

Parent/Child Suit Information Form

Thank you for allowing The Allen Firm, PC to help you.

Please complete the following Parent/Child Suit Information Form.

Today's Date

Client Name:

PERSONAL CONFIDENTIAL INFORMATION

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully and truthfully. You should 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."

Your responses to these questions will help to organize your case and should help 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, the responses are protected by the attorney-client privilege.

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.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

ATTORNEY/CLIENT-PRIVILEGED INFORMATION

Privacy Policy Regarding Social Security Numbers: Social Security numbers will be divulged only when necessary during the course and within the scope of our employment.

Social Security numbers are collected by the firm from various sources, including income tax returns as well as the client.

Social Security numbers are used to identify parties for a number of purposes, including determination of wages, preparation of orders to withhold wages for child support and reports filed with the state of Texas, and obtaining information about retirement benefits.

All information received from our clients is confidential, particularly Social Security numbers. Social Security numbers are not divulged by the firm unless authorized by the client or required in the course of representation. Only employees of the firm who have a need to know will have access to this personal information.

PERSONAL INFORMATION

First Name

Last Name

Street Address

Street Address Line 2

City

State

Zip Code

Date Of Birth

Drivers License Number

Last 4 Digits of SS#

Employer

Title

E-mail Address :

Best Phone Number :

Professional Degrees, Licenses, Certifications:

EMPLOYMENT INFORMATION

Employer:

Employer Title:

Employer Street Address: Gross salary per month or annually: Length of Employment:

Work E-Mail: May we E-Mail you at work?
Yes No

Work Phone: May we call you at work?
Yes No

EDUCATION INFORMATION

Education:

SPOUSE'S INFORMATION

Spouse's Name Spouse's Date of Birth Spouse's Last 4 digits of SS #

Spouse's Driver's License

Spouse's E-mail Address : Spouse's Best Phone Number :

SPOUSE EMPLOYMENT INFORMATION

Spouse Employer: Spouse Employer Title:

Spouse Employer Street Address: Spouse Gross salary per month or annually: Spouse Length of Employment:

Spouse Work E-Mail: Spouse Work Phone:

SPOUSE EDUCATION INFORMATION

Spouse Education:

INFORMATION ABOUT CHILDREN

How many children were the result of this marriage?

0 1 2 3 4 5+

Child 1

Child 1 Full Name

Child 1 Male or Female?

Child 1 DOB

Male

Female

Child 1 Social Security #

Child 2

Child 2 Full Name

Child 2 Male or Female?

Child 2 DOB

Male

Female

Child 2 Social Security #

Child 3

Child 3 Full Name

Child 3 Male or Female?

Child 3 DOB

Male

Female

Child 3 Social Security #

Child 4

Child 4 Full Name

Child 4 Male or Female?

Child 4 DOB

Male

Female

Child 4 Social Security #

Will there be a dispute over custody of the children?

Yes

No

Who will have custody of the children?

Where and with whom are the children living now?

INSURANCE

Is private health insurance in effect for the children?

Yes

No

Please provide the following information regarding health insurance covering children:

Name of insurance company:

Policy number:

Party responsible for payment of the premium:

Monthly cost of premium:

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

Yes

No

Name of parent whose employment provides health insurance of children?

Please answer the following questions.

Are the children receiving Medicaid benefits?

Yes

No

Are the children receiving health benefits coverage under the Children's Health Insurance Program?

Yes

No

What is the cost of the premium?

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

Yes

No

Who applied?

What is the status of the application?

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

Yes

No

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

Yes

No

ABOUT YOUR MARRIAGE AND SEPARATION

Marriage Date:

Place:

Are you now separated from your spouse?

Date of separation:

Yes

No

Have you seen a marriage counselor?

Please state name and contact information:

Yes

No

What is your religious preference?

If none, are you agnostic or atheist?

What is your spouse/ex-spouse religious preference?

If none, is your spouse/ex-spouse agnostic or atheist?

