

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: _____

<p>PERSON FINANCIALLY RESPONSIBLE: Name _____ DOB: _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Social Security Number: _____ Drivers License Number: _____ State _____</p> <p>EMERGENCY CONTACT INFORMATION: Name _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____</p> <p>Home Phone: (_____) _____ Work Phone: (_____) _____</p>
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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: _____

<p>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 <u>In Mesquite</u> Phonebook: name of book _____ Friend: Name of Friend _____ Other: _____ Bailey & Galyen Employee: Name _____ An Attorney: Name of attorney _____</p>
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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

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: _____



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