



BURROWS
LAW GROUP

Interview Date: _____
Date Retained: _____
On Hold: _____ Interviewer: _____

NOTE: THIS INFORMATION IS LEGALLY PRIVILEGED

(PLEASE PRINT)

CIRCLE ONE CATEGORY FOR YOURSELF: (HUSBAND) (EX-HUSBAND) (WIFE) (EX-WIFE) (EX-GIRLFRIEND) (EX-BOYFRIEND)

Full Name: _____ Maiden Name _____

Address: _____ Apt: _____ City: _____ County: _____

State: _____ Zip code: _____ How Long In County? _____ Yrs. _____ Mos.

Home Phone (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E- Mail Address _____ SSN: _____ DL#: _____

Date of Birth: _____ Age: _____ Race: _____ Birth Place: City: _____

State: _____ Country: _____ Employer: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Gross Monthly Pay: \$ _____

Contact Person: _____ Relation: _____ Phone No. (____) _____

Address: _____

City: _____ State: _____ Zip code: _____

CIRCLE ONE CATEGORY FOR OPPOSING PARTY: (Husband) (Ex-Husband) (Wife) (Ex-Wife) (Ex-Girlfriend) (Ex-Boyfriend)

Full Name: _____ Maiden Name: _____

Address: _____ Apt: _____ City: _____ County: _____

State: _____ Zip code: _____ How Long In County? _____ Yrs. _____ Mos.

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E- Mail Address _____ SSN: _____ DL#: _____

Date of Birth: _____ Age: _____ Race: _____ Birth Place: City: _____

State: _____ Country: _____ Employer: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Gross Monthly Pay: \$ _____

CHILDREN OF THIS RELATIONSHIP

Where do the children reside? _____ With Whom? _____

1. First Name: _____ Middle: _____ Last: _____

Sex: _____ SSN: _____ Date of Birth: _____

Birthplace: City: _____ State: _____ County: _____

2.. First Name: _____ Middle: _____ Last: _____

Sex: _____ SSN: _____ Date of Birth: _____

Birthplace: City: _____ State: _____ County: _____

3. First Name: _____ Middle: _____ Last: _____

Sex: _____ SSN: _____ Date of Birth: _____

Birthplace: City: _____ State: _____ County: _____

4. First Name: _____ Middle: _____ Last: _____

Sex: _____ SSN: _____ Date of Birth: _____

Birthplace: City: _____ State: _____ County: _____

(Use the back of this page if additional children need to be listed)

PREVIOUS COURT ORDERS

Date of prior order: _____ County and State: _____

Cause No. _____ Has this order ever been modified? Yes or No

How much child support was ordered: \$ _____

Are you (or is the other party) current on all child support/health insurance payments? Yes or No

What is your title regarding the children? (Circle One)

Sole Managing Conservator Joint Managing Conservator Possessory Conservator

If Joint Managing Conservator, who has the right to determine the children's residence? _____

Was standard visitation previously ordered? Yes or No

What informal agreements have you had regarding visitation? (use the back of this page if needed) _____

Has a protective order ever been entered? Yes or No

If so, when? _____ Which court? _____

DIVORCE INFORMATION

(Please circle one): Ceremonial or Common Law Marriage

Date of Marriage: _____ Date of Separation: _____

City of Marriage: _____ State: _____ Country: _____

PROPERTY/DEBTS OF PARTIES:

Vehicles:

Yours: Year: _____ Make: _____ Model: _____ VIN: _____

Spouse: Year: _____ Make: _____ Model: _____ VIN: _____

Is your property already divided by agreement: Yes or No

Are you buying/do you own a house? _____

Do you or the opposing party have retirement benefits, stock options or stocks of any kind? Yes or No

NAME CHANGE REQUEST:

Are you requesting the Court to grant a name change? Yes or No

New full name requested: _____

OTHER INFORMATION:

(Please circle each item that applies):

Does your case involve allegations of: Physical Violence -- Criminal Record -- Excessive Use of Alcohol
Use of Illegal Drugs -- Child Abuse -- Financial Problems -- Infidelity

Have you ever been charged with any crime other than traffic tickets? _____

If so, please give details _____

Are there other circumstances which may be a factor in your case? If so, please give details: _____

If your case involves a child or children and we seek temporary orders from the Court, we **MUST** file an "AFFIDAVIT FOR CHILDREN'S HEALTH INSURANCE INFORMATION" with the Court **BEFORE** seeking temporary orders. Therefore, to save time, please complete the attached page.

If we must serve the other party with Court papers you must complete the page regarding information that we use for the process server. Therefore, to save time, please complete the attached page regarding identification information on the other party.

If your case does not involve children, we will not be using a process server or you do not believe temporary orders will be necessary in your matter, skip these pages, you are now ready to begin the consultation.

