

_____ Attorney's Initials

FAMILY LAW CLIENT INTAKE SHEET

IF YOU DO NOT LIVE IN BEXAR COUNTY; OR, IF YOU ARE NOT CERTAIN IF YOU HAVE RESIDED IN YOUR COUNTY FOR THE PAST THREE (3) CONSECUTIVE MONTHS, PLEASE ADVISE THE ATTORNEY.

Referred by: _____ Today's Date: _____

SECTION I – PERSONAL INFORMATION

YOUR INFORMATION

Full Name _____ Age: _____
Original Surname _____ Birth date _____
If you would like your name changed, please indicate: First, Middle, Last _____
Birthplace (City) _____ State _____
Social Security Number _____ Driver's License Number _____
Home Street Address _____
City, State and Zip _____ County of Residence _____
Cell Phone _____ *Alternate/Emergency Phone _____
Fax Number _____ Personal E-Mail Address: _____
Employer _____ Work E-Mail Address: _____
Business Street Address _____
City, State and Zip _____ Work Phone _____
Salary/Income _____ Hourly Weekly Monthly Annually

Please put an asterisk (*) at which address you prefer to receive mail.

"EX" SPOUSE / "EX" PARTNER

Full Name _____ Age: _____
Birth date _____ Birthplace (City) _____ State _____
Social Security Number _____ Driver's License Number _____
Home Street Address _____
City, State and Zip _____ County of Residence _____
Phone _____ Cell Phone _____ Fax Number _____
E-Mail Address _____
Employer _____
Business Street Address _____
City, State and Zip _____ Work Phone _____
Salary/Income _____ Hourly Weekly Monthly Annually

***THERE WILL BE A CONSULTATION FEE PAYABLE AT THE END OF YOUR APPOINTMENT. IF YOU HAVE ANY QUESTIONS, PLEASE CHECK WITH THE RECEPTIONIST.**

SECTION II –MARRIAGE INFORMATION

MARRIAGE OR RELATIONSHIP

Date of Marriage or Start of Relationship _____

Date of Separation _____

Place of Marriage _____

(City, County, State)

IF THERE ARE CHILDREN UNDER THE AGE OF EIGHTEEN (18) BORN OF THIS MARRIAGE, PLEASE COMPLETE SECTION III.

SECTION III –CHILD(REN) INFORMATION

Full Name	Sex	Birthplace County, City, State	Birth Date	Social Security #
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____

Present Residence Address _____

Child(ren)'s Health Insurance Information

Name of person providing insurance for child(ren): _____

Name of Insurance Company: _____

Group/Policy/ID No.: _____

Amount of Monthly Premiums: _____

Is this coverage provided through the party's employment? ____ Yes ____ No

If the coverage is provided through CHIP or other state or federal program, please state the name of the program: _____

[If possible, please allow receptionist to make a copy of the insurance card(s) related to the child(ren)'s coverage.]

SECTION IV – ASSET INFORMATION (Only Fill Out if This is a Divorce Consult)

Vehicle 1 _____ VIN _____ Loan ____ Yes ____ No

Vehicle 2 _____ VIN _____ Loan ____ Yes ____ No

Property _____ Mortgage Loan ____ Yes ____ No

Bank Accounts _____

Other _____

