

2. Current Address: _____

City, State, zip: _____

Home phone: _____

3. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Cell Phone: _____

4. Please complete the following concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, State, zip: _____

Telephone number: _____

May we call you at work? _____

Gross salary per month or annually: \$ _____

Length of employment: _____

Education: _____

5. If you are currently remarried, please provide the following information regarding your spouse:

a. Name: _____
(first) (middle) (last)

b. Employer: _____

Job Title: _____

Street address: _____

City, State, Zip: _____

Telephone number: _____

Gross salary per month or annually: \$ _____

Length of employment: _____

Education: _____

About your ex-spouse:

6. Please give your EX-SPOUSE'S full name, date of birth, and social security number.

a. Name: _____
(first) (middle) (last)

b. Date of birth: _____

c. City & State where born: _____

d. Social Security number: _____

e. Driver's license number: _____

7. Where is your ex-spouse living?
- a. Address: _____
 - b. City, State, Zip: _____
 - c. Residence telephone number: _____
 - d. Length of time at this address? _____
8. Complete the following concerning your ex-spouse's employment.
- a. Employer: _____
 - b. Job Title: _____
 - c. Street address: _____
 - d. City, State, Zip: _____
 - e. Telephone number: _____
 - f. Ex-spouse's gross salary \$ _____
 - g. Length of ex-spouse's employment: _____
 - h. Education of ex-spouse: _____

About your children:

9. Please give full name, date and place of birth, sex, and Social Security number of each child of your previous marriage who are still 18 YEARS OR YOUNGER.

a. _____ (name)	_____ (Sex M/F)	_____ (SSN)
_____ (place of birth-city, state)	_____ (date of birth)	
b. _____ (name)	_____ (Sex M/F)	_____ (SSN)
_____ (place of birth-city, state)	_____ (date of birth)	

c. _____
(name) (Sex M/F) (SSN)

(place of birth-city, state) (date of birth)

d. _____
(name) (Sex M/F) (SSN)

(place of birth-city, state) (date of birth)

10. Where are the children living at this time? _____

How long have they lived there? _____

11. Is private health insurance in effect for the children? _____

If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

12. If private health insurance is not in effect for the children, please answer the following questions:

Are the children receiving Medicaid benefits under chapter 32, Human Resources Code?

Are the children receiving health benefits coverage under the Children's Health Insurance Program under chapter 62, Health and Safety Code? If so, what is the cost of the premium?

Does the mother have access to private health insurance at reasonable cost to her?

Does the father have access to private health insurance at reasonable cost to him?

Has anyone applied for Medicaid benefits for the children or for coverage for the children under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

13. a. What was the date of your divorce? _____
b. Where was your divorce granted? _____
c. State the dates (if any) your divorce decree has been modified: _____
14. Who referred you to this office? _____

*The information provided is true and correct to the best of my knowledge. I understand that the completion of this form and/or the payment of a consultation fee of \$200 **does not mean that the attorneys in this office will represent me.** I understand that employment of an attorney is contingent on payment of a retainer fee and the signing of an employment contract.*

Date

Signature

(please do not write below this line)

Retainer Quoted \$
Amount Paid \$
Date Paid
Retainer Agreement
Inventory & Appr.
Financial Info Form
Health & Ins. Stmt.