

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: _____
Date Retained: _____
Interviewer: _____

Conflicts: _____ Initials: _____

BAILEY & GALYEN
MODIFICATION/ENFORCEMENT 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 County State Country

Employer: _____ Address: _____

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

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

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

CHILDREN:

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

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

- 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 or 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 any circled, please explain:

FOR ENFORCEMENT:

What do you want enforced?	Visitation	Yes or No
	Child Support	Yes or No
	Medical	Yes or No

Please list to the best of your ability the exact dates you did not receive child support: _____

Please list to the best of your ability the exact dates visitation was not exercised: _____

Please list to the best of your ability the exact dates you were not reimbursed for medical: _____

OFFICE USE ONLY

Agreed Modification: _____
Contested Modification/Enforcement: _____
Citation: _____
Temporary Restraining Order: _____
Cross-Action: _____
Modify/Enforce Custody: _____
Modify/Enforce Rights & Duties: _____
Modify/Enforce Child Support: _____
Appearance: _____
Affidavit: _____
AG a party: _____
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

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

COMMENTS: _____

