



The Parker Law Firm

A Professional Limited Liability Company

107 Shadwell Lane, 2nd Floor
 Friendswood, Texas 77546
 Tel: (281) 800-1156
 Fax: (281) 800-1356

TODAY'S DATE: _____

CONSULTATION INTAKE FORM

CONFIDENTIALITY: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Type of Case (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Divorce <u>with</u> children
<input type="checkbox"/> Divorce <u>without</u> children
<input type="checkbox"/> Establish or Deny Paternity
<input type="checkbox"/> Modification of Prior Order | <input type="checkbox"/> Enforcement of child support
<input type="checkbox"/> Enforcement of visitation
<input type="checkbox"/> Termination/Adoption
<input type="checkbox"/> Other (specify) _____ |
|---|--|

PLEASE PRINT

ABOUT YOU				
First Name	Middle Name	Last Name	Suffix	Date of Birth
Home Phone:	Work Phone:	Cell Phone:	Fax:	Other:
Email:		Driver's License #	Issuing State:	Social Security Number
Usual Residence	Street Name and Number	City	State	Zip
Employer Name	Street Name and Number	City	State	Zip
Date of Employment:	Occupation:	Salary:	How Paid: (weekly, biweekly, twice a month, monthly...)	
Where were you born? (city, state)		What is your race?		
Have you retained any other attorneys on this matter prior to coming to this office? If yes, please provide name, date retained, and reason to discontinue service)		How did you hear about our office?		

ABOUT OPPOSING PARTY

First Name	Middle Name	Last Name	Suffix	Date of Birth
Home Phone:	Work Phone:	Cell Phone:	Fax:	Other:
Email:		Driver's License #	Issuing State:	Social Security Number

Is opposing party represented by counsel? If yes, complete the following:

Name of Attorney:

Address:

Phone:

Fax:

Usual Residence Street Name and Number City State Zip

Dates of Residency at current address:

Employer Name Street Name and Number City State Zip

Date of Employment:	Occupation:	Salary:	How Paid: (weekly, biweekly, twice a month, monthly...)
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Where was opposing party born? (city, state)

What is opposing party's race?

MISCELLANEOUS INFORMATION

Date of Marriage	Date of Separation	Place of Marriage City State	Wife's Maiden Name
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Are you and opposing party currently living together?

If divorce, does wife want a name change? If yes, please state new named desired

Number of Minor Children with Opposing Party:

Number of Minor Children with Someone other than Opposing Party:

Divorce Only: Vehicle Driven by You (year, make, model):

Divorce Only: Vehicle Driven by Other Party

Is wife currently pregnant?

Describe the circumstances that caused your separation:

If a suit for divorce has been previously filed by either spouse as to this marriage, please provide the date such was filed, the name of the primary attorney involved, the name or location of the court, and the reason the divorce was not finalized.

ABOUT MINOR CHILDREN

First Name	Middle Name	Last Name	Suffix	Date of Birth
Name of other parent:				
Whom is child presently living with:			Child's Social Security #	Child's Gender
Child's Birth Place	City	County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Name of other parent:				
Whom is child presently living with:			Child's Social Security #	Child's Gender
Child's Birth Place	City	County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Name of other parent:				
Whom is child presently living with:			Child's Social Security #	Child's Gender
Child's Birth Place	City	County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Name of other parent:				
Whom is child presently living with:			Child's Social Security #	Child's Gender
Child's Birth Place	City	County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Name of other parent:				
Whom is child presently living with:			Child's Social Security #	Child's Gender
Child's Birth Place	City	County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
Name of other parent:				
Whom is child presently living with:			Child's Social Security #	Child's Gender

STATEMENT OF HEALTH INSURANCE AVAILABILITY

- Private health insurance is in effect for the child(ren):

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium for Employee Only: \$ _____

Monthly cost of premium for Employee plus Child(ren): \$ _____

The insurance coverage is is not provided through a parent's employment.

- Private health insurance is not in effect for the child(ren):

- The child(ren) is is not receiving Medicaid benefits under chapter 32, Human Resources Code.

- The child(ren) is is not receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code.

The cost of the premium is \$ _____ per month.

- The mother of the child(ren) has does not have access to private health insurance at reasonable cost to her.

- The father of the child(ren) has does not have access to private health insurance at reasonable cost to him.

- _____ has applied for Medicaid benefits for the child(ren) for the child(ren) under Children's Health Insurance Program. The status of the application is _____.