

ABRAHAM KANT – ATTORNEY AT LAW
akant@ssjmlaw.com

Client Name: _____

Date: _____

Family Law Client Questionnaire

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

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE. 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.

NOTICE OF DUTY TO REPORT OTHERWISE CONFIDENTIAL INFORMATION

HOWEVER, IF 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 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 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 OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE.

Client Contact Information

Full Name: _____

Birth Date: ____ / ____ / ____ Social Security Number (Last 3 digits): XXX-XX-X _____

Place of Birth: _____

Driver's License Number (Last 3 Digits), State: XXXXX _____ , _____

Street Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Preferred Phone Number: _____

Email: _____

May we send office mail to this address? (Y/N) _____

How long have you lived in Texas? _____ How long have you lived at current address? _____

How did you hear about this office?

Website _____

Referred _____ By whom? _____

Other _____

Please list any other attorneys you have consulted or retained on this matter?

Client Employment Information

Employer: _____

Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ May we call you at work? _____

Email: _____ May we email you at work? _____

(Ex) Spouse or Opposing Party Contact Information

Full Name: _____

Birth Date: ____ / ____ / ____ Social Security Number (Last 3 digits): XXX-XX-X _____

Place of Birth: _____

Driver's License Number (Last 3 Digits), State: XXXXX _____ , _____

Street Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Phone Number: _____

Email: _____

(Ex) Spouse or Opposing Party Employment Information

Employer: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Does your (ex) spouse or opposing party have an attorney? _____

If so, who? _____

For Divorce Matters Please Answer Questions Below:

Date of Marriage: ____ / ____ / ____ Place of Marriage: _____

Are you living separated from your spouse? _____ If so, date of separation: ____ / ____ / ____

Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

Will any party be requesting a name change? _____

If so, who and to what name? _____

For All Matters Involving Children Please Answer Questions Below:

Children Information

Full Name: _____

Gender (M/F): _____ Date of Birth: _____ / _____ / _____ Age: _____

Place of Birth: _____ Social Security Number: XXX-XX-X _____

Driver's License Number (Last 3 Digits), State: XXXXX _____ , _____

Full Name: _____

Gender (M/F): _____ Date of Birth: _____ / _____ / _____ Age: _____

Place of Birth: _____ Social Security Number: XXX-XX-X _____

Driver's License Number (Last 3 Digits), State: XXXXX _____ , _____

Full Name: _____

Gender (M/F): _____ Date of Birth: _____ / _____ / _____ Age: _____

Place of Birth: _____ Social Security Number: XXX-XX-X _____

Driver's License Number (Last 3 Digits), State: XXXXX _____ , _____

Children Health Insurance Information

Insurance Company: _____ Policy Number: _____

Party Responsible for Premium: _____ Monthly Premium Cost: _____

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

If so, which parent? _____

If health insurance is not in effect for the children please answer questions below:

Does the mother have access to health insurance through an employer, government assistance or

otherwise available to her? _____

Does the father have access to health insurance through an employer, government assistance or otherwise available to him? _____

Children General Questions

Will there be a dispute over primary custody of the children? _____

Where and with whom are the children living now? _____

Do you or your (ex) spouse or opposing party have any other children for whom a duty of support is owed? _____ If so, please list below:

Full Name: _____

Gender (M/F): _____ Date of Birth: _____ / _____ / _____ Age: _____

Place of Birth: _____ Social Security Number: XXX-XX-X _____

Full Name: _____

Gender (M/F): _____ Date of Birth: _____ / _____ / _____ Age: _____

Place of Birth: _____ Social Security Number: XXX-XX-X _____

Full Name: _____

Gender (M/F): _____ Date of Birth: _____ / _____ / _____ Age: _____

Place of Birth: _____ Social Security Number: XXX-XX-X _____

Where and with whom do these children live? _____

Do you pay or receive child support? _____

Does your (ex) spouse or opposing party pay or receive child support? _____

Please list any other past or present proceedings involving the children below:

Does either party reside outside of Texas? _____

If so, please list the addresses where the children have lived for the past five years below:

For any questions, comments or concerns please contact:

Abraham Kant

Attorney at Law – Of Counsel

Savrick, Schumann, Johnson, McGarr, Kaminski & Shirley, LLP

4330 Gaines Ranch Loop, Suite 150

Austin, Texas 78735

Main Line: (512)-347-1604

Fax: (512) 347-1676

www.ssjmfamilylaw.com

akant@ssjmlaw.com

