

FOR OFFICE USE ONLY

Quoted Retainer: _____

Quoted Hrly Rate: _____

LAW OFFICE OF KATE SMITH

MODIFICATION/ SUIT AFFECTING THE PARENT CHILD RELATIONSHIP

Client Information

Date: _____

Name _____
First Middle Last Maiden

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

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

Place of Birth: _____

Employer: _____
Name Address City State Zip

Present Spouse's Name (if applicable): _____

Occupation: _____ Business Phone: _____
Mobile Phone: _____

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 Child Information

Name _____
First Middle Last Maiden

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

Mailing Address: _____ DOB: _____
_____ AGE: _____
_____ DL#: _____
Place of Birth: _____ SSN: _____

Employer: _____
Name Address City State Zip

Name of their attorney (if represented at this time): _____

Personal Information

How were you referred to our office? Friend or other Attorney (please provide name and address):

Internet _____ Yellow Pages _____ Other _____

Are you represented by another attorney at this time? _____ Yes _____ No

If yes, who (please provide name and phone number)? _____

Previous Order Information

Date of original order: _____ County in which original order entered: _____

Date of most recent order: _____ County in which most recent order entered: _____

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: _____

NOTICE TO POTENTIAL CLIENT

I understand that, at this point in time, no attorney at this firm as agreed to represent me regarding any legal matter. I understand that the attorneys at this firm only agree to represent clients by way of a written attorney-client contract. If the attorneys decline to represent me, I acknowledge that I am aware that I may jeopardize valuable legal rights (including the right to bring a claim) if I do not act within a certain period of time. If the attorneys at this firm do not agree to accept my case (by way of a written contract) I should see another attorney IMMEDIATELY about my legal matter. I understand that I will not be given any legal advice about how or when I must file a claim. I understand that if I fail to see another attorney immediately that I may fail to preserve my claim and that I may forfeit my right to pursue my claim. I HAVE READ THIS PARAGRAPH AND I ACKNOWLEDGE THAT I UNDERSTAND IT.

Today's Date

Signature

EXHIBIT "A"

REQUIRED HEALTH INSURANCE INFORMATION PURSUANT TO TFC Section 154.181 (B)

Pursuant to Texas Family Code Sec. 154.181 (B), the parties submit the following information regarding health insurance for the minor child(ren) the subject of this suit:

Private health insurance **IS** in effect for the minor child(ren):

Identity of Health Insurance Company: _____

Policy Number: _____

Name of Parent Responsible for Payment of Premium: _____

Is Coverage Available Through the Parent's Employer: _____ YES _____ NO

Cost of Premium: \$ _____ per week / month / year (Please circle one.)

OR

Private health insurance **IS NOT** in effect for the minor child(ren):

Is/are the children receiving medical assistance under Chapter 32, Human Resources Code? _____ YES _____ NO

Is/are the child(ren) receiving health benefits coverage under state child health plan as set out in Chapter 62, Health and Safety Code? _____ YES _____ NO

Cost of Premium? \$ _____ per week / month / year (Please circle one.)

Does either parent have access to private health insurance at a reasonable cost to that parent, reasonable defined as a premium per month not to exceed ten percent (10%) of the parent's net income per month? _____ YES _____ NO