

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 \_\_\_\_\_

Today's date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Conflicts: \_\_\_\_\_ Initials: \_\_\_\_\_

**BAILEY & GALYEN**  
**SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP -S.A.P.C.R.**

Bailey & Galyen is a service based business. All services will be charged to the client and prompt payment is expected.  
We accept cash, credit cards and checks.

Client's Full Name: \_\_\_\_\_ (Maiden name) \_\_\_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Mother of child/children: \_\_\_\_\_ (Maiden name) \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Drivers License number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father of child/children: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Drivers License number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child/children affected by this Court action:

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

If you are NOT the Biological or Adoptive Parent of this/these child/children, what is your relationship to them?

\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

How long have the children been living with you? \_\_\_\_\_

Has there ever been a Court Order involving this/these child/children? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
When: \_\_\_\_\_ Where: \_\_\_\_\_ Case #: \_\_\_\_\_

Has this/these child/children ever been involved with the Texas Attorney General? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received financial assistance from Texas or any state to help raise this/these child/children?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Has the other parent ever received financial assistance from Texas or any state to help raise this /these child/children?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ Active \_\_\_\_\_ Reserve \_\_\_\_\_ Retired \_\_\_\_\_

Is the mother of this/these child/children in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the father of this/these child/children in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any objection to Associate Judge hearing? Yes \_\_\_\_\_ No \_\_\_\_\_

Was an acknowledgement of Paternity signed? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any man filed an intent to claim Paternity on this/these child/children? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this/do these child/children own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this/do these child/children have any physical or mental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any person seeking custody of this/these child/children ever been accused of or committed acts of family violence?  
If yes, please explain: \_\_\_\_\_

Has any person seeking custody/visitation of this/these child/children been guilty of child neglect or abuse?  
If yes, please explain: \_\_\_\_\_

Do you currently have health insurance on this/these child/children? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the cost of insuring just the child/children? \$\_\_\_\_\_. Please ask your human resources person to write up a letter showing just the cost for the children's insurance.

Policy Information: We need to take a photo copy of your health insurance card.

Have you been served with papers/lawsuit? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a court date? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, When? \_\_\_\_\_

Initial Fee required before law firm can begin work on case: \$ \_\_\_\_\_

Cost deposit (Court costs, copying, postage, etc.): \$ \_\_\_\_\_

Total required before law firm can begin work on case: \$ \_\_\_\_\_

Attorney time will be billed at \$ \_\_\_\_\_ per hour.

Paralegal time will be billed at \$ \_\_\_\_\_ per hour.

Secretary time will be billed at \$ \_\_\_\_\_ per hour.

(Hourly rate may change at any time.)

Payment for attorney work will be drawn from Initial Fee as work is done. If your Initial Fee gets low, you will be asked to pay additional attorney fees. Should attorney work exceed the Initial Fee amount you will be expected to pay the amount owed within 30days.

Jurisdiction:

- All parties in Texas
- Court of continuing jurisdiction
- Uniform Family Support Act
- Long-arm Jurisdiction      See below:

- Child in TX because of respondent
- Non-resident lived in TX with child
- Non-resident provided prenatal expenses
- Child conceived/ intercourse in TX
- Non-resident served in TX
- Non-resident submitted to TX jurisdiction
- Non-resident registered with paternity registry.

Service options:  Personal       None needed       Substitute service

Respondent #1  Personal       None needed       Substitute service

Respondent #2  Personal       None needed       Substitute service

Attorney General  Personal       None needed       Substitute service

§152.209 Affidavit: This information is NOT required if all parties live in Texas:

If someone does live outside of Texas, then need where this/these child /children have lived for the past 5 years; addresses and names of person (s) lived with; any lawsuits involving this/these child/children.

Explain: Agreements, Hearings, Custody Battles

JMC: Who will be primary? \_\_\_\_\_

Sole Managing Conservator will be: \_\_\_\_\_ because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Temporary Orders:

What to bring: Tax returns - last 2 years

Pay stubs - at least 2-3, better to have 3-4 months worth.

Attorney's fees. Not generally awarded.

Parent-education/family stabilization courses - you pay for as Ordered by Court.

Pre-trial conference . Almost always ordered before you go to Final Trial.

Conservatorship ..... Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other \_\_\_\_\_

Social Study ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Drug Testing ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Psychological/Psychiatric Evaluation..... Yes \_\_\_\_\_ No \_\_\_\_\_

Access Facilitation..... Will probably be ordered.

Mediation/Arbitration ..... Can be ordered or requested.

Pre-trial Conference ..... Almost always ordered before you go to Final Trial

Uncontested: \_\_\_\_\_  
Contested: \_\_\_\_\_  
Other: \_\_\_\_\_  
Petition: \_\_\_\_\_  
Answer: \_\_\_\_\_  
Waiver: \_\_\_\_\_  
Citation: \_\_\_\_\_  
Temporary Restraining Order: \_\_\_\_\_  
Cross-Action: \_\_\_\_\_  
Appearance: \_\_\_\_\_  
Affidavit: \_\_\_\_\_  
AG a party: \_\_\_\_\_  
Mental Cruelty: \_\_\_\_\_  
Other: \_\_\_\_\_

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

**COMMENTS:** \_\_\_\_\_  
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