

**CLIENT QUESTIONNAIRE**  
**[SAPCR Short Form]**

- Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.
- If a particular question does not apply, enter "n/a".
- **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by the Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law. However, if are requesting the presence of another person, such as \_\_\_\_\_, in the consultation with you, you will be waiving the Attorney-Client Privilege. \_\_\_\_\_ (your initials)
- **Please attach consult fee of \$\_\_\_\_\_.**
- **Please provide your driver's license for copying.**

**I. CLIENT INFORMATION**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Dates of residency at current address: \_\_\_\_\_

List any previous residences in the past five (5) years, and dates resided in each:

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

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Telephone No.: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \$\_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: \_\_\_\_\_  
\_\_\_\_\_

Indicate any additional plans for future employment: \_\_\_\_\_  
\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: \_\_\_\_\_  
\_\_\_\_\_

Describe plans you have to enroll in school or complete your education, if any: \_\_\_\_\_  
\_\_\_\_\_

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

How did you hear about our office? \_\_\_\_\_

Have you retained any other attorneys on this matter prior to coming to this office? \_\_\_ Yes \_\_\_ No

If yes, please provide name, date retained, and reason to discontinue service: \_\_\_\_\_  
\_\_\_\_\_

**II. THE FEMALE PERSPECTIVE ADOPTIVE PARENT/MOTHER/OTHER PARTY'S INFORMATION**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Is other parent/party represented by counsel in this matter? \_\_\_ Yes \_\_\_ No

If yes, complete the following:

Other parent/party's Attorney: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

If not currently employed, list date of last employment, name of last employer,  
and reason currently unemployed: \_\_\_\_\_

Indicate any additional plans for future employment: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Describe any other education received such as Post-high school  
training/education including the name of the school or college, dates attended  
and degree received: \_\_\_\_\_

Describe any plans the other parent/party may have to enroll in school or  
complete his/her education: \_\_\_\_\_

What is the other parent/party's religious preference? \_\_\_\_\_

### **III. THE MALE PERSPECTIVE ADOPTIVE PARENT/FATHER/OTHER PARTY'S INFORMATION**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Is other parent/party represented by counsel in this matter? \_\_\_\_ Yes \_\_\_\_ No  
If yes, complete the following:

Other parent/party's Attorney: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \$\_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: \_\_\_\_\_

Indicate any additional plans for future employment: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: \_\_\_\_\_

Describe any plans the other parent/party may have to enroll in school or complete his/her education: \_\_\_\_\_

What is the other parent/party's religious preference? \_\_\_\_\_

#### IV. CHILDREN'S INFORMATION

Name	Social Security No.	Place of Birth	Date of Birth	Living With	Sex
					M / F
					M / F
					M / F
					M / F

**V. HEALTH INSURANCE**

1. Do the children have health insurance? Yes / No (circle)
  
2. How is the insurance provided (circle one)?:
  - a) A parent's employer (parent's name \_\_\_\_\_)
  - b) public health insurance (Medicaid, CHIPs, Medicare )
  - c) private health insurance not through employment
  
3. If so, provide the following:

Name of insurance company:

\_\_\_\_\_

Policy number: \_\_\_\_\_ Group:

\_\_\_\_\_

Party responsible for premium:

\_\_\_\_\_

Monthly cost of premium: \_\_\_\_\_

**VI. UCCJEA INFORMATION**

If either you, the other parent, or the child(ren) **currently** live in a state other than Texas, provide each address at which the **child(ren)** resided during the last **five (5) years**, and the names of the caretakers that lived with the children at each address:

Name of Custodian	Address	Dates of Residency

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding? \_\_\_ No \_\_\_ Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding \_\_\_ No \_\_\_ Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? \_\_\_ No \_\_\_ Yes

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_