

**Questionnaire for Suits Affecting Parent-Child Relationship**

**I. Today's date:** \_\_\_\_\_

Have you been served in this matter? \_\_\_\_\_ If yes, what date? \_\_\_\_\_

*(Please provide us with copies of all documents related to this matter.)*

**Is anyone accompanying you to this consultation? \_\_\_\_\_ If yes, please give names of each:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**II. INFORMATION ABOUT YOURSELF**

In relation to the children who are the subject of this suit, you are the:

mother  father  other: \_\_\_\_\_

Your full name: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ wk #: \_\_\_\_\_ cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How and when would you prefer that we contact you? \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Is this a temporary address? \_\_\_\_\_

Social security #: \_\_\_\_\_ DL # and State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

How long at this job? \_\_\_\_\_ Your job is:  full time  part time  temporary

Describe your work schedule (days and times of shifts): \_\_\_\_\_

\_\_\_\_\_

Check all that apply regarding how you are paid:  hourly  salary  commissions

Do you regularly receive overtime or bonuses? \_\_\_\_\_

Total monthly income from job: \_\_\_\_\_ Total from all sources: \_\_\_\_\_

List ALL other sources of income and amounts: \_\_\_\_\_

Professional licenses held by you: \_\_\_\_\_

Criminal History: \_\_\_\_\_

Do you have a history of alcohol or drug abuse? \_\_\_\_\_

Mental Illness? \_\_\_\_\_ Date of last diagnosis: \_\_\_\_\_

Other long-term illness or disability: \_\_\_\_\_

Others living in same household with you: \_\_\_\_\_

\_\_\_\_\_

**Significant Others:**

Please indicate whether you are  married  engaged  involved in a serious relationship

If yes to any of the above, please answer the following questions regarding that person:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Criminal history: \_\_\_\_\_

History of alcohol or drug abuse? \_\_\_\_\_

History of mental illness? \_\_\_\_\_

Has he/she lost custody of his/her children or have supervised visitation? \_\_\_\_\_

\_\_\_\_\_

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**III. CHILDREN WHO ARE THE SUBJECT OF THIS SUIT:**

*For each child that is the subject of this suit, please complete the information below:*

1. Name: \_\_\_\_\_ Male or female? \_\_\_\_\_

Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_

School or daycare attending: \_\_\_\_\_

Biological mother: \_\_\_\_\_

Biological father: \_\_\_\_\_

Currently residing with: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

2. Name: \_\_\_\_\_ Male or female? \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
School or daycare attending: \_\_\_\_\_  
Biological mother: \_\_\_\_\_  
Biological father: \_\_\_\_\_  
Currently residing with: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

3. Name: \_\_\_\_\_ Male or female? \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
School or daycare attending: \_\_\_\_\_  
Biological mother: \_\_\_\_\_  
Biological father: \_\_\_\_\_  
Currently residing with: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

4. Name: \_\_\_\_\_ Male or female? \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
School or daycare attending: \_\_\_\_\_  
Biological mother: \_\_\_\_\_  
Biological father: \_\_\_\_\_  
Currently residing with: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

*Do any of the children listed above have a disability that would necessitate care beyond the age of 18? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_*  
\_\_\_\_\_

**Health Insurance:**

Are the children currently covered by health insurance?\_\_\_\_\_

Name of insurance company:\_\_\_\_\_ Policy #:\_\_\_\_\_

Insurance is provided through: [ ] mother’s employment [ ] father’s employment

[ ] government program [ ] other:\_\_\_\_\_

Amount of monthly premiums:\_\_\_\_\_ Who is responsible for payment?\_\_\_\_\_

**Dental Insurance:**

Are the children currently covered by dental insurance?\_\_\_\_\_

Name of insurance company:\_\_\_\_\_ Policy #:\_\_\_\_\_

Insurance is provided through: [ ] mother’s employment [ ] father’s employment

[ ] government program [ ] other:\_\_\_\_\_

Amount of monthly premiums:\_\_\_\_\_ Who is responsible for payment?\_\_\_\_\_

**IV. OTHER CHILDREN NOT SUBJECT TO THIS SUIT:**

If you have OTHER MINOR CHILDREN who are NOT the subject of this suit but that you have an obligation to support, please complete section immediately below:

1. Name:\_\_\_\_\_ Sex:\_\_\_\_\_

DOB:\_\_\_\_\_ Resides with:\_\_\_\_\_

2. Name:\_\_\_\_\_ Sex:\_\_\_\_\_

DOB:\_\_\_\_\_ Resides with:\_\_\_\_\_

3. Name:\_\_\_\_\_ Sex:\_\_\_\_\_

DOB:\_\_\_\_\_ Resides with:\_\_\_\_\_

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**V. INFORMATION ABOUT THE OPPOSING PARTY**

In relation to the children who are the subject of this suit, the opposing party is the:

[ ] father [ ] mother [ ] other:\_\_\_\_\_

Were you ever married him/her?\_\_\_\_\_ If yes, date of divorce:\_\_\_\_\_

**NAME:**\_\_\_\_\_ **Date of birth:**\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

Home #: \_\_\_\_\_ work #: \_\_\_\_\_ cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ employer: \_\_\_\_\_

