

AMICK & STEVENS

----- ATTORNEYS AT LAW -----

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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:

G Internet / Firm Web site

G Phone Book

G Plano Profile Magazine

G Referred by _____

CONSULTATION NOTICE

The charge for the initial one hour consultation is \$150.00 and is payable prior to the consultation. After one hour, 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.

I have read and understand the above.

Signature

Date

CLIENT INTERVIEW SHEET

Adoption - Custody - Child Support - Paternity - Post Divorce

Date:

Please complete this questionnaire. If you will take the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

CLIENT VITAL STATISTICS

1. Please give your full name, date and place of birth, and Social Security number.

a. Name: _____

Maiden First Middle Last

b. Date of Birth: / / Age Place of Birth:

c. SSN: _____ Driver's License No.:

State

JURISDICTION AND VENUE

2. How long have you lived in Texas?

a. In what County do you reside?

b. How long have you lived in that County? _____

CLIENT RESIDENCE/PHONE INFORMATION

3. Where are you living now?

a. Address: _____

b. City, State, Zip: _____

Residence telephone number: () _____ May we leave a message? (**Yes**) **No**

Mail (If other than your place of residence):

CLIENT EMPLOYMENT AND EDUCATION INFORMATION

4. Please complete the following concerning your employment:

a. Employer: _____ Job Title:

b. Street Address: _____

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

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 spouse's 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 2A2

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 _____
