

**Amarillo College Legal Clinic  
Client Questionnaire**



*Notice: (All information given to this office is kept confidential)*

**Case Type:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please give the Following Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

DL: \_\_\_\_\_ Maiden Name, if Applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Contact Email: \_\_\_\_\_

How do you prefer we contact you: \_\_\_\_\_

What address do you wish to receive mail from this office? \_\_\_\_\_

***Notice: (Email Communications May Not be Confidential!!!)***

How did you hear about us? \_\_\_\_\_

<b>For statistical purposes only:</b>
Which of the following best represents your racial or ethnic heritage? Choose all that apply.
<input type="checkbox"/> Non-Hispanic White or Euro-American
<input type="checkbox"/> Black, Afro-Caribbean, or African American
<input type="checkbox"/> Latino or Hispanic American
<input type="checkbox"/> East Asian or Asian American
<input type="checkbox"/> South Asian or Indian American
<input type="checkbox"/> Middle Eastern or Arab American
<input type="checkbox"/> Native American or Alaskan Native
<input type="checkbox"/> Other

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

**Divorces Please Provide the Following:**

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ County Married in: \_\_\_\_\_

Do you want to change your name changed back to your maiden name? YES – NO

If Yes, what do you want your FULL legal name to be: \_\_\_\_\_

Does your Spouse want to change their name back to their maiden name? YES - NO

If Yes, what does your spouse want her FULL legal name to be: \_\_\_\_\_

Do you or your spouse carry medical and dental insurance on dependent children? \_\_\_\_\_

**Case Information:**

Have you talked to a lawyer about this case? Yes\_\_\_\_ No\_\_\_\_\_.

If so, which lawyer. \_\_\_\_\_

**Has Mrs. Robin Lewis-Malone or David Kemp represented or prosecuted you or anyone affected by this case? Yes \_\_\_\_ No\_\_\_\_\_.**

If YES, when? \_\_\_\_\_

Is other party represented by an ATTORNEY in this matter? \_\_\_\_ Yes \_\_\_\_ No

*If YES, please answer the questions below:*

Name of Attorney/Firm: \_\_\_\_\_

City where office located \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate if this attorney or any other attorney has:

Represented other party in other matters (besides this case)? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_

Provided advice or other services to you regarding this case? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_

Provided advice or other services to you regarding other matters? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_

Talked with you in person or by telephone regarding this case? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_

Sent a letter or other written communications to you related to this case? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_

Served papers (by a sheriff or process server) upon you in this case? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_

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

**Please List any Children Affected by this Case:**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DL: \_\_\_\_\_  
Disability, if any: \_\_\_\_\_
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DL: \_\_\_\_\_  
Disability, if any: \_\_\_\_\_
3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ DL: \_\_\_\_\_  
Disability, if any: \_\_\_\_\_

**Give Names of Other Parties Involved in the Case (e.g. Spouse, Former Spouse, and Landlord):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ SSN: \_\_\_\_\_ DL #: \_\_\_\_\_  
DL State: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ SSN: \_\_\_\_\_ DL #: \_\_\_\_\_  
DL State: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

**List any Prior Court Orders and Dates (e.g. Attorney General Cases, Criminal Case):**

1. Cause #: \_\_\_\_\_ Case Type: \_\_\_\_\_ Answer Date: \_\_\_\_\_  
Disposition: \_\_\_\_\_ Date: \_\_\_\_\_
2. Cause #: \_\_\_\_\_ Case Type: \_\_\_\_\_ Answer Date: \_\_\_\_\_  
Disposition: \_\_\_\_\_ Date: \_\_\_\_\_

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





### Amarillo College Legal Clinic Document Checklist

Notice: By providing these documents we are NOT agreeing to represent you in any fashion. These documents are to allow the clinic attorneys to better advise you on your issue.

- Your information
  - Party's legal name and variations
  - Address and county of residence
  - Social Security Number
  - Driver's License Number
  - Phone Number
- Additional Party's Information
  - Party's legal name and variations
  - Address and county of residence
  - Social Security Number
  - Driver's License Number
  - Phone Number
- Copy of the Contract/Promissory Note
- Copy of Lease Agreement
- Copy of ANY Orders Affecting Cause: summons, evictions, contracts, etc.
- Date of any previous wills and where executed
- Name of Ex-Husband; date, state, and county of divorce
- Affected Children's Information
  - Child's legal name and variations
  - Address and county of residence
  - Social Security Number
  - Driver's License Number
  - Phone Number
- Affidavit of Indigence
- Property – On a separate sheet of paper please list:
  - Address of any real property (home, business) you own
  - Make and Model of each automobile currently owned
  - Any retirement or investment accounts?
  - Description of any personal property you want to go to a particular person
- Choose an Executor and Alternate Executor should the first choice not survive you.
- Who do you want to inherit your property?
  - Party's legal name and variations
  - Address
  - Social Security Number
  - Driver's License Number
- Other:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

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

**Amarillo College Legal Clinic Retainer Agreement**

\_\_\_\_\_ [CLIENT] authorizes **Amarillo College Legal Clinic Attorney**  
\_\_\_\_\_ to assist and represent Client(s) including, if appropriate, initiating  
litigation in the following matter:

**Important Note to Attorney: Please complete the blank above before presenting retainer to Client.**

This assistance is limited to the above matter or legal problem, does not include any other problem(s), nor does it include an agreement to appeal this matter.

1. Client understands that there will be **NO** attorney's fees charged to Client for legal services provided by AC Legal Clinic.
2. Client understands and agrees that Client is responsible for payment of all other costs connected with Client's case, including but not limited to filing fees and other court costs.
3. Amarillo College Legal Clinic does not represent the Client.
4. Amarillo College Legal Clinic does not go to court with the Client.
5. Amarillo College Legal Clinic Attorney's work includes:
  - Attorney Advice
  - Researching Legal Matters
  - Drafting legal documents, memoranda, or correspondence
  - Advising Client
  - Referring Client
6. Client shall promptly notify Amarillo College Legal Clinic of all changes in residence, address, and telephone.
7. Client understands that failure to do so may result in Amarillo College Legal Clinic Attorneys to withdrawal from representation, consent with professional responsibility.
8. Client shall cooperate fully in the conduct of this matter by keeping all appointments, attending all court dates, responding promptly to all requests for information by Amarillo College Legal Clinic Attorneys, keeping deadlines, and time limits set by Amarillo College Legal Clinic Attorneys.
9. Client understands that failure to do so authorizes Amarillo College Legal Clinic Attorneys to withdraw from representing Client, consistent with professional responsibility.
10. Client further understands that Client may terminate this relationship at any time.

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

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

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

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