

INITIAL CLIENT INFORMATION
SUIT AFFECTING PARENT-CHILD RELATIONSHIP

I. PETITIONER: (person(s) filing the action):

1. Full Name: _____
 Maiden: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Residence Owned or Leased: _____ County: _____
 Mobile Number: _____ Email: _____
 Age: _____ Birthdate: _____ Race: _____
 Birthplace: _____
 Social Security No.: _____ Driver's License No.: _____

2. Employer: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Phone: _____ Fax Number: _____
 Hours: _____ Salary/Income: _____

How did you hear about us (Please check one)?

<input type="checkbox"/>	ArlingtonDivorces.com	<input type="checkbox"/>	Arlington Voice	<input type="checkbox"/>	Arlington Today
<input type="checkbox"/>	AVVO	<input type="checkbox"/>	Mansfield Living	<input type="checkbox"/>	Neighbors & Trends (Westover Hills)
<input type="checkbox"/>	Google	<input type="checkbox"/>	Lawyers.com	<input type="checkbox"/>	Fort Worth, Texas Mag
<input type="checkbox"/>	Mediation.com	<input type="checkbox"/>	Who's Who	<input type="checkbox"/>	Other/Referral (Please Explain)

Other/Referral: _____

II. RESPONDENT:

1. Full Name: _____
Original Maiden Surname: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Residence Owned or Leased: _____ County: _____
Phone Number: _____ Other Number: _____
Mobile Number: _____ Email: _____
Age: _____ Birthdate: _____ Race: _____
Birthplace: _____
Social Security No.: _____ Driver's License No.: _____
2. Employer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Fax Number: _____
Hours: _____ Salary/Income: _____

III. CHILDREN:

1. Full Name: _____
Sex: _____ Birthdate: _____ Age: _____
Birthplace: _____
Social Security No.: _____
Residence Address: (check one) Petitioner _____ or Respondent _____
2. Full Name: _____
Sex: _____ Birthdate: _____ Age: _____
Birthplace: _____
Social Security No.: _____
Residence Address: (check one) Petitioner _____ or Respondent _____

3. Full Name: _____
 Sex: _____ Birthdate: _____ Age: _____
 Birthplace: _____
 Social Security No.: _____
 Residence Address: (check one) Petitioner _____ or Respondent _____

(Answer the following questions regarding the children listed above)

- | | YES | NO |
|---|-------|-------|
| A. Are these child(ren) under the continuing Jurisdiction of another court, if so please attach a copy of the Courts Order, and attach a list of all of the addresses where the child(ren) has resided in the last five (5) years and with whom. | _____ | _____ |
| B. Conservatorships, Guardians, or other Court Ordered Relationships | _____ | _____ |
| C. Property Owned or Possessed by Child(ren), if so, please Attach list of child(rens) property. | _____ | _____ |
| D. Joint Managing Conservatorship. | _____ | _____ |
| E. Petitioner Permanent Managing Conservator and Respondent to Pay Support | _____ | _____ |
| F. Petitioner Permanent Possessory Conservator | _____ | _____ |
| G. Agreement Anticipated | _____ | _____ |
| H. Disabled Child(ren):
Mental: _____ Physical: _____ | _____ | _____ |

IV. LOG FOR PETITION:

(County in which you have resided in the last 90 days)

Dallas County: _____ Collin County: _____
 Denton County: _____ Tarrant County: _____
 Other County: _____

V. SERVICES: (check the one that applies)

Personal Service: _____

Waiver to be Secured: _____

Substitute Service: _____

VI. TEMPORARY ORDERS: (check one if this applies)

_____ Petitioner(s) Temporary Managing Conservator(s) and Respondent(s) to pay Temporary Support.

_____ Petitioner(s) Temporary Possessory Conservator

VII. NAME CHANGES:

Child(ren):

(First) (Middle) (Last)

(First) (Middle) (Last)

(First) (Middle) (Last)

I UNDERSTAND THAT THERE WILL BE AN INITIAL \$100.00 CONSULTATION FEE IF I DO NOT HIRE THE ATTORNEY. IF I DECIDE TO TAKE ANY LEGAL ACTION, SAID \$100.00 CONSULTATION FEE WILL BE APPLIED TO THE RETAINER.

CLIENT