



## Bashara Schwartz, PLLC

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### Client Questionnaire

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

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.

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10.29.24

Attorney/Client – Privileged Information

**Personal**

**About you:**

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

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

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

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

City, State and County where born: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Social Security number (last 3 digits only) \_\_\_\_\_

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

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

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

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

Zip: \_\_\_\_\_ Home/Mobile phone: \_\_\_\_\_

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

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

\_\_\_\_\_

4. How do you prefer that we contact you?

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

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

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

E-mail: \_\_\_\_\_ (e-mail communications may not be confidential)

5. Who referred you to this office? \_\_\_\_\_

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

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

\_\_\_\_\_

Attorney/Client – Privileged Information

**Employment:**

7. Please complete the following information concerning employment.

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

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

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

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

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

E-mail: \_\_\_\_\_

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

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

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

**About your marriage and separation:**

8. Please give the date and place of your marriage.

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

Are you now separated from your spouse? \_\_\_\_\_

If so, please state date of separation: \_\_\_\_\_

9. Where is your spouse or ex-spouse living now, and what is his or her phone number and e-mail address?

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

10. Does your spouse or ex-spouse have an attorney? \_\_\_\_\_

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

11. Have you ever been married before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

12. Do you or your spouse or ex-spouse have any other children for whom a duty of support is owed? \_\_\_\_\_

If so, please give the full name, date and place of birth, sex, and last 3 digits of Social Security number of each such child. (See question #18)

**About your spouse or ex-spouse:**

13. Please give your spouse's or ex-spouse's *full* name, date and place of birth, Social Security number, and driver's license number.

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

Birth date: \_\_\_\_\_

Attorney/Client – Privileged Information

Address: \_\_\_\_\_  
City, State and County where born: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Home e-mail: \_\_\_\_\_  
Social Security number (last 3 digits only) \_\_\_\_\_  
Driver's license number: \_\_\_\_\_

14. Please complete the following information concerning your spouse's or ex-spouse's employment.

Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**About your children:**

15. Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth (City and State) \_\_\_\_\_  
Social Security number (last 3 digits only) \_\_\_\_\_  
Currently living \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth (City and State) \_\_\_\_\_  
Social Security number (last 3 digits only) \_\_\_\_\_  
Currently living \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth (City and State) \_\_\_\_\_  
Social Security number (last 3 digits only) \_\_\_\_\_  
Currently living \_\_\_\_\_

Attorney/Client – Privileged Information

16. Is private health insurance in effect for the children? \_\_\_\_\_  
If so, please give the following information.  
Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Party responsible for premium: \_\_\_\_\_  
Monthly cost of premium: \_\_\_\_\_  
Is the insurance coverage provided through a parent's employment? \_\_\_\_\_  
If so, which parent? \_\_\_\_\_
17. Where and with whom are the children living now? \_\_\_\_\_  
\_\_\_\_\_
18. Do you or your spouse or ex-spouse have any other 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 (City and State) \_\_\_\_\_  
Social Security number (last 3 digits only) \_\_\_\_\_  
Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth (City and State) \_\_\_\_\_  
Social Security number (last 3 digits only) \_\_\_\_\_  
Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth (City and State) \_\_\_\_\_  
Social Security number (last 3 digits only) \_\_\_\_\_
19. Where and with whom do these children live? \_\_\_\_\_  
\_\_\_\_\_
20. Do you pay/receive child support? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_
21. Does your spouse or ex-spouse pay/receive child support? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_
22. If a divorce is granted, should the wife's maiden name be restored? \_\_\_\_\_  
If so, what name should be used? \_\_\_\_\_

**Jurisdictional information regarding children:**

23. Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period. \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING IMPORTANT DATES**

1. Were you served with divorce documents? \_\_\_\_\_
2. What date and time did you get served?  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
3. Is there a hearing currently scheduled? \_\_\_\_\_
4. What is the date and time of the hearing? Date: \_\_\_\_\_ Time: \_\_\_\_\_
5. What other documents have you been served with? \_\_\_\_\_

PLEASE PROVIDE THE DOCUMENTS YOU WERE SERVED WITH AT THE TIME OF YOUR CONSULTATION.