

# Client Information Sheet – Custody / Child Support

Name: \_\_\_\_\_  
First Name Middle Last Name

Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
City State Zip County: \_\_\_\_\_ Employer address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth city/state: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Education: \_\_\_\_\_

Confidential messages may be left for me via (check all that apply):

Recording at office  Recording at home  Email  Fax  Other: \_\_\_\_\_

How did you hear of our Office:  Yellow Pages (City) \_\_\_\_\_  Friend \_\_\_\_\_

Plano Bar Referral  Allen Online  Findlaw  Lawyers.com  Other: \_\_\_\_\_

May Ms. Northcutt call the referring person or friend and thank him/her for the referral?  Yes  No

Nature of matter: \_\_\_\_\_

## Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

Up to one-half hour: \$80.00

Over one-half hour up to two hours: \$40.00 per quarter hour or fraction thereof.

*No services will be performed* beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

**I have read and understand the above, and agree to pay the above consultation fee.**

\_\_\_\_\_  
Your signature date

## Respondent (other party)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
First Name Middle Last Name

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
City State Zip County: \_\_\_\_\_ Bus. phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employment address: \_\_\_\_\_ Education: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth city/state: \_\_\_\_\_

## Jurisdiction

How long have you lived in Texas? \_\_\_\_\_ In what county do you reside? \_\_\_\_\_

How long in that county? \_\_\_\_\_ Court proceeding pending? \_\_\_\_\_

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***Children***

NAME (First, Middle, Last)	SEX	BIRTH DATE	BIRTH PLACE	SSN	DL#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Will there be a dispute over custody of the children? \_\_\_\_\_ Custody will be with whom? \_\_\_\_\_

With whom are the children now residing? \_\_\_\_\_ Amount of current child support? \_\_\_\_\_

Are there any court orders regarding any of the children? \_\_\_\_\_ If yes, which court and nature of orders:

Do any of the above children have any physical or mental handicap (such as epilepsy, Down's Syndrome, blindness, etc. that would require support beyond the age of 18? \_\_\_\_\_ If yes, child's name: \_\_\_\_\_

Do your children own any property in their own name? (such as through inheritance, large gifts, etc.) \_\_\_\_\_

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***Marriages***

Have you been married before?  Yes  No Do you have children by a prior marriage?  Yes  No

Are you married now?  Yes  No Current spouse's name: \_\_\_\_\_

Do you pay child support?  Yes  No Do you receive child support?  Yes  No

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***Other***

Do you now have an attorney? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

Does your spouse have an attorney? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

**I have read the above and affirm it is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
date