Work schedule (hours and days of shifts): \_\_\_\_\_  
\_\_\_\_\_

Monthly net income from job: \_\_\_\_\_ From all sources: \_\_\_\_\_

Professional licenses held : \_\_\_\_\_

Others living in same household: \_\_\_\_\_  
\_\_\_\_\_

Criminal history: \_\_\_\_\_

History of alcohol or drug abuse? \_\_\_\_\_

Psychiatric illnesses: \_\_\_\_\_ date of last diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Is he/she  married  engaged  involved in a serious romantic relationship

If yes to any of above, NAME of that other person: \_\_\_\_\_

Info about that person that may be significant to this case: \_\_\_\_\_  
\_\_\_\_\_

Does he/she has other children that are NOT the subject of this suit? \_\_\_\_\_ How many? \_\_\_\_\_

Do those children reside with him/her? \_\_\_\_\_

Does he/she pay child support for those children? \_\_\_\_\_

Has he/she lost custody or have supervised visitation of those other children? \_\_\_\_\_  
\_\_\_\_\_

Other information about him/her that you feel may be significant to this case: \_\_\_\_\_  
\_\_\_\_\_

For purposes of service of process, give general physical description: \_\_\_\_\_  
\_\_\_\_\_

Type of vehicle driven: \_\_\_\_\_

Best time/place to serve him/her: \_\_\_\_\_

*(Please provide us with a photograph of opposing party if possible for the process server.)*

**VI. PREVIOUS COURT ORDERS:**

*(Please provide us with copies of ALL prior court orders.)*

Date of last order:\_\_\_\_\_ Type of Order:\_\_\_\_\_

Order based upon:  final trial  mediated settlement agreement  other negotiation

Custody:  Joint managing conservators – Primary to:\_\_\_\_\_

Sole managing to:\_\_\_\_\_

Geographical restriction?\_\_\_\_\_

Visitation:  Standard  Standard Expanded  Other:\_\_\_\_\_

Is the visitation schedule ordered by the court actually being followed? \_\_\_\_\_

If no, why not?\_\_\_\_\_

What schedule is actually being followed?\_\_\_\_\_

Was child support ordered?  YES  NO

If no, why not?\_\_\_\_\_

If yes, was it according to guidelines?\_\_\_\_\_

Obligor:\_\_\_\_\_ Obligee:\_\_\_\_\_

Amount: \$\_\_\_\_\_ per \_\_\_\_\_

Are the payments current?\_\_\_\_\_ Amt of back support owed:\_\_\_\_\_

Do you feel that modification is necessary?\_\_\_\_\_ Why or why not?\_\_\_\_\_

Has there been a substantial change since the rendition of the last court order? \_\_\_\_\_

If yes, please explain:\_\_\_\_\_

What would you like to accomplish in regard to this suit?\_\_\_\_\_

Have you consulted with other attorneys in this matter?\_\_\_\_\_

Outcome:\_\_\_\_\_

**PLEASE SIGN BELOW, indicating that all information herein is correct:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Attorney's notes:**

## CONSULTATION AGREEMENT

You have agreed to pay JUSTICE LAW FIRM, PC a non-refundable flat fee of \$75.00 for a legal consultation. This fee is to compensate attorney for his/her time, as well as for loss of potential future business due to conflicts of interest that are likely to arise as a result of this legal consultation; the fee is deemed earned by the attorney immediately upon receipt. The fee is not related to the complexity of the problem or to the nature or content of the advice given. This fee is due at the time the appointment is scheduled, and this fee reserves your appointment time. If you do not give at least 24 hours notice of cancellation, the \$75.00 is non-refundable.

The attorney does not represent you during this consultation, but will advise you of whether or not a cause of action might exist, your legal options and potential remedies, potential consequences, and whether or not the attorney is willing and able to represent you in the matter at hand. The consultation alone does not create a fiduciary duty on the part of the attorney, and the attorney has no duty to follow up on your legal matter without further written agreement.

The attorney will offer advice to the best of his/her ability based upon the information that you provide and may not be able to advise you properly or thoroughly if you do not provide all of the information requested. With very few and limited exceptions, information you provide to us in regard to the subject matter of the legal consultation is kept strictly confidential. If you refuse to provide the basic information requested in the intake form, then the attorney will not be able to consult with you.

You may be advised in your consultation that you do not have a cause of action. If you are advised that a cause of action does exist, the attorney may or may not choose to represent you in the matter, taking into account factors such as the type of matter at hand, the time commitment involved compared with his/her current case load, the level of expertise required, and existing or potential conflicts of interest. Fees quoted by the attorney for representation will also depend upon such factors. You may receive a referral from our office; in that event, you understand that we are not responsible for the actions or inactions of another professional.

If it becomes necessary to consult with the attorney regarding another matter, another consultation fee will be charged. If you later need additional advice involving this same matter, you will be charged our regular hourly rate. There will be a \$40.00 fee for any returned checks, and you are responsible for all expenses associated with collection of funds, including attorney fees.

You also understand that the attorney you will be consulting with is not a tax specialist and has not agreed to render tax services.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

How did you hear about our law firm?     phone book     internet     magazine ad

I'm a past client     referral from \_\_\_\_\_

other: \_\_\_\_\_