

# AMICK & STEVENS

ATTORNEYS AT LAW

2222 West Spring Creek Pkwy., Suite 101  
Plano, Texas 75023

## CONFIDENTIAL INTERVIEW INFORMATION

(Adoption - Custody - Child Support - Paternity - Post Divorce)  
(Please print clearly)

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ Best # to be reached at: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

General Nature of Consultation: \_\_\_\_\_

Name, Address, and Telephone Number of Someone Who Can Always Contact You: \_\_\_\_\_

How Did You Hear about Us:

- Internet / Firm Web site
- Phone Book
- Plano Profile Magazine
- Referred by \_\_\_\_\_ (May we send a thank you letter? Yes No)

## CONSULTATION NOTICE

The charge for the initial 50-minute consultation is \$200.00 and is payable prior to the consultation. After 50 minutes, the attorney's regular hourly rate will apply. No services will be performed after the initial consultation without a written employment contract. Your questions about legal fees and the professional services to be rendered are invited. The attorney-client relationship is better served by an open discussion of these matters.

The State Bar 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.

ALL ATTORNEYS ARE REQUIRED BY LAW TO REPORT ANY FORM OF CHILD OR ELDER ABUSE. ANY CONVERSATIONS WITH THE ATTORNEYS REGARDING CHILD OR ELDER ABUSE ARE NOT PRIVILEGED. THE ATTORNEYS IN THIS OFFICE MUST REPORT CHILD ABUSE OR ELDER ABUSE TO THE PROPER AUTHORITIES.

I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



- c. City, State, Zip: \_\_\_\_\_
- d. Telephone number: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
May we call you at work? ( ) **Yes** ( ) **No** Work days and hours?
- e. Gross salary per ( ) month or ( ) annually: \$ \_\_\_\_\_
- f. Length of employment: \_\_\_\_\_
- g. Education: \_\_\_\_\_
- h. Military Status: Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank: \_\_\_\_\_  
( ) Active Time in Service: \_\_\_\_ years \_\_\_\_ months ( ) Retired  
( ) Reserves Base Pay: \$ \_\_\_\_\_ BAS: \$ \_\_\_\_\_ BAQ: \$ \_\_\_\_\_

**VITAL STATISTICS OF FORMER SPOUSE OR CHILD'S OTHER PARENT**

5. Please give the child's other parent/your former spouse's full name, date and place of birth, and Social Security number.

- a. Name: \_\_\_\_\_  

First	Middle	Last	Maiden
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- b. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Place of Birth: \_\_\_\_\_
- c. SSN: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  

State \_\_\_\_\_

**FORMER SPOUSE'S RESIDENCE/PHONE INFORMATION:**

6. Where is the other parent of your child/your former spouse living now and what is that individual's telephone number?

- a. Address: \_\_\_\_\_
- b. City, State, Zip: \_\_\_\_\_
- c. Residence telephone number: \_\_\_\_\_

**EMPLOYMENT AND EDUCATION INFORMATION:**

7. Complete the following concerning the other parent/your former spouse's employment.

- a. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State, Zip: \_\_\_\_\_
- d. Telephone number: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Work days and hours?
- e. Gross salary per ( ) month or ( ) annually \$ \_\_\_\_\_
- f. Length of employment: \_\_\_\_\_

- g. Education: \_\_\_\_\_
- h. Military Status: Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rank: \_\_\_\_\_  
 ( ) Active Time in Service: \_\_\_\_ years \_\_\_\_ months ( ) Retired  
 ( ) Reserves Base Pay: \$ \_\_\_\_\_ BAS: \$ \_\_\_\_\_ BAQ: \$ \_\_\_\_\_

**LAST DECREE/ORDER ENTERED BY COURT, IF ANY**

1. Title of Decree/Order: \_\_\_\_\_
2. Date of Decree/Order: \_\_\_\_\_ Court & Cause #: \_\_\_\_\_
3. State & County of Court of Last Order: \_\_\_\_\_

**PENDING DECREE/ORDER**

1. Have you been served with court papers? \_\_\_\_\_ Date: \_\_\_\_\_
2. If you have been served, have you filed an answer? \_\_\_\_\_
3. Please list your former spouse's or child's other parent's attorney: \_\_\_\_\_
4. Do you now have an attorney? \_\_\_\_\_ Who: \_\_\_\_\_
5. Attorney's phone number: \_\_\_\_\_

