## HARDY SLOAN LAW, PLLC

# Attorney & Mediator 2109 6th Street Bay City, Texas 77414

### **Amicus Attorney Worksheet**

Tel: 979-245-3797 Fax: 979-245-4713

The following form is designed to help me do my job as amicus attorney. It is very important that you answer this worksheet HONESTLY, ACCURATELY, and COMPLETELY.

If you believe that a question does not apply to your case, please mark the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet.

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WARNING: DO NOT DISCUSS CUSTODY LITIGATION WITH CHILDREN. DO NOT SHOW THIS FORM TO THE CHILD(REN) OR REQUEST THEIR ASSISTANCE COMPLETING IT. DO NOT SPEAK NEGATIVELY OR DISPARAGINGLY ABOUT THE OTHER PARENT IN FRONT OF THE CHILD(REN). SUCH BEHAVIOR IS FROWNED UPON BY COURTS AND MAY NEGATIVELY AFFECT THE OUTCOME OF YOUR CUSTODY CASE. ADDITIONALLY, NOTHING IN THIS FORM IS INTENDED TO BE LEGAL ADVICE AND NOTHING SHOULD BE TAKEN AS SUCH. COMPLETING THIS FORM OR SIMPLY SUBMITTING IT TO MY OFFICE DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP.

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#### EMAIL YOUR COMPLETED WORKSHEET TO MSLOAN@HARDYSLOANLAW.COM

### **Parent Information First Name** Middle Name **Last Name Date of Birth Driver License or ID Number & SSN** Your Relationship to the Child(ren) Street Address City **County** State Zip **Alternate Phone Number Phone Number Email** Who else lives in your household?

Do you currently have an attorney for this matter?			If YES, please provide the name of your attorney,			
Yes	No		as well as any details you believe may be helpful.			
Do you work outs	side the ho	me?				
Yes	No					
<b>Company Name</b>			Job Title			
Company Street A	Address					
Commoner Citer		Campany Sta	4.	Commony 7:n		
Company City		Company Sta	ite	Company Zip		
Company Teleph	one Numb	er Average Gro	ss Monthly Income	Average Number of Hours Worked Per Week		
				Worked Fer Week		
Length of Employ	yment		Education/T	raining		
				· ·		
D14.4	1			. 6 1		
Please state your	employme	nt history for the past 5 year	s, including the reason	n for leaving each employer.		
Do any current final or temporary court orders exist that award you conservatorship, access or visitation with the child(ren)?						
Yes	No	Not Sure				
If YES, please summarize your court-ordered relationship to the child(ren).						

Do you spea Yes	ik regularly w No	vith the other parent?	If NO, when is the last time you have spoken with the other parent?
(This typica	lly occurs aft	er a DNA test.)	ou to be the father or mother of the child(ren)?
Yes	No	Not Sure	
Do you have	e other childr	en that are NOT the subje	ect of this suit?
Yes	No	Not Sure	
(Should you	_	court orders pertaining to	ences and any other details you think may be helpful. additional children not subject of this suit, provide:
Any additio	onal commen	ts, notes, noteworthy even	nts or incidents that I need to be aware of. List below.

## Child(ren) Information

			Child 1			
First Name		]	Middle Name	L	ast Name	
Date of Birth		Aş	ge	City, County, a	and State of Birth	
Social Security N	lumber	Where and with whom does this child primarily reside?				
Is the primary re	esidence of	the child listed a	bove in complian	ce with the current	court order?	
		circumstances r		's current primary i	residence that deviates dence, etc.).	
Is this child the	subject of tl	ne current custo	dy litigation?			
Yes	No	Not Sure				
Does a court ord	ler currentl	y exist that invo	lves this child?			
Yes	No	Not Sure				
If YES, explain (	provide det	ails including th	e cause number, o	county, court, judge	e, etc., if available).	
Child's Current	School or I	<b>D</b> aycare	Grade Level	Does the coneeds?	hild have a disability or specia	
How is the child	's behavior	at school/dayca	re?	Child's Di	isability or Special Need	

If any teacher, counselor or principal at the school may have information significant to your custody case, other than the standard information a school would normally maintain (such as attendance records and grades), please state the name of the person(s) with the information and give a brief description of the information.

