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**Your Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CLIENT QUESTIONNAIRE - SAPCR/GUARDIANSHIP**

**INSTRUCTIONS**

Please fill out this questionnaire. 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.

**PERSONAL**

**Please give a brief description of the circumstances, including why you feel you should have custody of the child(ren) or guardianship of the adult/child(ren).**

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**ABOUT THE PARTIES SEEKING CUSTODY OR GUARDIANSHIP:**

**1. Please give the *full* name, date and place of birth, and Social Security number.**

**Female**

Full name: \_\_\_\_\_ (Maiden) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age : \_\_\_\_\_ County/State where born: \_\_\_\_\_

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

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

Your relationship to the child(ren): \_\_\_\_\_

**Male**

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

Birth date: \_\_\_\_\_ Age : \_\_\_\_\_ County/State where born: \_\_\_\_\_

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

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

Your relationship to the child(ren): \_\_\_\_\_

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

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

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

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

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

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

\_\_\_\_\_

**4. How do you prefer that we contact you?**

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

Phone: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

**5. How were you referred to this office (please check one)?:**

- Personal reference: \_\_\_\_\_
- Phonebook
- Internet
- Other: \_\_\_\_\_

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

If so, please state who and when: \_\_\_\_\_

**7. Please complete the following information concerning your employment.**

**Female**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**Male**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**ABOUT THE BIOLOGICAL PARENTS IF YOUR SEEKING CUSTODY/GUARDIANSHIP OF CHILD**

**8. Please give the *full* name, date and place of birth, and Social Security number of biological parents.**

**Biological Mother:**

Full name: \_\_\_\_\_(Maiden) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age : \_\_\_\_\_ County/State where born: \_\_\_\_\_

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

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

Reason for not having the child: \_\_\_\_\_

Is the mother in agreement with this SAPCR? \_\_\_\_\_

**Biological Father:**

Full name: \_\_\_\_\_(Maiden) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age : \_\_\_\_\_ County/State where born: \_\_\_\_\_

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

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

Reason for not having the child: \_\_\_\_\_

Is the father in agreement with this SAPCR? \_\_\_\_\_

9. Where are the biological parents living now, and what is his or her phone numbers?

**Biological Mother:**

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

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

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

**Biological Father:**

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

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

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

10. Please complete the following information concerning the biological parents' employment.

**Biological Mother:**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**Biological Father:**

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

Where should the biological mother be served? \_\_\_\_\_

Where should the biological father be served? \_\_\_\_\_

**ABOUT THE CHILDREN OR PERSON YOU'RE SEEKING GUARDIANSHIP OF:**

**11. Please give the full name, date and place of birth, sex, and Social Security number of each of the people subject of this suit:**

**Name:** \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**Name:** \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**Name:** \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

**Name:** \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

12. Will there be a dispute over the custody/guardianship? \_\_\_\_\_

If *not*, have the other parties involved agreed to this action? \_\_\_\_\_

13. Where and with whom is the person you are seeking custody/guardianship for currently residing?\_

\_\_\_\_\_

For each person you are seeking custody or guardianship of, state for the last five years, each place they have lived including the full address, the dates they lived there and with whom they lived.

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

**RELATIONSHIP OF COUPLE SEEKING CUSTODY:**

14. Are you currently married? \_\_\_\_\_

If so, where did you marry and how long have you been married? \_\_\_\_\_

15. What are the circumstances surrounding this matter? \_\_\_\_\_

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

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16. **If you are seeking custody of a child, are you eventually trying to adopt the child and if so, are the biological parents in agreement to the adoption?** \_\_\_\_\_

If not, what do you think the objections will be? \_\_\_\_\_

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17. **If the person you are seeking custody of or guardianship for is living with you, how long have they done so?** \_\_\_\_\_

18. **How long have you resided in Texas?** \_\_\_\_\_

What county do you reside in? \_\_\_\_\_

How long have you resided in that County? \_\_\_\_\_

19. **Does the person you are seeking custody of or guardian ship of have health/dental insurance?** \_\_\_\_\_

If so, please describe coverage and who provides the insurance and how much is it? \_\_\_\_\_

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20. **Check any of the following which are applicable to the biological parents if you are seeking custody of a child.**

\_\_\_\_\_ Left Children with intent to return

\_\_\_\_\_ Left for 3 months without expressing intent to return

\_\_\_\_\_ Left for 6 months without providing support

\_\_\_\_\_ Placed or allowed the child in dangerous conditions

\_\_\_\_\_ Conduct that endangers children

\_\_\_\_\_ Failed to support for one year

\_\_\_\_\_ Abandoned children without identifying them

\_\_\_\_\_ Abandoned mother during pregnancy



- \_\_\_\_\_ Refused to submit to court order
- \_\_\_\_\_ Cause of absence from school
- \_\_\_\_\_ Executed affidavit of relinquishment
- \_\_\_\_\_ Injured child
- \_\_\_\_\_ Terminated with regard to another child
- \_\_\_\_\_ One of you are the child's biological parent

21. Do any other parties have an attorney? \_\_\_\_\_

If so, who? \_\_\_\_\_

22. Do you or the other party have any 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: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

23. Does the person you are seeking custody or guardianship of own any property? \_\_\_\_\_

\_\_\_\_\_ If so, please describe: \_\_\_\_\_

24. Is the person subject to a prior court order? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

25. Was the person conceived in Texas? \_\_\_\_\_

26. "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 other party has done any of the following:

	Female	Male
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?	_____	_____

- 14. Been hospitalized for an emotional or psychiatric disorder? \_\_\_\_\_
- 15. Suffered from or received treatment for an emotional or psychiatric condition? \_\_\_\_\_
- 16. Abused spouse? \_\_\_\_\_
- 17. Been accused of child abuse? \_\_\_\_\_
- 18. Had a sexual relationship during the marriage with someone other than spouse? \_\_\_\_\_

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

\_\_\_\_\_

- |   | Female | Male |
|---|--------|------|
| 19. Had a homosexual/bisexual relationship? |        |      |
| 20. Engaged in unusual sexual practices?    |        |      |
| 21. Had a pregnancy outside of a marriage?  |        |      |
| 22. Had a sexually transmitted disease?     |        |      |
| 23. Drunk to excess?                        |        |      |

If so, what and how often? \_\_\_\_\_

- 24. Other? \_\_\_\_\_

25. 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:

\_\_\_\_\_

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

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27. Have you or the other party made any photographs or audio or visual recordings of the other party? \_\_\_\_\_

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28. If so, describe the content: \_\_\_\_\_

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**NOTICE OF CONFIDENTIALITY**

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