

Attorney met with: _____

fee paid: \$_____

Client Name: _____ **Date:** _____

CUSTODY INTAKE SHEET

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully and candidly. 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." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies and attach your answer to this questionnaire. Your responses to these questions will help to organize your case and will 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, you are assured of confidentiality and 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, 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.

I. Preliminary Information

Names of any persons accompanying you to this appointment, and relationship of each person:

Have there been any prior court proceedings in this matter, and if so, please explain. (PLEASE PROVIDE COPIES OF ALL PRIOR COURT DOCUMENTS): _____

Reason you are seeking custody:

Who do you anticipate will contest this action, and why? _____

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II. Personal Information

Full Legal Name: _____ Circle one: M F

Name you prefer to be called: _____

Address: _____

_____ County: _____

Phone numbers: Home: _____ Cell: _____

Work: _____ Fax: _____

Email Address: _____

Preferred method and time to contact you: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Days and hours you work: _____

Monthly income for self: _____ For household: _____

Date of Birth: _____ Social Security Number: _____

How many biological children (born or adopted) do you have? _____ Ages: _____

How many step-children do you have? _____ Ages: _____

How many children are living with you at this time? _____ Ages: _____

Which minor children, if any, do you have primary custody of? _____

Names, ages, and relationship of all individuals living with you in your home at this time: _____

Do you have any criminal history? _____ If yes, please provide information of all criminal history in past 10 years: _____

Do you have any issues with alcohol or other substance abuse? _____

If yes, please explain: _____

Have you any history with Child Protective Services? _____ If yes, please explain: _____

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II. Marital status (check one): married engaged divorced widowed single

If married or engaged, information about your spouse/fiancé:

Spouse's Name: _____ Date of birth: _____

Occupation: _____ Employer: _____

Days / hours of work schedule: _____

Employer address: _____

Work phone: _____ Cell phone: _____

Gross monthly income from job: _____

Criminal history? _____ If yes, please list all criminal history in the last 10 year: _____

Any problems with alcohol or other substance abuse? _____ If yes, please explain: _____

Any history with Child Protective Services? _____ If yes, please explain: _____

III. Information about child(ren) you are seeking custody of:

NAME AND AGE OF CHILD	FIRST NAME OF BIOLOGICAL MOTHER	FIRST NAME OF BIOLOGICAL FATHER	YOUR RELATIONSHIP TO THE CHILD

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Name(s) of child(ren):

1. Full Name: _____ Circle one: M F

Date of Birth: _____ Age: _____ SSN: _____

Drivers' License and State: _____

Who is the child currently residing with? _____

Address: _____

_____ County: _____

School or daycare attending: _____

Child's teacher: _____

Principal or Daycare Director: _____

Name of Baby sitter(s): _____

Any Special needs? _____

Full Name of Biological Mother: _____

Full Name of Biological Father: _____

Your relationship to the child: _____

Were you ever married to the child's other parent? _____

2. Full Name: _____ Circle one: M F

Date of Birth: _____ Age: _____ SSN: _____

Drivers' License and State: _____

Who is the child currently residing with? _____

Address: _____

_____ County: _____

School or daycare attending: _____

Child's teacher: _____

Principal or Daycare Director: _____

Baby sitter: _____

Any Special needs? _____

Full Name of Biological Mother: _____

Full Name of Biological Father: _____

Your relationship to the child: _____

Were you ever married to the child's other parent? _____

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3. Full name: _____ Circle one: M F
Date of Birth: _____ Age: _____ SSN: _____
Drivers' License and State: _____
Who is the child currently residing with? _____
Address: _____
_____ County: _____
School or daycare attending: _____
Child's teacher: _____
Principal or Daycare Director: _____
Baby sitter: _____
Any Special needs? _____
Full Name of Biological Mother: _____
Full Name of Biological Father: _____
Your relationship to the child: _____
Were you ever married to the child's other parent? _____

4. Full name: _____ Circle one: M F
Date of Birth: _____ Age: _____ SSN: _____
Drivers' License and State: _____
Who is the child currently residing with? _____
Address: _____
_____ County: _____
School or daycare attending: _____
Child's teacher: _____
Principal or Daycare Director: _____
Baby sitter: _____
Any Special needs? _____
Full Name of Biological Mother: _____
Full Name of Biological Father: _____
Your relationship to the child: _____
Were you ever married to the child's other parent? _____

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IV. If you are NOT the mother of the child(ren), give the following information about the mother of the child(ren):

Your relationship to the mother: _____

Mother's name: _____

Is the mother married? _____ If yes, name of spouse: _____

Address: _____

_____ County: _____

Phone: Home: _____ Cell: _____

Work: _____ Fax: _____

Email address: _____

Date of birth: _____ Age: _____

SSN: _____ DL # and State: _____

Occupation: _____

Work Schedule (days/times) _____

Employer: _____

Employer Address: _____

Approximate gross monthly income: _____

Criminal history? _____ If yes, please explain: _____

Psychiatric/mental/emotional illnesses? _____ If yes, please explain: _____

History with CPS? _____ If yes, please

explain: _____

How would you describe her relationship with the children?

Does she have other children not subject to this suit? _____ If yes, names and ages:

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V. If you are NOT the father of the children, give the following information about the father of the child(ren):

Your relationship to the father: _____

Father's name: _____

Is the father married? _____ If yes, name of spouse: _____

Address: _____

_____ County: _____

Phone: Home: _____ Cell: _____

Work: _____ Fax: _____

Date of birth: _____ Age: _____

SSN: _____ DL # and State: _____

Occupation: _____

Work Schedule (Days/times) _____

Employer: _____

Employer Address: _____

Approximate gross monthly income: _____

Criminal history? _____ If yes, please explain: _____

Psychiatric/mental/emotional illnesses? _____ If yes, please explain: _____

History with CPS? _____ If yes, please explain: _____

How would you describe her relationship with the children?

Does she have other children not subject to this suit? _____ If yes, names and ages:

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VI. Grandparents of the Child(ren):

1. Maternal grandmother

Name and address: _____
_____ County: _____

How often does she visit the child(ren)? _____

How would you describe her relationship with the child(ren)? _____

2. Maternal grandfather

Name and address: _____
_____ County: _____

How often does he visit the child(ren)? _____

How would you describe his relationship with the child(ren)? _____

3. Paternal grandmother

Name and address: _____
_____ County: _____

How often does she visit the child(ren)? _____

How would you describe her relationship with the child(ren)? _____

5. Paternal grandfather

Name and address: _____
_____ County: _____

How often does he visit the child(ren)? _____

How would you describe his relationship with the child(ren)? _____

Signature: _____ **Date:** _____

ATTORNEY NOTES: