

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: \_\_\_\_\_  
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

4. Full Name: \_\_\_\_\_

First Middle Last

Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City County State

Where do/does the child(ren) reside? \_\_\_\_\_ How long in this county? \_\_\_\_\_

County State

With whom do/does the child(ren) live: \_\_\_\_\_

Who presently provides health insurance for the child (ren)? Client or Opposing Party

Monthly Fee: \$ \_\_\_\_\_

Date and State of Marriage: \_\_\_\_\_ / \_\_\_\_\_

Date and State of Divorce: \_\_\_\_\_ / \_\_\_\_\_ County where Divorce granted: \_\_\_\_\_

Date and State of Separation: \_\_\_\_\_ / \_\_\_\_\_

Date of last Order Modification \_\_\_\_\_ Do you have a copy of the last Order? Yes or No

Monthly court ordered child support: \$ \_\_\_\_\_

Arrearage: \$ \_\_\_\_\_

Medical Arrearage: \$ \_\_\_\_\_

Does the other party have regular visitation? Yes or No If no, why not? \_\_\_\_\_

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. \_\_\_\_\_

Do you have an A/G case number? Yes or No If yes, please enter case number: \_\_\_\_\_

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

Is Child Protective Services currently involved, or has CPS ever been involved with the child(ren)? Yes or No

If yes, please explain. \_\_\_\_\_

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:

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

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

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

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



# 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**