

INTERVIEWING ATTY _____ FEE QUOTED _____ DOWN PAYMENT QUOTED _____ CONFLICT CP: _____ INI: _____

DATE: _____ COST QUOTED _____ CONFLICT BXL: _____ INI: _____

BAILEY & GALYEN
Attorneys at Law

Name _____ DOB: _____ Sex: M _____ F _____
Last Name First Middle Maiden

Place of birth _____
City County State Country

Social Security Number: _____ Drivers License Number: _____ State _____

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail Address: _____ Cell Phone: (_____) _____

I authorize emails concerning my case. I authorize emails of general interest from Bailey & Galyen.
 I authorize a follow up call regarding my consultation. If yes, please list a contact number. (_____) _____

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City _____ St. _____ Annual Salary _____

Spouse's Name: _____ (Maiden name) _____ DOB: _____

Address(if different from yours): _____ City: _____ State: _____ ZIP: _____

Employer: _____ Work Phone: _____

PERSON FINANCIALLY RESPONSIBLE: Name _____ DOB: _____
Address: _____ Phone: _____
Social Security Number: _____ Drivers License Number: _____ State _____
EMERGENCY CONTACT INFORMATION: Name _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____

What legal action(s) were you involved in previously, if any? _____

Have you or family member been involved in any type of accident in the last two years? Yes _____ No _____

Have you or a family member ever suffered any serious injuries after taking a prescription or non-prescription drug? Yes _____ No _____

Do you currently have a will? Yes _____ No _____ Have you been denied Social Security benefits? Yes _____ No _____

Do you have need of legal assistance for any immigration matter? Yes _____ No _____

Purpose of visit today: _____

HOW WERE YOU REFERRED TO US? (Circle one) Office Sign I'm a Previous Client Bar Association B&G Letter TV Ad Radio
Billboard Website In Mesquite Phonebook: name of book _____ Friend: Name of Friend _____
An Attorney: Name of attorney _____ Other: _____
Bailey & Galyen Employee: Name of Employee _____

Interview Date: _____

Conflicts: _____ Initials: _____

Interviewer: _____

Date Retained: _____

Date: _____

**BAILEY & GALYEN
ADOPTION INTAKE SHEET**

CLIENT: Full Name: _____ Male _____ Fem _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

SPOUSE INFORMATION:

Full Name: _____ Maiden Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City County State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: () Work Phone: () Pager No: ()

Mobile No: () Home E-mail Address: _____

MOTHER OF CHILD(REN):

Full Name: _____ Maiden Name: _____

Address: _____ Apt No: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

Social Security No: _____ Driver's License No: _____ Date of Birth: _____

Place of Birth: _____

City County State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Home Phone: () Work Phone: () Pager No: ()

Mobile No: () Home E-mail Address: _____

FATHER OF CHILD(REN):

Full Name: _____
Address: _____ Apt No: _____
City: _____ County: _____ State: _____ Zip: _____
How long in County? _____ Years _____ Months _____ U.S. Citizen? _____
Social Security No: _____ Driver's License No: _____ Date of Birth: _____
Place of Birth: _____
City County State
Employer: _____ Address: _____
City: _____ County: _____ State: _____ Zip: _____
Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly
Home Phone: (____) _____ Work Phone: (____) _____ Pager No: (____) _____
Mobile No: (____) _____ Home E-mail Address: _____

CHILD(REN) TO BE ADOPTED:

1. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

2. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

3. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

4. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

OTHER:

Do both biological parents agree to adoption? Yes or No

Are you related to either parent? Yes or No If yes, which parent? Mother or Father

Were the parents of the child(ren) ever married? Yes or No

Date and State of Marriage: _____ / _____

Are the parents of the child(ren) divorced? Yes or No

Date and State of Divorce: _____ / _____

Is either of the parents currently incarcerated? Yes or No

If so, please provide details:

Can you provide copy of birth certificate(s)? Yes or No

Where do(es) the child(ren) reside? _____ With whom? _____

Child(ren) have resided with said party since (date) _____

Who presently provides health insurance for the child(ren)? Mother or Father

Monthly Fee: \$ _____

Monthly court ordered child support: \$ _____

Arrearage: \$ _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? Yes or No If yes, please explain fully when, where, and why.

Have you ever filed Bankruptcy? Yes or No If yes, please explain where, when, and the disposition.

Is Child Protective Services involved or have they ever been involved with this matter? Yes or No
If yes, please explain when, where and why.

Have you or any one associated with this case been the subject of a:

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare of Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If so please explain:

OFFICE USE ONLY

Adoption: _____
Step-Parent Adoption: _____
Citation: _____
Temporary Restraining Order: _____
Cross-Action: _____

Appearance: _____
Affidavit: _____
AG a party: _____
Other: _____

No Service: _____
Personal Service: _____
 Home _____
 Work _____
 Time _____
Alternate Service: _____
 Publication _____
 Posting _____

Social Study _____
Ad Litem _____

Adoption:	\$ _____	Step-Parent Adoption:	\$ _____
Court Costs:	\$ _____	Court Costs:	\$ _____
Total Retainer:	\$ _____	Total Retainer:	\$ _____
Down Payment:	\$ _____	Down Payment:	\$ _____

Payments \$_____ Weekly / Bi-weekly / Monthly

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/ investigators/ deposition

COMMENTS: _____

