

CLIENT QUESTIONNAIRE: MODIFICATION AND/OR ENFORCEMENT

Please fill out this questionnaire and return it as soon as possible. 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.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF 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.

DATE: _____

ATTORNEY: MARGO AHERN FOX

_____ POTENTIAL NEW CLIENT

_____ FORMER CLIENT/NEW MATTER

REFERRED BY: _____

CLIENT INFORMATION

FIRST, MIDDLE & LAST NAME: _____

OTHER NAMES: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NO.: _____

RESIDENCE ADDRESS: _____

RESIDENCE COUNTY: _____

RESIDENCE PHONE: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

RACE: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: City _____ State _____ County _____

MARITAL STATUS: _____ MAIDEN NAME: _____

EMPLOYMENT:

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

WORK PHONE: _____ WORK FAX: _____

WORK EMAIL ADDRESS: _____

Can we email you at work? (circle one) Yes No

JOB TITLE: _____

LENGTH OF CURRENT EMPLOYMENT: _____

APPROXIMATE GROSS MONTHLY INCOME: \$ _____

OTHER SOURCES OF INCOME: _____

YOUR EMPLOYMENT HISTORY FOR PAST 5 YEARS

<u>EMPLOYER</u>	<u>TIME PERIOD</u>	<u>YEARLY SALRY</u>	<u>JOB TITLE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

(please check highest level of education and list degree if applicable. If some hours, but no degree, list number of hours towards degree):

- GED
- High School Diploma
- Associate's Degree: _____
- Bachelor's Degree: _____
- Masters: _____
- Other: _____

DISABILITIES

FINANCIAL HISTORY

(please attach a copy of your credit report; go to www.annualcreditreport.com, Experian, Transunion or Equifax)

- Bankruptcy: _____
- Credit Rating: _____
- Estimated Debt: _____

HOW DO YOU PREFER THAT WE CONTACT YOU AND WHERE SHOULD WE SEND YOUR BILLING STATEMENTS AND OTHER CONFIDENTIAL DOCUMENTS?

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

FAX: _____ PAGER: _____

E-MAIL ADDRESS: _____

PERSON WE CAN CONTACT IF WE CANNOT REACH YOU:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

HAVE YOU CONSULTED WITH ANOTHER ATTORNEY (circle one) Yes No

NAME: _____

FIRM: _____

OTHER PARTY'S INFORMATION

FIRST, MIDDLE & LAST NAME: _____

MAIDEN NAME: _____

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____

RESIDENCE ADDRESS: _____

RESIDENCE COUNTY: _____

RESIDENCE PHONE: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

MILITARY STATUS: _____

RACE: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: City _____ State _____ County _____

EMPLOYMENT:

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

WORK PHONE: _____ WORK FAX: _____

WORK EMAIL ADDRESS: _____

Can we email him/her at work? (circle one) Yes No

JOB TITLE: _____

LENGTH OF CURRENT EMPLOYMENT: _____

APPROXIMATE GROSS MONTHLY INCOME: \$ _____

OTHER SOURCES OF INCOME: _____

OTHER PARTY'S EMPLOYMENT HISTORY FOR PAST 5 YEARS

<u>EMPLOYER</u>	<u>TIME PERIOD</u>	<u>YEARLY SALRY</u>	<u>JOB TITLE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

(please check highest level of education and list degree if applicable. If some hours, but no degree, list number of hours towards degree):

- GED
- High School Diploma
- Associate's Degree: _____
- Bachelor's Degree: _____
- Masters: _____
- Other: _____

DISABILITIES

OPPOSING COUNSEL

NAME: _____

ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

CHILD(REN) BY YOU AND OTHER PARTY

1. **NAME:** _____
(first) (middle) (last)

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ M or F: _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ NUMBER OF YEARS: _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ H.S. GRADUATION DATE: _____

2. **NAME:** _____
(first) (middle) (last)

