

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: _____

BAILEY & GALYEN PATERNITY INTAKE SHEET

Date: _____

CLIENT: Full Name: _____ Male ___ Fem ___

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

OTHER PARENT:

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 ever been married to the mother of this/these child(ren)? Yes or No

If yes, Date of Marriage: _____ City _____

Have you ever been married to anyone at anytime since the conception of the child? Yes or No

If yes, Name of spouse: _____. Are you still married to that person? Yes or No

If no, Date of divorce: _____

Name of Biological Mother of Child(ren) _____

Name of Biological Father of Child(ren) _____

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? _____

If you are not the biological or adoptive parent of this/these child(ren), what is your relationship to them?

Where do(es) the child(ren) reside? _____ With Whom?: _____

Child(ren) have resided with said party since (date) _____

Do you currently provide health insurance for the child (ren)? Yes or No

If yes, What is the cost of insuring just the child(ren)? \$_____ per month (Please ask your human resources person to write a letter showing the cost of insuring just the child(ren).)

Policy information: Please submit your health insurance card so that we may make a copy.

Have you ever received financial assistance from Texas or any state to help raise this/these child(ren)? Yes or No

Has the other parent ever received financial assistance from Texas or any state to help raise this/these child(ren)?

Yes____ No____ Don't know____

Are you in the military? Yes___ No___ Active___ Reserves___ Retired___

Is the mother of child(ren) in the military? Yes or No

Is the father of child(ren) in the military? Yes or No

Do you have any objection to an Associate Judge hearing? Yes or No

Was an Acknowledgement of Paternity signed? Yes or No Do you have a copy? Yes or No

Has any man filed an Intent to Claim Paternity on child(ren)? Yes or No

Has a DNA test been performed? Yes or No Results? _____

Do/does child(ren) own any property? Yes or No

Do/does child(ren) have any physical or mental disability? Yes or No

Has there ever been a Court Order involving this/these child(ren)? Yes _____ No _____ Don't know _____
If yes: When _____ Where _____ Case # _____
Explanation: _____

Has the Texas Attorney General ever been involved with the child(ren) in this case? Yes or No
If yes, please explain fully when, where, and why. _____

Has any person seeking custody of child(ren) ever been accused of, or committed acts of family violence?
Yes or No If yes, please explain: _____

Has any person seeking custody/visitation of/with child(ren) ever been accused of, or found guilty of child neglect
or abuse? If yes, please explain: _____

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

Has the mother of the child ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details: _____

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

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

OTHER INFORMATION:

Does your case involve allegations of:

Physical Violence	_____
Criminal Record	_____
Excessive Alcohol Use	_____
Adultery	_____
Use of Illegal Drugs	_____
Child Abuse	_____
Financial Problems	_____
Computer Abuse	_____

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

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 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 so 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

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.

Signature

Date