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Client Information

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess 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 form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including 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 Tex. Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

CLIENT QUESTIONNAIRE - PARENT-CHILD RELATIONSHIP SUIT

About you and the other parent of your children:

Client information

Full name: _____
Date of birth: _____ Place of birth: _____
Social Security Number: _____
Driver's license number and state: _____
Maiden name, if applicable: _____
Address: _____
Phone Number: _____
Email: _____

Your employment

Employer: _____
Job title: _____
Street Address: _____
City, state, zip: _____
Phone: _____ Fax: _____
E-mail: _____
Monthly gross salary: _____ Length of employment: _____

Other parent

Full name: _____
Date of birth: _____ Place of birth: _____
Social Security Number: _____
Driver's license number and state: _____
Maiden name, if applicable: _____
Current Address: _____
City: _____ County: _____ State: _____
Zip: _____ Home Phone: _____
Home e-mail: _____
Who else lives in the other parent's household? _____

Other parent's employment

Employer: _____

Job title: _____

Street Address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____ Length of employment: _____

About your children:

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Name: _____

Sex (M/F): _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Disability, if any: _____

Health insurance

Is private health insurance in effect for the children? _____

If so, please give the following information.

Party responsible for premium: _____

Monthly cost of premium: _____

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

If so, which parent? _____

Conservatorship

Will there be an agreement on custody of the children? _____

Who will the children live with primarily? _____

Where and with whom are the children living now? _____

Other Parent-Child Relationship Information:

Have you or the other parent ever sought or been subject to a protective order? _____

Have you or the other parent ever contacted or been contacted by the Office of the Attorney General? _____

Have you or the other parent ever contacted or been contacted by child protective services? _____

Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket? _____

Any other information you feel we need to know. _____

If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief. _____
