

# ANNE E. KENNEDY

ATTORNEY AT LAW

Licensed in Texas and Louisiana

539 HEIGHTS BOULEVARD  
HOUSTON, TEXAS 77007  
[akennedy@ae-law.com](mailto:akennedy@ae-law.com)

TEL: (713) 869-2305  
FAX: (713) 869-2308  
CELL: (713) 862-8110

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

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

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

## FAMILY LAW ENFORCEMENT/MODIFICATION CLIENT QUESTIONNAIRE

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

### Personal About You:

1. Please give your full name, date and place of birth, driver's license number and social security number:

Full Name: \_\_\_\_\_  
 Maiden Name (if any): \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 City, State and County of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Driver's License State and Number: \_\_\_\_\_  
 Your race or ethnicity: \_\_\_\_\_

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

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Mailing address if different: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_

3. Is there another person who can reach you if necessary?

Name of contact person: \_\_\_\_\_  
 Your relationship to that person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

\_\_\_\_\_

5. Which phone number do you prefer we use to contact you?

\_\_\_\_\_

6. Who referred you to this office?

\_\_\_\_\_

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

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

8. Please complete the following information concerning your employment:

Employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

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

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

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

Level of Education: \_\_\_\_\_

9. Were you ever in the military? \_\_\_\_\_

If so, which branch? \_\_\_\_\_

Length of service: \_\_\_\_\_

Is your service complete? \_\_\_\_\_

10. What is your religious preference? \_\_\_\_\_

11. How long have you lived in Texas? \_\_\_\_\_

12. How long have you lived in the county? \_\_\_\_\_

**About the Opposing Party (Your spouse, ex-spouse, or other parent of the child):**

13. Please list the opposing party's full name, date and place of birth, driver's license number and social security number:

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

Maiden Name (if any): \_\_\_\_\_

Birth Date: \_\_\_\_\_

City, State and County of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Race or Ethnicity: \_\_\_\_\_

14. Where is the opposing party living now, and what is his/her phone number?

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

City: \_\_\_\_\_

County: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

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

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

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

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

15. Please complete the following information concerning the opposing party's employment:

Employer: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Gross salary per month/per hour or annually: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_  
 Level of Education: \_\_\_\_\_

16. Was the opposing party ever in the military? \_\_\_\_\_

If so, which branch? \_\_\_\_\_  
 Length of service: \_\_\_\_\_  
 Is his/her service complete? \_\_\_\_\_

17. What is the opposing party's religious preference? \_\_\_\_\_

**About the Children:**

18. Please list the full name, date and place of birth, sex and social security number of each child who is the subject of this suit:

Name: \_\_\_\_\_  
 Sex (M/F?): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: (include city, state and county): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Driver's License State and Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Address of Employment: \_\_\_\_\_  
 Phone Number of Employment: \_\_\_\_\_

Name: \_\_\_\_\_  
 Sex (M/F?): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: (include city, state and county): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Driver's License State and Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Address of Employment: \_\_\_\_\_  
 Phone Number of Employment: \_\_\_\_\_

Name: \_\_\_\_\_  
 Sex (M/F?): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: (include city, state and county): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Phone Number of Employment: \_\_\_\_\_

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

Sex (M/F?): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: (include city, state and county): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Phone Number of Employment: \_\_\_\_\_

19. Where and with whom are the children living now? \_\_\_\_\_

\_\_\_\_\_

20. Please list each place each child has lived for the last 5 years (include street address, city, state and zip), name each person who lived in the home with the child, and state the length of time the child lived there:

Dates: \_\_\_\_\_

Name of child(ren): \_\_\_\_\_

Address of residence: \_\_\_\_\_

Persons residing in the home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Name of child(ren): \_\_\_\_\_

Address of residence: \_\_\_\_\_

Persons residing in the home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Name of child(ren): \_\_\_\_\_

Address of residence: \_\_\_\_\_

Persons residing in the home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Name of child(ren): \_\_\_\_\_

Address of residence: \_\_\_\_\_

Persons residing in the home: \_\_\_\_\_

21. How are the children currently covered on medical insurance?  
\_\_\_\_\_

22. What is the monthly cost of the children's portion of the health insurance?  
\_\_\_\_\_

**About the Prior Order(s): (Please attach a copy of the last court order)**

23. If you were previously married to the other parent, please give the date and place of your marriage:

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

Place (include city, state and county): \_\_\_\_\_

24. Date Divorce was Final: \_\_\_\_\_

Place of divorce (include city, state and county): \_\_\_\_\_

Cause Number of Divorce: \_\_\_\_\_

Name of your attorney in the divorce if applicable: \_\_\_\_\_

Name of your ex-spouse's attorney in the divorce if applicable:  
\_\_\_\_\_

25. Who was awarded primary conservatorship of the children? \_\_\_\_\_

26. What type of visitation was ordered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Who was ordered to pay child support? \_\_\_\_\_

28. What is the amount of child support ordered? \_\_\_\_\_ per \_\_\_\_\_

29. Are the child support payments current? \_\_\_\_\_

30. What, if anything, do you want to change about the prior order and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

31. What, if anything, do you want to enforce about the prior order and why?

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

32. Do you or the opposing party have any other children for whom a duty of support is owed?

\_\_\_\_\_

33. 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: \_\_\_\_\_

Place of Birth: (include city, state and county): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Name of parents: \_\_\_\_\_

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

Sex (M/F?): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: (include city, state and county): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Name of parents: \_\_\_\_\_

34. Where and with whom do these children live?

\_\_\_\_\_

35. Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

36. Does the opposing party pay/receive child support?

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

**“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 DAMAGING 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 has done any of the following:

	You	The opposing 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 or drugs?	_____	_____
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 the other party? \_\_\_\_\_

17. Been accused of child abuse? \_\_\_\_\_

18. Had a sexual relationship during the marriage with someone other than spouse? \_\_\_\_\_

19. Had a sexual relationship (during or not during the marriage) with someone other than spouse of which the children were aware? \_\_\_\_\_

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

\_\_\_\_\_

20. Had a homosexual/bisexual relationship? \_\_\_\_\_

21. Engaged in unusual sexual practices? \_\_\_\_\_

22. Had a pregnancy outside of marriage? \_\_\_\_\_

23. Had a sexually transmitted disease? \_\_\_\_\_

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

\_\_\_\_\_

25. If you or the opposing 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:

\_\_\_\_\_

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

\_\_\_\_\_

27. Have you or the opposing party made any photographs or audio or visual records of the

other party? \_\_\_\_\_

If so, please describe the content:

---

---

---

---