

AMICK, STEVENS & GADNESS

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