

2. Current Address: _____
City, State, zip: _____
Home phone: _____
E-mail: _____ Cell Phone: _____
3. Employer: _____
Job title: _____
Street address: _____
City, State, zip: _____
Telephone number: _____
Gross salary per month or annually: \$ _____
Length of employment: _____
Education: _____

About the father of the child:

4. Name: _____
(first) (middle) (last)
Date of birth: _____
City & State where born: _____
Social Security number: _____
Driver's license number: _____
5. Address: _____
City, State, Zip: _____
Home phone: _____

E-mail: _____ Cell Phone: _____

Length of time at this address? _____

6. Employer: _____

Job Title: _____

Street address: _____

City, State, Zip: _____

Telephone number: _____

Gross salary \$ _____

Length of employment: _____

Education : _____

About the child:

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

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

8. Where is the child living at this time? _____

How long has the child lived there? _____

9. Is private health insurance in effect for the child? _____

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? _____

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

Is the child receiving Medicaid benefits under chapter 32, Human Resources Code?

Is the child 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 child or for coverage for the child under the Children's Health Insurance Program? _____

If so, who applied? _____

What is the status of the application? _____

11. 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