Check as appropriate if your marital difficulties involve any of the following:

Drugs/Alcohol

Financial Dispute

Physical Violence

Sexual Disappointment

Religion

Infidelity

Incompatibility

Other

How long have you lived in Texas?

How long have you lived in your county of residence?

Have you or your spouse ever filed for divorce?

Yes

No

When and where? (Filed for Divorce Before)

Does your spouse/ex-spouse have an Attorney?

Yes

No

Spouses Attorney Information

Have you ever been married before?

Yes

No

How many times have you been married?

Do you or your spouse/ex-spouse have any other children for whom a duty of support is owed?

Yes

No

How many children are there whom a duty of support is owed?

0

1

2

3

4

5+

Support Child 1

Child 1 Support Full Name

Child 1 Support Place of Birth

Child 1 Support DOB

Child 1 Support Age

Child 1 Support Male or Female?

Child 1 Support Social Security #

Male

Female

Support Child 2

Child 2 Support Full Name

Child 2 Support Place of Birth

Child 2 Support DOB

Child 2 Support Age

Child 2 Support Male or Female?

Child 2 Support Social Security #

Male

Female

Support Child 3

Child 3 Support Full Name

Child 3 Support Place of Birth

Child 3 Support DOB

Child 3 Support Age

Child 3 Support Male or Female?

Child 3 Support Social Security #

Male Female

Support Child 4

Child 4 Support Full Name

Child 4 Support Place of Birth

Child 4 Support DOB

Child 4 Support Age

Child 4 Support Male or Female?

Child 4 Support Social Security #

Male Female

Where and with whom do these children live?

Do you pay child support?

Yes

No

How much child support do you pay and how often?

Do you receive child support?

Yes

No

How much child support do you receive and how often?

Does your spouse/ex-spouse pay child support?

Yes

No

How much child support does your spouse/ex-spouse pay and how often?

Does your spouse/ex-spouse receive child support?

Yes

No

How much child support does your spouse/ex-spouse receive and how often?

If a divorce is granted, should the wife's maiden name be restored?

Yes

No

What name should be used?

ABOUT WEAPONS AND AMMUNITION

Do you or your spouse have possession of any weapons or ammunition?

Yes

No

Please describe the weapons and ammunition and state their location:

OUTSIDE OF TEXAS JURISDICTION

Do you or your spouse reside outside of Texas?

Yes

No

Please provide a list of the places where the children have lived during the past five years and the names and present addresses of the persons with whom the children have lived during that period.

If you have participated, as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the children, identify the court, the case number, and the date of the child custody determination, if any.

If you know of any proceeding which could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions, involving you, your (ex-)spouse, or the children, identify the court, the case number, and the nature of the proceeding.

Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims rights of legal custody or physical custody of, or visitation with, the children.

If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief.

ABOUT THE OTHER PARENT OF YOUR CHILDREN

Other Parent's Name	Other Parent's Date of Birth <input type="text"/>
Other Parent's Last 4 digits of SS #	Other Parent's Driver's License
Other Parent's E-mail Address :	Other Parent's Best Phone Number :

Who else lives in the Other Parent's Household?

Other Parent Employment Information

OTHER PARENT EMPLOYMENT INFORMATION

Other Parent Employer:	Other Parent Employer Title:
Other Parent Employer Street Address:	
Other Parent Gross salary per month or annually:	Other Parent Length of Employment:
Other Parent Work E-Mail:	Other Parent Work Phone:

Other Parent Education Information

Other Parent Education:

OTHER PARENT-CHILD RELATIONSHIP INFORMATION

Have you or the other parent ever sought or been subject to a protective order?

Yes

No

Have you or the other parent ever contacted or been contacted by the Office of the Attorney General?

Yes

No

Have you or the other parent ever contacted or been contacted by child protective services?

Yes

No

Have you or the other parent ever been arrested for or convicted of a crime other than receiving a traffic ticket?

Yes

No

Who referred you to this office?

Have you consulted or retained any other attorneys on this matter before coming to this office?

Yes

No

Please state with who and when:

Digital Signature