What time does the child go to bed at night?

What are the sleeping arrangements at your home?

What are the child's hobbies and interests?

Child 2			
First Name	Middle Name	Last Name	
Date of Birth	Age	City, County, and State of Birth	

**Social Security Number** 

Where and with whom does this child primarily reside?

Is the primary residence of the child listed above in compliance with the current court order?

Yes No Not Sure N/A

If NO, indicated the current circumstances related to the child's current primary residence that deviates from current court orders (For Example, the parents have agreed to the new residence, etc.).

Is this child the subject of the current custody litigation?

Yes No Not Sure

Does a court	order cur	rently exist that involv	es this child?			
Yes	No	Not Sure				
If YES, explai	n (provid	e details including the	cause number, count	ty, court, judge, etc., if	f available).	
Child's Curre	nt School	or Daycare	Grade Level	Does the child he special needs?	nave a disa Yes	bility or No
How is the ch	ild's beha	vior at school/daycare	?	Child's Disability	y or Special	Need
other than the	counselor standard	es at school?  To principal at the second information a school name of the person	l would normally m	aintain (such as atter	ndance reco	ords and
What time do	es the chil	d go to bed at night?	What are	the sleeping arrangen	nents at you	r home?
What are the	child's ho	bbies and interests?				

			Child 3			
First Name			Middle Name	Last	Name	
Date of Birtl	h		Age	City, Coun	ty, and Stat	te of Birth
Social Security Number When			Where ar	nd with whom does thi	s child prii	marily reside <sup>s</sup>
Is the prima	ry residenc	e of the child lis	sted above in complian	ce with the current co	urt order?	
Yes	No	Not Sure	N/A			
current cour	t orders (F	or Example, the	ces related to the child' parents have agreed to ustody litigation?	- '		
Yes	No	Not Sure				
Does a court	order curr	ently exist that	involves this child?			
Yes	No	Not Sure				
If YES, expla	nin (provide	e details includi	ng the cause number, c	ounty, court, judge, et	tc., if availa	ıble).
Child's Curr	ent School	or Daycare	Grade Level	Does the child cl special needs?	nild have a	disability or
				•	Yes	No
How is the c	hild's behav	vior at school/da	aycare?	Child's Disabilit	ty or Specia	ıl Need

### How are the child's grades at school?

If any teacher, counselor or principal at the school may have information significant to your custody case, other than the standard information a school would normally maintain (such as attendance records and grades,) please state the name of the person(s) with the information and give a brief description of the information.

What time does the child go to bed at night?	What are the sleeping arrangements at your home?
What are the child's hobbies and interests?	
Please list any significant people in the child(ren)'s lif List the person(s) full name, contact number or email	
Care of	the Child(ren)

The following information relates to responsibilities for the care of the child(ren). Please describe the degree to which the parties to this custody litigation share these responsibilities, if applicable.

I understand that some children are old enough to provide a certain level of care for themselves. If that is the case, please indicate in your response. Additionally, because this is a custody case, some of these questions may apply differently depending upon whose possession the child(ren) are in. If you are answering a question that relates only to your periods of possession, please state below.