**CHILDREN:**

1. Please provide the following information for each child of this marriage.
  - A. FULL NAME: \_\_\_\_\_  
 SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_
  - B. FULL NAME: \_\_\_\_\_  
 SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_
  - C. FULL NAME: \_\_\_\_\_  
 SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_
  - D. FULL NAME: \_\_\_\_\_  
 SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_

**CUSTODY ISSUES**

1. Is there now a dispute over custody of the children? \_\_\_\_\_
2. If not, custody will be with whom? \_\_\_\_\_
3. With whom are the children now residing? \_\_\_\_\_
4. Is child support to be raised or lowered? \_\_\_\_\_
5. Is there now a dispute over child support? \_\_\_\_\_
6. Do any of the above children have any physical or mental handicap (such as epilepsy, Down Syndrome, ADHD/ADD; Asthma; blindness, ongoing counseling; etc.) which might require child support beyond age of 18? \_\_\_\_\_  
If yes, which child(ren)? \_\_\_\_\_
7. Do any of the above children own any property or accounts in their own name (such as through inheritance, large gifts, etc.)? \_\_\_\_\_

**PRIOR MARRIAGES**

1. Are you currently married? ( )Yes ( )No Spouse's Full Name: \_\_\_\_\_
2. Where is your current spouse employed? \_\_\_\_\_
3. Do you have other children by a prior marriage or relationship? \_\_\_\_\_
4. Do you pay or receive child support? \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Has the individual paying child support made all court-ordered payments? \_\_\_\_\_  
If he/she has missed payments, what is the outstanding balance approximately? \_\_\_\_\_
5. Has your ex-spouse remarried? \_\_\_\_\_ Their current spouses' name is: \_\_\_\_\_
6. Does your ex-spouse have children by a prior marriage or recent marriage? \_\_\_\_\_
7. Does your ex-spouse exercise his/her visitation? \_\_\_\_\_

**PATERNITY ONLY**

1. Is the biological father of the child listed on the child's birth certificate? \_\_\_\_\_
2. Was either parent of the child married to someone else on the child's date of birth? \_\_\_\_\_

**STEP-PARENT/GRANDPARENT ADOPTION AND TERMINATION**

1. How long has the child resided in the home of the step-parent/grandparent seeking adoption?
2. Are a parent's rights to the child(ren) to be terminated?
3. Will the terminated parent sign a voluntary relinquishment of parental rights?
4. When is the last date that you received child support from the parent whose rights are to be terminated?

5. When was the last time the parent whose rights you seek to terminate saw the child(ren)?  
Please explain:
6. Are there any criminal convictions or charges pending against the parent whose rights you seek to terminate?

**PROPERTY**

1. If applicable, do you and your ex-spouse continue to own any joint interest in real estate, which was purchased during the time you were married? \_\_\_\_\_

**GENERAL**

1. Who referred you to this office? \_\_\_\_\_

**FIREARMS**

1. Do you currently own or possess a firearm? Yes No  
Is it registered? Yes No
- In whose name is it registered? \_\_\_\_\_

2. Does your spouse currently own or possess a firearm? Yes No  
Is it registered? Yes No
- In whose name is it registered? \_\_\_\_\_

**Last Will and Testament:**

Do you have a will? ( )Yes ( )No If so, when was it written? \_\_\_\_\_

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**EXHIBIT "A"**

**Medical Insurance Information Statement**

Pursuant to Section 154.181(b) of the Texas Family Code,  
Petitioner/Respondent states the following:

1. If private medical insurance is in effect:
  - a. the name of the insurance company: \_\_\_\_\_;
  - b. the policy number: \_\_\_\_\_;
  - c. which parent is responsible for payment of premiums: \_\_\_\_\_;
  - d. coverage is/is not provided by a parent's employer: \_\_\_\_\_;  
If coverage through employer, which parent's employment: \_\_\_\_\_;
  - e. the cost of the monthly insurance premium (for the child(ren) only): \_\_\_\_;  
Medical: \_\_\_\_\_;  
Dental: \_\_\_\_\_;  
Vision: \_\_\_\_\_;  
Deductible: \_\_\_\_\_;  
Co-pay: \_\_\_\_\_;
  
2. If private medical insurance is not in effect:
  - a. that the child(ren) is/is not receiving medical assistance under Title 32,  
Human Resources Code (Medicaid): \_\_\_\_\_;
  - b. that the child is/is not receiving coverage under the Texas CHIPS program,  
\_\_\_\_\_; and
  - c. does either parent have access to private insurance at a reasonable cost,  
i.e. costs that do not exceed 10% of the parent's net income per month:  
\_\_\_\_\_.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_.

CLIENT