

Name: _____

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

Social Security number: _____

Attorney/Client – Privileged Information

Driver's license number: _____

12. Is private insurance in effect for the children? _____

If so, please give the following information.

Name of insurance company: _____

Policy _____ number:

Party responsible for premiums: _____

Monthly cost of premiums: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

13. If private 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? _____

14. Will there be a dispute over the children? _____

If _____ *not*, _____ who _____ will _____ have _____ custody?

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

About your marriage and separation

16. Please give the date and place of your marriage.

Attorney/Client – Privileged Information

Date: _____

Place: _____

- _____
- Are you now separated from your spouse? _____
- If so, state the date of separation: _____
17. Have you seen a marriage counselor? _____
- If so, please state name: _____
18. What is your religious preference? _____
- If none, are you agnostic or atheist? _____
19. What is your spouse's or ex-spouse's religious preference? _____
- If none, is your spouse or ex-spouse agnostic or atheist? _____
20. Check as appropriate if your marital difficulties involve any of the following:
- | | | |
|-------------------------|-----------------------------|------------------|
| _____ drugs | _____ sexual disappointment | _____ infidelity |
| _____ financial dispute | _____ physical violence | _____ religion |
| _____ incompatibility | _____ other: _____ | |
21. How long have you lived in Texas? _____
- _____
22. Have you or your spouse ever filed for divorce? _____
- If so, when and where? _____
23. Does your spouse or ex-spouse have an attorney? _____
- If so, who? _____
24. Have you been married before? _____
- If so, how many times? _____
25. Do you or your spouse or ex-spouse 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: _____
- _____
- Social Security number: _____
- _____

Attorney/Client – Privileged Information

Name: _____

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

Social Security number: _____

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

27. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____
28. Does your spouse or ex-spouse pay/receive child support? _____
If so, how much? _____ per _____
29. If a divorce is granted, should the wife’s maiden name be restored? _____
If so, what name should be used? _____

About weapons and ammunition:

30. Do you or your spouse have possession of any weapons or ammunition? _____
If so, please describe the weapons and ammunition and state their location.

Answer questions 31-35 only if a party or potential party resides outside Texas

Jurisdictional information regarding children:

31. 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.

32. If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody or visitation with the children, identify the court, case number, and the date of the child custody determination, if any.

Attorney/Client – Privileged Information

33. If you know of any proceeding that could affect the current proceeding, including proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your spouse or ex-spouse, or the children, identify the case number, and the nature of the proceeding.

34. Please provide the name and address of any person not a party to the current proceeding who has the physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

35. If you believe the health, safety, or liberty of you or your children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.