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ M or F: _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ NUMBER OF YEARS: _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ H.S. GRADUATION DATE: _____

3. **NAME:** _____
(first) (middle) (last)

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ **M or F:** _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ **NUMBER OF YEARS:** _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ **H.S. GRADUATION DATE:** _____

4. **NAME:** _____
(first) (middle) (last)

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____
(mm/dd/yyyy)

SOCIAL SECURITY NUMBER: _____ **M or F:** _____

PLACE OF BIRTH: _____
(city) (state) (county)

WHO DOES THE CHILD RESIDE WITH? _____

COUNTY OF RESIDENCE: _____ **NUMBER OF YEARS:** _____

WHERE HAS THIS CHILD RESIDED FOR THE PAST FIVE YEARS?

CURRENT SCHOOL: _____ **H.S. GRADUATION DATE:** _____

DO YOU OR THE OTHER PARTY HAVE CHILDREN FROM ANOTHER RELATIONSHIP?

1. NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

PRIMARILY RESIDES WITH: _____

DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____

DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

2. NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

PRIMARILY RESIDES WITH: _____

DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____

DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

3. NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

PRIMARILY RESIDES WITH: _____

DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____

DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

4. NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____
(mm/dd/yyyy)

PRIMARILY RESIDES WITH: _____

DO YOU PAY CHILD SUPPORT? _____ AMOUNT: \$ _____

DO YOU RECEIVE CHILD SUPPORT? _____ AMOUNT: \$ _____

MODIFICATION: AGREEMENTS / DISAGREEMENTS

Mark an "X" next to the selection which applies to you:

_____ I am the party requesting a modification.

_____ I am the party who was served with a Petition to Modify (or the party who believes he/she will be served with a Petition to Modify in the near future). I was served on _____.

Mark an "X" next to the name and date of the court order you or the other party wishes to modify and list the date this order was signed by the Court. *Be sure to bring an extra copy of this order with you to your consultation for the attorney to review and discuss with you.

_____ Final Decree of Divorce Date of Order: _____

_____ Order in Suit to Modify Parent-Child Relationship Date of Order: _____

_____ Order in Suit Affecting Parent-Child Relationship Date of Order: _____

_____ Other: _____ Date of Order: _____

Cause No. _____ Court: _____ County: _____
(*Look at the top of your order for this information.)

Mark an "X" next to the area(s) in the above-referenced order which you or the other party wishes to modify:

_____ Conservatorship

_____ Parental Rights and Duties

_____ Possession

_____ Child Support

_____ Health Insurance for the Child(ren)

_____ Injunctions

_____ Other: _____

Please list your reasons for wanting to modify the above-referenced issue(s):

ENFORCEMENT ISSUES:

Mark an "X" next to the selection which applies to you:

_____ I am the party requesting an enforcement action.

_____ I am the party who was served with an enforcement petition (or the party who believes he/she will be served with an enforcement petition in the near future).
I was served on _____.

Mark an "X" next to the name and date of the court order allegedly violated by you or violated by the other party and list the date this order was signed by the Court. *Be sure to bring an extra copy of this order with you to your consultation for the attorney to review and discuss with you.

_____ Final Decree of Divorce Date of Order: _____

_____ Order in Suit to Modify Parent-Child Relationship Date of Order: _____

_____ Order in Suit Affecting Parent-Child Relationship Date of Order: _____

_____ Other: _____ Date of Order: _____

Cause No. _____ Court: _____ County: _____
(*Look at the top of your order for this information.)

