

CONFIDENTIAL CLIENT QUESTIONNAIRE

Real Estate

INSTRUCTIONS:

- Please answer the questions as carefully and accurately as possible. This information will be used to complete official documents required for filing your case with the courts.
 Failure to answer questions or answering with inaccurate information will result in delays in your case.
- 2. If a question does not apply to you answer with "N/A".
- 3. If you have already filed this case with the courts, please provide copies of all pleadings.

	Intake Date	Conducted b	у		□Phone	\square In Person
ΝĽ	Conflict Check Date	Done by			☐ Conflict	\square No Conflict
E 01	Retainer Quoted	□Hourly	☐Flat Fee	\square Contin	gency	
: USE	Retained on	Paid \$		Emplo	yee	
FICE	Entered into MyCase on	by				
OF	Hearings Check done on	by	□No hearin	gs □He	aring	
	Physical File Created on	by	given to			

CARPENTER & ASSOCIATES
101 East Park Blvd. Suite 1150 Plano, TX 75074

Date	
------	--

ABOUT YOURSELF

Legal Name					DOB			
	First	Middle		Last			MM / DD / YYYY	
Former Name _					□Female	Age		
Do you want yo	ur maiden name	restored?	☐ Yes	\square No	Maiden	Name		
Driver's License	#			State	SSN			
Residence Coun	ty			How Lon	g?			
		If less thar	n 6 months, v	where did you li	ve previously?			
Mailing Address								
Ma Add	City		_,		1.1.		71.	
S S	City			3	tate		Zip	
Residence Address								
Res	City		_'	S	tate		Zip	
Home Phone()			Cell Ph	one (
)							
<u></u>								
Personal E-mail								
Work E-mail								
Employer								
Job Title								
Address								
	City			Sta	te		Zip	
Phone			Fax	or Email				
Days & Times	Monday				_ Appro	ox. Pay_ (Gross)		/month
	Tuesday				_			/yr.
	Wednesday				_			
	Thursday				_			
	Friday				_			
	Saturday				_			
	Sunday				_			

CURRENT OWNER OF PROPERTY

Legal Name			DOB			
	First	Middle	Last		MM / DD / YYYY	
Former Name				\square Female Age _		
Driver's License #			State			
Residence County			How Long	g?		
		If less than 6 mor	nths, where did they li	ive previously?		
ing ————————————————————————————————————						
Mailing Address		,				
	City	,	St	tate	Zip	
Residence Address						
Resid	City	,		tate	Zip	
Homo Phono (·	
Home Phone (
Work Phone ()		Ut Please sn	ner ()		
E-mail						
Job Title						
Address						
	Cit				7 '.	
Phone	City		State Fax/ Email	e	Zip	
Days & Times	Monday		-	Approx. Pay	/month	
	Tuesday		-	(Gross)	/yr.	
	Wednesday		-			
	Thursday		-			
	Friday		-	_		
	Saturday		-			
	Sunday		-	_		
Attorney (if any)						

OTHER PARTIES INVOLVED

First Middle Last Age		DOB
State	First Middle	
Cell Phone ()	Former Name	☐ Male ☐ Female Age
Work Phone () Email Role	Driver's License #	State SSN
Role	Home Phone ()	Cell Phone ()
Role	Work Phone ()	Email
Legal Name First Middle Last MM/DD/YYYY Former Name Male Female SSN Age Driver's License # State SSN SSN Home Phone () Email Email Role DOB Legal Name First Middle Last MM/DD/YYYY MM/DD/YYYY Former Name Male Female SSN Age Driver's License # State SSN State Role First Middle Last MM/DD/YYYY MM/DD/YYYY Former Name Middle Last MM/DD/YYYY Female Age Driver's License # State SSN State SSN Driver's License # State SSN State SSN Home Phone () Cell Phone () Cell Phone ()		
Former Name		
Former Name	Legal Name First Middle	Last DOB MM / DD / YYYY
Driver's License # State SSN Home Phone () Cell Phone () Work Phone () Email Role Legal Name DOB MM/DD/YYYY Former Name Middle Last SSN DOB MM/DD/YYYY Former Name State SSN Home Phone () Cell Phone () Work Phone () Email Role Legal Name STate SSN Cell Phone () Email Role DOB MM/DD/YYYY Former Name DOB MM/DD/YYYY Former Name STate SSN Cell Phone () Email Role DOB MM/DD/YYYY Former Name STate SSN MM/DD/YYYY Former Name State SSN Cell Phone () Cell Phone ()		
Cell Phone () Email		
Work Phone () Email Role DOB Legal Name DOB First Middle Last MM/DD/YYYY Former Name Green Bernale Driver's License # State SSN SSN Home Phone () Email Role Brist Middle Legal Name DOB MM/DD/YYYY Former Name Male Female Age Driver's License # State SSN Home Phone () Cell Phone () Cell Phone ()		
Role Legal Name DOB MM/DD/YYYY Former Name Male Female Age Age Driver's License # State SSN SSN State SSN Home Phone () Email Email MM / DD / YYYY MM / DD / YYYY Former Name MM / DD / YYYY Former Name Age DOB MM / DD / YYYY Former Name State SSN SSN Home Phone () Cell Phone () Cell Phone () State SSN Total Phone () Cell Phone () Total P		
Legal Name DOB First Middle Last MM/DD/YYYY Former Name		
Former Name	Legal Name	DOB
Driver's License # State SSN Home Phone () Cell Phone () Work Phone () Email Role	riist iviidule	Last Wilvi / DD / TTTT
Home Phone () Cell Phone () Work Phone () Email Role DOB First Middle Last MM/DD/YYYY Former Name		
Work Phone () Email Role		
Role Legal Name DOB First Middle Last MM/DD/YYYY Former Name Male Female Age Driver's License # State SSN Home Phone ()	Home Phone ()	Cell Phone ()
Legal Name DOB First Middle Last MM/DD/YYYY Former Name Male Female Age Driver's License # State SSN Home Phone () Cell Phone ()	Work Phone ()	Email
First Middle Last MM/DD/YYYY Former Name	Role	
Former Name		
Driver's License # State SSN		
Home Phone () Cell Phone ()	Former Name	
		Ctoto CCN
Work Phone () Email	Driver's License #	
	Driver's License # Home Phone ()	Cell Phone ()

Date			

CASE HISTORY

Case Already Filed? \square No	□Yes _{Number:}
Last action taken/filed:	
F	PENDING ISSUES AND QUESTIONS
	n the attorney of your situation & any particular issues you would like resolved.