And most importantly, BE HONEST WITH YOUR RESPONSE.

lease answer the following questions as completely as possible.  Mostly						
	Me	Mostly Me	Both Equal	Other Party	Other Party	N/A
Who helps to dress the child(ren) in the morning?		1410		1 41 1 7		
Who bathes and grooms the child(ren)?						
Who takes care of the child(ren) during the day?						
Who arranged for the child(ren)'s daycare?						
Who arranges for the child(ren) getting together with playmates?						
Who takes the child(ren) to extracurricular activities?						
Who participates in the child(ren)'s						
extracurricular activities? (e.g., coach, team						
parent, or a frequent or sometimes spectator)						
Who puts the child(ren) to bed at night?						
Who prepares the child(ren)'s meals?						
Who arranges for medical and dental care for the						
child(ren) and takes the child(ren) to the doctor,						
dentist or therapist?						
Who takes the child(ren) to school?						
Who picks the child(ren) up from school or daycare?						
Who helps the child with homework?						
Who attends/participates in "meet the teacher"?						
Who participates in parent/teacher conferences?						
Who shops for the child(ren)'s clothes?						
Who shops for the child(ren)'s food and hygiene needs?						
Who arranges the child(ren)'s birthday parties?						
Who participates in the child(ren)'s school activities? (room parent, parties)						
Is/are the child(ren) more likely to turn to you of your spouse when they are hurt or have problems?						
Do you feel the child(ren) are closer to you or the						
other party?	Page 0 e	£ 4.4				

Who cares for the child(ren) when they are on school holiday?	
Who cares for the child(ren) when they are ill? (e.g. misses work)	
Who disciplines the child(ren)?	
Who directs the child(ren) religious training?	
What method of discipline is used?	Are you and the other party able to agree on the method of discipline used?
Have you ever been contacted by Child Protective Service If YES, please list the most recent contact with CPS (if a report number).	165 140
Who cares for the child(ren) when you are out? Please in relationship to the child(ren).	nclude names, addresses, phone numbers, and
Please provide reasons why you believe you should be na	amed primary managing conservator.
If you do NOT believe the parties should be appointed Jand provide details.	oint Managing Conservators (JMC), please state WHY

List all property, realty and money that belong to the child(ren).
Please provide a list of all treating physicians, psychologists, psychiatrists, or social workers/therapists the children have seen in the last two (2) years, including the names or any specialists who have been consulted as well as their names, addresses and phone numbers.
Please provide the names, addresses, and phone numbers of all persons who may provide additional information about parenting skills, the other party's parenting skills, and the care of the child(ren).
Are any of the child(ren) nursing? Please list the child.
Has the division of responsibility for child care changed during the course of the child(ren) lives? If so, please specifically describe how and explain why such responsibilities have changed.
What are your working hours? Do you have flexible working hours?
Does your work require travel? If so, please specify the time and distance involved.
Is your work schedule likely to change in the future? If so, please specify the anticipated change.

If you are awarded primary custody of the child(ren), what are your plans for child care?				
What are your current housing arrangements? (incleate.)	luding the size of the residence, number of bedrooms,			
Will your current housing arrangements change at changing your current housing arrangements in the	the conclusion of the litigation (or do you have plans on e near future?) If so, please specify details.			
Do the child(ren) have any special or unusual education such gifts or needs are being accommodated, if at a	ational gifts or special needs? If so, please explain how ll.			
Has your child(ren)'s attitude or emotional state chorder? (if applicable)	anged since the date of the entry of the last custody			
Have your child(ren) voluntarily indicated to you a	preference to reside with one party over the other?			
Has the other party ever made unwanted negative p shoving, dragging during an argument)  Yes No If YES:	ohysical contact with you or the child(ren)? (e.g., hitting,			
I told someone about the abuse	Charges were filed			
I told the authorities about the abuse	The other party was convicted or received deferred adjudication for family violence			
A protective order or restraining order was issued	There is remaining evidence of the abuse (e.g. photos, still existing physical injuries/bruises, broken furniture or walls, etc.)			

