

DATE: \_\_\_\_\_

**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 \_\_\_\_\_ Zip \_\_\_\_\_ 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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 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 \_\_\_\_\_  
Have you been denied Veterans 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 WebChat In Mesquite Phonebook: name of book \_\_\_\_\_  
Friend: Name of Friend \_\_\_\_\_ Other: \_\_\_\_\_  
Bailey & Galyen Employee: Name \_\_\_\_\_ An Attorney: Name of attorney \_\_\_\_\_

FOR OFFICE USE ONLY: \_\_\_\_\_

INTERVIEWING ATTY \_\_\_\_\_  
FEE QUOTED \_\_\_\_\_ COST QUOTED \_\_\_\_\_  
DOWN PAYMENT QUOTED \_\_\_\_\_  
CONFLICT CHECK PNC \_\_\_\_\_ CP \_\_\_\_\_ BXL INI \_\_\_\_\_  
CONFLICT CHECK OP \_\_\_\_\_ CP \_\_\_\_\_ BXL INI \_\_\_\_\_  
PNC CONTACT ENTERED IN CP \_\_\_\_\_ INI \_\_\_\_\_  
OP CONTACT ENTERED IN CP \_\_\_\_\_ INI \_\_\_\_\_  
REVISED 2-17-11

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.

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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:

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**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: \$ \_\_\_\_\_  
Court Costs: \$ \_\_\_\_\_  
Total Retainer: \$ \_\_\_\_\_  
Down Payment: \$ \_\_\_\_\_

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

Payments \$\_\_\_\_\_ Weekly / Bi-weekly / Monthly

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

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



# Bailey & Galyen

ATTORNEYS AT LAW

## PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

**Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.**

- **Social Security numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.**
- **Social Security numbers are most often used to positively identify parties. Some uses may include initial service, in court orders, in orders to withhold wages for child support, in required reports filed with the State of Texas, or to obtain retirement information used to divide retirement benefits. Most courts require Social Security numbers of all parties.**
- **All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.**
- **The employees of Bailey & Galyen have access to this personal information.**
- **Every step is taken to protect your privacy. This information is kept secure within the offices of the firm in file folders and file drawers until such time that the file information is retired and the file removed to storage in a locked, off-site storage facility. Files will eventually be shredded after the time designated by the State Bar requirement for maintaining the records has expired. Social Security numbers are also kept in firm software programs that are protected by password in our system which is further protected by extensive firewalls.**

**I acknowledge that I have read the above privacy information provided by Bailey & Galyen regarding use of my Social Security number.**

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**Signature**

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**Date**