

CLIENT INFORMATION SHEET

Client Information

Date: _____

Name _____
First Middle Last Maiden

Address: _____ Home Phone: _____
Bus. Phone: _____
Mobile Phone: _____

Mailing Address: _____ DOB: _____
AGE: _____
DL#: _____
SSN: _____

Email: _____

Employer: _____
Name Address City State Zip

Place of Birth: _____ Make, model and year of vehicle you are currently driving: _____

Preferred Mailing Address: **HOME / WORK / OTHER**

May we contact you at work? **YES / NO**

Would you like to be contacted via email for routine questions? **YES / NO**

Mother/Father of the Child Information

Name _____
First Middle Last Maiden

Address: _____ Home Phone: _____
Bus. Phone: _____
Mobile Phone: _____

Mailing Address: _____ DOB: _____
AGE: _____
DL#: _____
SSN: _____

Employer: _____
Name Address City State Zip

Place of Birth: _____ Make, model and year of vehicle he/she is currently driving: _____

Personal Information

Who referred you? Friend or other Attorney (please provide name and address):

Internet ____ Yellow Pages ____ Other (please specify) _____

Restore Maiden Name? ____ Yes ____ No

Date of Marriage: _____ Place of Marriage: _____ Date of Separation: _____

Have you lived in Texas 6 months or more? ____ Yes ____ No; Has your spouse? ____ Yes ____ No

Have you lived in Tarrant County 90 days or more? ____ Yes ____ No; Has your spouse? ____ Yes ____ No

If you are currently seeing a mental health professional, please provide the name address and phone number: _____

May we contact your mental health professional? ____ Yes ____ No

Please list any medications you are currently taking for mental health reasons?

Modification Information

Date of Original Order: _____ County in which Original Order was entered: _____

Date of Most Recent Order: _____ County in Which Most Recent Order was Entered: _____

Have you lived in Texas 6 months or more? **YES/NO** Has the Mother / Father of the Child? **YES/NO**

Have you lived in Tarrant County 90 days or more? **YES/NO** Has the mother / Father of the child? **YES/NO**

What do you want to modify? Visitation _____ Primary Custody _____ Child
Support _____

Children Information

Name: _____ Sex: ____ Age: ____ DOB: _____

SSN: _____

Present Residence: _____ With Whom? _____

Place of Birth: _____

Name: _____ Sex: ____ Age: ____ DOB: _____

SSN: _____

Present Residence: _____ With Whom? _____

Place of Birth: _____

Name: _____ Sex: _____ Age: _____ DOB: _____

SSN: _____

Present Residence: _____ With Whom? _____

Place of Birth: _____

A) If private health insurance is in effect on children:

Name of Insurance Company: _____

Policy Number: _____

Which parent is responsible for payment of insurance premium: _____

Is coverage provided through parent = s employment: YES / NO

If yes, which parent: _____ If no, who provides coverage: _____

B) If private health insurance is not in effect:

Is child receiving medical assistance under a government sponsored or subsidized plan? If so, list all sources of medical assistance and cost of any premium on each.

C) If you answered No to A & B or Yes to B:

Does either parent have access to private insurance? If yes, which parent and what is the cost?

Have you or the other party involved in this suit ever filed for bankruptcy? _____

If so, what was the date of Discharge: _____

Are you or the other party involved in this suit currently in bankruptcy? _____

If so, what is the date the bankruptcy was filed: _____

What is the anticipated Discharge date: _____