

**Original Suit Affecting
the Parent Child Relationship
or
Modification of Existing Orders**

CLIENT INFORMATION FORM
PLEASE PRINT CLEARLY

Date _____ Fee Quote
\$ _____ / _____
Down MF

CLIENT INFORMATION

Full Name _____
 First Middle Last Maiden

Home Address _____

Mailing Address _____

Home Phone _____ Cell _____

Employer _____ Hours _____

Address _____ Phone _____

Salary/Income _____ Social Security # _____

Driver's License # _____ E-mail Address _____

Birthdate _____ Ethnicity _____

Birthplace _____
 City County State

Next of Kin for Emergency _____
 Full Name Telephone

Address _____

I authorize information to be released to the following person(s):

Name _____ Relationship _____

Name _____ Relationship _____

I do not authorize any information to be released.

How did you choose our firm? _____ If referred, by whom? _____

RESIDENCY INFORMATION

- A. Have you been a resident of this county for the preceding six (6) months or longer? Yes _____ No _____
If "No", how long? _____
- B. Has the adverse party been a resident of this county for the preceding six (6) months or longer? Yes _____ No _____
If "No", how long? _____
- C. Have all children involved in this matter (if any) been residents of this county for the preceding six (6) months? Yes _____ No _____

WILL

Have you made a Will? Yes _____ No _____

Do you wish to review your Will at this time? Yes _____ No _____

CHILD (REN) INVOLVED IN THIS LEGAL PROCEEDING

(List only if under the age of 18, or over 18 but suffering from mental or physical impairment, or not yet graduated from high school)

Full Name _____	Birthdate _____
Birthplace _____	Gender _____
Social Security # _____	DL# and State _____
Full Name _____	Birthdate _____
Birthplace _____	Gender _____
Social Security # _____	DL# and State _____
Full Name _____	Birthdate _____
Birthplace _____	Gender _____
Social Security # _____	DL# and State _____

Full Name _____ Birthdate _____
Birthplace _____ Gender _____
Social Security # _____ DL# and State _____

Present Residence of Children _____

Other child(ren) residing in your household or that of the adverse party. List the child(ren)'s names, who they reside with and parentage:

Full Name _____ Gender _____ Age _____

Parentage _____

Resides With _____

HEALTH INSURANCE FOR CHILDREN

What health, dental and vision insurance is currently in effect for the children the subject of this suit? _____

If the insurance coverage is through a parent's employer, which parent is providing the insurance? _____

What is the monthly cost for coverage for the children only? \$ _____

TEMPORARY MATTERS

_____ Client fears violence, endangerment of minor children or third parties.

_____ Client fears destruction of property or unauthorized creation of debts and liabilities during the pendency of this action.

_____ Client seeks temporary custody of children and adverse party to pay temporary support.

_____ Client seeks temporary visitation rights with children.

PREFERENCE FOR FINAL ORDERS REGARDING CHILDREN

_____ No property owned or possessed by children.

_____ Client expect to be visitation parent.

_____ Client expects to be custodian with adverse party to pay support.

_____ Client would like to consider joint or split custody.

_____ Agreement between the parties on all matters related to the children is expected except _____.

SERVICE INFORMATION

Preferred Service Address (Must be a street physical address, the Sheriff or process server cannot serve post office box number):

Description (Please provide a recent photograph if available)

Height _____ Weight _____ Hair Color _____

Eye Color _____ Facial Hair _____

Other Distinguishing Features or Marks _____

Vehicle Description & Tag # _____

Will Respondent try to avoid service? Yes _____ No _____

Is Respondent likely to be violent? Yes _____ No _____

If yes, please specify _____

Additional Service Information _____