Mark an "X" next to the area(s) in the above-referenced order which you or the other party wishes to assert an enforcement action:

_____ Conservatorship

_____ Parental Rights and Duties

_____ Possession

_____ Child Support

_____ Health Insurance for the Child(ren)

_____ Uninsured Medical Expenses

_____ Injunctions

_____ Children's Bill of Rights

_____ Other: _____

"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 opposing party have done any of the following?:

ISSUE ALLEGED:	Have You	Has the other party
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____

ISSUE ALLEGED:	Have You	Has the other party
----------------	----------	---------------------

- | | | |
|--|-------|-------|
| 14. Been hospitalized for an emotional or psychiatric disorder? | _____ | _____ |
| 15. Suffered from or received treatment for an emotional or psychiatric condition? | _____ | _____ |
| 16. Abused other party? | _____ | _____ |
| 17. Been accused of child abuse? | _____ | _____ |

ISSUE ALLEGED:	Have You	Has the other party
----------------	----------	---------------------

- | | | |
|---|-------|-------|
| 18. Had a homosexual/bisexual relationship? | _____ | _____ |
| 19. Engaged in unusual sexual practices? | _____ | _____ |
| 20. Had a sexually transmitted disease? | _____ | _____ |
| 21. Drunk to excess? | _____ | _____ |

If so, what and how often? _____

ISSUE ALLEGED:	Have You	Has the other party
----------------	----------	---------------------

- | | | |
|------------|-------|-------|
| 22. Other? | _____ | _____ |
|------------|-------|-------|

23. 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:

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

25. Have you or the other party made any photographs or audio or visual recordings of the other party or children?

26. If so, describe the content in detail:

27. Has there been a finding of domestic violence? Yes No

28. Are there any CPS cases pending? Yes No
(if so, please bring a copy of the report to your consultation)

CRIMINAL HISTORY

Please state all violations/incidents including misdemeanors and felonies that you or the other party have been charged with or have pleaded guilty, not guilty or no contest. If your case went to trial, state if you were convicted or not. If convicted, state the punishment sentence you received. Include all violations/incidents that are currently being investigated, considered an "open" or "active" case, or any violations/incidents whether they have been dismissed or closed by any investigating third party such as any law enforcement agency or Texas Department of Family & Protective Services (CPS), or any other law enforcement facility whether city, state, or government owned. Include dates, location, names of persons involved, explanation of each violation/incident, name & contact information of any law enforcement officer or representative of any other agency (as explained above) for which you were given. State the outcome of each violation/incident and all other pertinent information for each.

Your criminal history:

Date	Offense/Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The opposing party's criminal history:

Date	Offense/Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FIREARMS

List all firearms that you own or have possession of: _____

List all firearms that the opposing party owns or has possession of: _____

**STATEMENT OF HEALTH INSURANCE AVAILABILITY
EXHIBIT "A"**

Cause No: _____

Caption: _____

This statement is made by _____, in accordance with section 154.181 of the Texas Family Code.

1. Children

The following child(ren) are subject of this suit:

Name	Date of Birth	Social Security Number

2. Health Insurance Availability (check the applicable column)

Name of Child	Father=s employer provides health ins.	Mother= s employer provides health ins.	Private health ins. provided through source other than parent=s employer	Medicaid	CHIP	None

Further information about private insurance source (if applicable)

1. Name of insurance carrier: _____
2. Group Policy ID No.: _____
3. Policy holder Name & ID No.: _____
4. Name of each child covered: _____
5. Cost per month of coverage for child(ren): _____
(To determine coverage for the child(ren), determine the total cost for family coverage and subtract from this amount to insure all covered individuals except the children).
6. _____ is responsible for paying the premium.
7. Insurance is provided through employment of mother/employment of father/other source (circle one). If other source, please state who obtained the insurance:

Further information about public insurance sources (if applicable)

1. The premium for child(ren) covered by CHIP is: \$ _____.
_____ is responsible for paying the premium.

Further information about reasons why health insurance is not currently provided (if applicable)

8. _____ (mother) does/does not (circle one) have access to private health insurance. _____ (father) does/does not (circle one) have access to private health insurance.
9. _____ (name of party) has applied for coverage under _____ (name of insurance carrier/program).
The status of the application is: _____.

Date: _____

Signature

Printed Name