

CLIENT INFORMATION SHEET – CUSTODY / CHILD SUPPORT

Please fill out as completely as possible. Thank you!

Office Use Only

Name: _____ Preferred name: _____
First Name Middle Last Name

Home Address: _____

Mailing Address (if different): _____

Employer: _____ Work Ph: _____ Employer address: _____

Cell Ph: _____ Home Ph: _____ Email: _____

Birth Date: ____/____/____ Birth city/state: _____ Fax: _____

Social Security No.: _____ Driver's License No.: _____ Education: _____

Confidential messages may be left for me via (check **ALL** that apply):

Cell Phone Voicemail Home Phone Voicemail Work Phone Voicemail Email Fax Other: _____

How did you hear of our office?

Allen Image Allen Online Lawyers.com Facebook Friend _____ Other: _____

Nature of matter: Child Support Child Custody Other: _____

Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

Up to one-half hour: \$150.00

Over one-half hour: \$75.00 per ¼ hour increments

No services will be performed beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

I have read and understand the above, and agree to pay the above consultation fee.

Your signature

Date

Respondent (other party)

Name: _____ Preferred name: _____
First Name Middle Last Name

Home Address: _____ County: _____

Employer: _____ Work Ph: _____ Employer address: _____

Cell Ph: _____ Home Ph: _____ Email: _____

Birth Date: ____/____/____ Birth city/state: _____ Fax: _____

Social Security No.: _____ Driver's License No.: _____ Education: _____

Jurisdiction

How long have you lived in Texas? _____ In what county do you reside? _____ How long in that county? _____

Children

NAME (First, Middle, Last)	SEX	BIRTH DATE	BIRTH PLACE	SSN	DL#
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

Will there be a dispute over custody of the children? Yes No Custody will be with whom? _____

With whom are the children now residing? _____ Amount of current child support? _____

Do the children have health insurance? Yes No

If yes, provided through: Mother's Employer Father's Employer Medicaid CHIPS Other: _____

Are there any court orders regarding any of the children? Yes No If yes, which court: _____

Do any of the above children have any physical or mental handicap (such as epilepsy, down syndrome, blindness, etc.) that would require support beyond the age of 18? Yes No If yes, child's name: _____

Do your children own any property in their own name? (such as through inheritance, large gifts, etc.) Yes No

Marriages

Have you been married before? Yes No Do you have children by a prior marriage? Yes No

Are you married now? Yes No Current spouse's name: _____

Do you pay child support? Yes No Do you receive child support? Yes No

Other

Is an attorney currently representing you? Yes No If yes, whom? _____

Does your spouse have an attorney? Yes No If yes, whom? _____

I have read the above and affirm it is true and correct to the best of my knowledge and belief.

Your signature

Date