Have you	ever made unwanted negative physical	contact with the other party?				
Yes	No					
If YES:						
I	told someone about the abuse	Charges were filed				
I	told the authorities about the abuse	The other party was convicted or received deferred adjudication for family violence				
	protective order or restraining rder was issued	There is remaining evidence of the abuse (e.g. photos still existing physical injuries/bruises, broken furniture or walls, etc.				
Have you	or anyone in your residence ever been o	convicted of a Felony or Class A or B Misdemeanor?				
Yes	No					
If YES, pl	ease provide details (including Cause N	Sumber, Court, Judge, County, Offense)				
Yes	ive a paramour/boyfriend/girlfriend/sp No ovide their name, telephone number an	oouse? nd state if he or she currently lives with you.				
Has your contact.	paramour had contact with your child(	ren)? If so, explain the nature or and amount of such				
•	and your paramour had physical conta ling, kissing, fondling, etc.).	act in the presence of your child(ren)? (For example,				
Has your	paramour spent the night with you whi	ile you had possession of the child(ren)?				
Yes	No					

If the other party what statements	-	•	our child(ren)	ever voluntari	y mentione	d him/hei	to you? If so,
Summarize your	most impo	ortant concern	s regarding th	e child(ren) of	this litigation	on.	
			Final Que	stions			
Do you believe th				to successfully	communica	ate regard	ing your
Yes	No	Not Sure					
How well do you	r children	get along with	your current s	spouse/the step	o-parent? (if	applicabl	e)
How well do you	r children	get along with	the other part	y's current spo	use/step-pa	rent? (if a	pplicable)
Have you and the	e other par	ty attempted t	o work out a s	ettlement?	Yes	No	Explain below
Party's Signat	ure			Date			

### **DISCLOSURE**

- 1. I DO NOT AUTHORIZE ANY PARENT, CHILD OR PARTY TO AUDIO/VIDEO RECORD ANY MEETING, CONVERSATION WITH THE CHILD(REN) OR HOME VISIT DURING THE PENDENCY OF THIS LITIGATION.
- 2. NO HOME VISIT SHALL BE CONDUCTED PRIOR TO ME MEETING WITH THE <u>CHILD(REN)</u> AND <u>ALL PARTIES</u>, UNLESS THE LITIGATION IS AN ADOPTION/TERMINATION. THE CHILD DOES NOT HAVE TO PRESENT DURING THE HOME VISIT. <u>THERE SHALL BE TWO (2) ADULTS OVER THE AGE OF 18 PRESENT AT ALL</u> HOME VISITS.
- 3. THE INITIAL AMICUS RETAINER IS \$1,500.00 PER PARTY. IF A PARTY LIVES OUTSIDE OF THE JURISDICTION OF THE FAMILY COURT, LODGING & TRAVEL EXPENSES MAYBE INCURRED. AMICUS FEES MAY EXCEED THE INITIAL RETAINER OF EACH PARTY AND REQUIRE ADDITIONAL PAYMENTS PENDING THE LITIGATION OF THE CASE.
- 4. PERIODIC INVOICES WILL BE SENT VIA E-MAIL TO EACH PARTY. <u>PAYMENT IS DUE UPON RECEIPT OF THE INVOICE</u>. AT TIMES I MAY REQUEST PARTIES TO THE SUIT, TO DEPOSIT ADDITIONAL MONIES TO PROVIDE SUFFICIENT CREDITS ON YOUR AMICUS ACCOUNT IN PREPARATION OF A MEDIATION OR TRIAL.
- 5. I DO NOT GIVE LEGAL ADVICE TO PARTIES IN A LITIGATION. I REPRESENT THE CHILD(REN)'S BEST INTEREST.

### **OFFICE HOURS**

Monday - Friday 8:00 a.m. to 5:00 p.m. Closed for Lunch from 12 p.m. - 1 p.m. each day

CHECK YOUR EMAIL DAILY. A MAJORITY OF COMMUNICATION WILL BE VIA EMAIL.

IT IS YOUR RESPONSIBILITY TO UPDATE THIS OFFICE WITH ANY CHANGE IN ADDRESS, TELEPHONE, OR EMAIL IMMEDIATELY.