

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: _____
Interviewer: _____

Conflicts: _____ Initials: _____

Date Retained: _____

**BAILEY & GALYEN
DIVORCE INTAKE SHEET**

Date: _____

CLIENT: Full Name: _____ Male _____ Fem _____

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

OPPOSING PARTY 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 State County

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: _____

Date and City of Marriage: _____ / _____

Date and City of Separation: _____ / _____

CHILDREN:

Where do the children reside? _____ With Whom: _____

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

If Physical violence, has a Protective Order ever been Issued? YES or NO
If so, please give details: _____

Have you ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details: _____

Has your spouse ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details: _____

Are there other circumstances which may be a factor in your case? YES or NO
If so, please give details: _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office?
If so, please explain fully when, where, and why.

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.

How old was the mother at the time the oldest child was conceived? _____

How old was the father at the time the oldest child was conceived? _____

Have you or any one associated with this case been the subject of a: (circle any applicable)

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

If any circled, please explain:

OFFICE USE ONLY

Uncontested Divorce: _____
Contested Divorce: _____
Child Custody: _____
Other: _____
Petition: _____
Answer: _____
Waiver: _____
Citation: _____
Temporary Restraining Order: _____
Protective Order: _____
Cross-Action: _____
Appearance: _____
Affidavit: _____
AG a party: _____
Insupportability: _____
Adultery: _____
Mental Cruelty: _____
Other: _____
No Service: _____
Personal Service: _____
 Home _____
 Work _____
 Time _____
Alternate Service: _____
 Publication _____
 Posting _____

Uncontested Retainer:	\$ _____	Contested Retainer:	\$ _____
Court Costs:	\$ _____	Court Costs:	\$ _____
Total Retainer:	\$ _____	Total Retainer:	\$ _____
Down Payment:	\$ _____	Down Payment:	\$ _____

Payments: \$ _____ Weekly/ Bi-weekly/ Monthly

Qualified Domestic Relations Order: \$ _____ Number: _____
Deed: \$ _____ Number: _____

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

COMMENTS: _____

