

**INTAKE FORM**

Please answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please ask for more paper and complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. It is important that you answer each question fully. It is imperative that you be candid!

**NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21 .11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY -EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21 .11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

**CLIENT INFORMATION**

**PERSONAL:**

Full name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

**EMPLOYMENT:**

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Work telephone: \_\_\_\_\_

EIN: \_\_\_\_\_  
Gross monthly income: \_\_\_\_\_

**BACKGROUND:**

Educational background \_\_\_\_\_  
And certifications \_\_\_\_\_

Criminal history, including \_\_\_\_\_  
arrests and no convictions \_\_\_\_\_

Would you pass a drug test \_\_\_\_\_  
going back three months? \_\_\_\_\_

**CURRENT MARRIAGE**

Date of marriage: \_\_\_\_\_  
Place of marriage: \_\_\_\_\_  
Date separated: \_\_\_\_\_

Reason for divorce: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPOUSAL INFORMATION**

**PERSONAL:**

Full name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

**EMPLOYMENT:**

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Work telephone: \_\_\_\_\_  
EIN: \_\_\_\_\_  
Gross monthly income: \_\_\_\_\_

**BACKGROUND:**

Educational background \_\_\_\_\_  
And certifications \_\_\_\_\_  
\_\_\_\_\_

Criminal history, including \_\_\_\_\_  
arrests and no convictions \_\_\_\_\_  
\_\_\_\_\_

Would they pass a drug test \_\_\_\_\_  
going back three months? \_\_\_\_\_

**CHILDREN OF THE MARRIAGE**

Party pregnant? If so, please \_\_\_\_\_  
provide information \_\_\_\_\_

**CHILD'S INFORMATION**

Full name: \_\_\_\_\_  
Gender: MALE / FEMALE  
Birthdate: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Residing with: \_\_\_\_\_  
Disability? If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name: \_\_\_\_\_  
Gender: MALE / FEMALE  
Birthdate: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Residing with: \_\_\_\_\_  
Disability? If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full name: \_\_\_\_\_  
Gender: MALE / FEMALE  
Birthdate: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Residing with: \_\_\_\_\_  
Disability? If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTES:**