

Name Change

**Dennis M. Slate**  
*Attorney At Law*  
112 East Forrest  
Deer Park, Texas 77536  
281-476-9447  
Facsimile: 281-476-5811

Legal Assistant:  
Lynda S. Miller

Legal Secretary:  
Melissa L. Still

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

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

## **CLIENT QUESTIONNAIRE - NAME CHANGE**

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.

### **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, and Social Security number.

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

Maiden name: \_\_\_\_\_

Birth date: \_\_\_\_\_ State and County where born: \_\_\_\_\_

Race: \_\_\_\_\_

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

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

What will your new name be? \_\_\_\_\_

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

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

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

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

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

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: \_\_\_\_\_

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

6. Have you consulted 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.

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: \_\_\_\_\_

***"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 your spouse or ex-spouse has done any of the following (use the back of this page if necessary):

Answer Yes or No - If Yes, Explain

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? \_\_\_\_\_