EXHIBIT - A

INSURANCE AVAILABILITY

Name: _____ SSN: XXX-XX-X _____

**This statement is filed in accordance with Section 154.181(b) of the Texas Family Code.
(Health Insurance)**

Please place a check mark under the entity that provides health insurance for each child.

	Father's Employer	Mother's Employer	Private	Medicaid	CHIP	None
1. Name: _____ DOB: _____ SSN: XXX-XX-X _____						
2. Name: _____ DOB: _____ SSN: XXX-XX-X _____						
3. Name: _____ DOB: _____ SSN: XXX-XX-X _____						
4. Name: _____ DOB: _____ SSN: XXX-XX-X _____						

Primary insurance source

Name of Insurance Company: _____
 Group Policy ID Number: _____
 Policy Name and ID Number: _____
 Name(s) of Child(ren) Covered: _____
 Cost of Premium for Children Only: _____
 Are you paying the premium? Yes: _____ No: _____

Secondary insurance source

Name of Insurance Company: _____
 Group Policy ID Number: _____
 Policy Name and ID Number: _____
 Name(s) of Child(ren) Covered: _____
 Cost of Premium for Children Only: _____
 Are you paying the premium? Yes: _____ No: _____

**This statement is filed in accordance with Section 154.1815 of the Texas Family Code.
(Dental Insurance)**

Please place a check mark under the entity that provides health insurance for each child.

	Father's Employer	Mother's Employer	Private	Medicaid	CHIP	None
5. Name: _____ DOB: _____ SSN: XXX-XX-X _____						
6. Name: _____ DOB: _____ SSN: XXX-XX-X _____						
7. Name: _____ DOB: _____ SSN: XXX-XX-X _____						
8. Name: _____ DOB: _____ SSN: XXX-XX-X _____						

Primary insurance source

Name of Insurance Company: _____
 Group Policy ID Number: _____
 Policy Name and ID Number: _____
 Name(s) of Child(ren) Covered: _____
 Cost of Premium for Children Only: _____
 Are you paying the premium? Yes: _____ No: _____

Secondary insurance source

Name of Insurance Company: _____
 Group Policy ID Number: _____
 Policy Name and ID Number: _____
 Name(s) of Child(ren) Covered: _____
 Cost of Premium for Children Only: _____
 Are you paying the premium? Yes: _____ No: _____

Signature

Print Name

Date

SERVICE INFORMATION - If we are going to serve the other party, we must have the following information for the process server.

Name of Other Party: _____
Name Other Party goes by: _____
Residence address: _____
Best hours at home: _____
Home phone no.: (_____) _____
Pager no.: (_____) _____
Mobile no.: (_____) _____
Employer's name: _____
Employer's address: _____
Work hours: _____ .m. Shift: 1st 2nd 3rd 4th
(circle if applicable)
Work phone no: _____

PHYSICAL DESCRIPTION

Height: _____ Weight: _____ Lbs Age: _____
Race: _____ Eye color: _____
Hair color: _____ Short/long: _____ Straight, wavy, curly: _____
Body build: _____ small _____ medium _____ large
Noticeable Characteristics: (glasses/beard/moustache/scars/tattoos)

AUTOMOBILE DESCRIPTION:

Year and Make: _____ Model: _____
License No.: _____ Color: _____
Describe body damage, tinted windows, unusual bumper stickers, antennas:

Will the Other Party evade service? Yes or No

Could the Other Party be potentially dangerous to the process server? Yes or No

If so, please explain _____

IT IS IMPERATIVE THAT YOU DO NOT TELL THE OTHER PARTY HE/SHE IS GOING TO BE SERVED AS THIS OFTEN INTIMIDATES THE PERSON INTO "HIDING" AND CREATES UNNECESSARY COMPLICATIONS FOR YOU, MY OFFICE, AND THE OFFICIAL ATTEMPTING TO SERVE THE OTHER PARTY.

-- YOU ARE NOW READY TO START YOUR APPOINTMENT --

Name: _____

Date: _____

HOW DID YOU FIND US?

Our goal is to maintain a competitive business whereby our advertising dollars are spent judiciously. We appreciate your taking a few moments to complete this form that we may know how you came to seek our services. Thank you.

I. Personal Referrals: Write in name of person who referred you:

1. Family – name: _____

2. Friend – name: _____

3. Attorney – name: _____

4. Other Professional – name: _____

II. Indicate the number that applies:

1. Signs:

- ___ Facility Marque
- ___ Outside of Building
- ___ Front Door

2. Internet:

- ___ Yellowpages.com
- ___ www.daleburrows.com
- ___ lawyer.com
- ___ Google
- ___ Yahoo
- ___ MSN
- ___ Other (Please state): _____

3. Print Ads:

- ___ Firm Brochure
- ___ Postcard Direct Mail
- ___ AT&T Yellow Book
- ___ Verizon Yellow Pages
- ___ Other Yellow Pages Ad (Please state): _____