
PROSPECTIVE CLIENT INFORMATION GRANDPARENTS' RIGHTS

Petitioner
Respondent
Intervenor

Maternal
Paternal

Today's Date ____ / ____ / ____

Full Legal Name _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Address _____

City _____ County _____ State ____ Zip _____

Phone #'s: Home _____ Business _____ ext. _____

Cell _____ Fax _____

Email Address _____

Place of Birth: City _____ State _____ Ethnicity _____

Driver's License # _____ State _____

Employer _____ Years _____

Occupation _____ Title _____

Days You Work _____ Your hours _____

Employer Address _____

Do you rent or own? _____ How much is your monthly rent or house payment? \$ _____

Your Annual Income \$ _____ Your Monthly Take-Home Pay \$ _____

Marital Status Single Married Divorced Widow

If Married, Spouse's Full Legal Name _____

Grandchild(ren)'s Biological Mother's Information

Full Legal Name _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Address _____

City _____ County _____ State _____ Zip _____

Phone #'s: Home _____ Cell _____

Place of Birth: City _____ State _____ Ethnicity _____

Employer _____ Years _____

Occupation _____ Days She Works _____

Her hours _____ Her Annual Income (apx.) \$ _____

Grandchild(ren)'s Biological Father's Information

Full Legal Name _____

Date of Birth _____ Age _____ Social Security # _____ - _____ - _____

Address _____

City _____ County _____ State _____ Zip _____

Phone #'s: Home _____ Cell _____

Place of Birth: City _____ State _____ Ethnicity _____

Employer _____ Years _____

Occupation _____ Days He Works _____

His hours _____ His Annual Income (apx.) \$ _____

Is Father listed on birth certificate? yes _____ no _____ not sure _____

Has DNA testing been done? yes _____ no _____ not sure _____

Prior Orders

Have any prior court orders been entered regarding your grandchild(ren)? yes ____ no ____

If yes, date the order was entered _____ / _____ / _____

Where was the order entered? City _____ County _____ State _____

Cause Number _____

Who was appointed primary custodian? _____

Who was ordered to pay child support? _____

How much? _____ Is child support current? yes ____ no ____ not sure ____

Has the Attorney General ever been involved? yes ____ no ____ not sure ____

Has CPS ever been involved? yes ____ no ____ not sure ____

Do your grandchildren own any property? (e.g. bank accounts, trust funds, real estate, etc.)

yes ____ no ____ If yes, please explain _____

Pending Litigation

Are there any suits pending regarding your grandchild(ren)? yes ____ no ____

If yes, please explain _____

Have you been served with legal papers? yes ____ no ____

If yes, on what date were you served? _____ / _____ / _____

Is this your first visit with an attorney regarding this matter? yes ____ no ____

If no, please give attorney's name _____

If your grandchild(ren)'s biological mother or father has consulted an attorney on this matter, please give the name(s) of the attorney(s) _____

Have you been in contact with the above listed attorney(s)? yes ____ no ____

Have you or the other biological parents lived in Texas for the past 6 months? yes ____ no ____

In what county have your grandchildren resided in for the past 90 days? _____

Have your grandchildren resided with you for 6 months or longer? yes ____ no ____

Are you or your grandchildren's biological parents currently in a bankruptcy proceeding?

yes ____ no ____ If yes, who and what type? _____

Grandchildren

Please provide the following information for each grandchild the subject of this lawsuit:

Name	Birthday	SSN	Place of Birth	Age	Gender

If any of the above listed grandchildren have physical or mental disabilities to the point that he or she requires special care, give the child's name, disability, and the current arrangements for care.

For the past five (5) years, the grandchild(ren) has/have lived at the following address(es) with the following adult person(s) during the following dates: (start with present)

Person Lived With/Address	Lived there from	to
	___ / ___ / ___	PRESENT
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___
	___ / ___ / ___	___ / ___ / ___

What type of grandparent rights are you seeking? (e.g. regular visitation, custody, support, etc.)

In case of emergency, please notify:

Name _____

Address _____

Phone _____ Relationship _____

How were you referred to this firm? Check all that apply.

- AT&T Yellow Pages
- Everyday Yellow Pages
- Lawyers.com
- Yellowpages.com
- Friend _____
- Other Attorney _____

- Internet Search Engine
 - Google
 - Yahoo!
 - Bing
 - Other _____
- Other _____

HEALTH INSURANCE AVAILABILITY FORM

In every lawsuit affecting the parent-child relationship, the Texas Family Code requires all parties to submit a statement on health insurance availability for all children affected by the suit. Therefore, please complete this form and provide my firm with a copy of any and all insurance card(s) for your child(ren).

NAME OF CLIENT: _____

Beside the name of each child, check all types of health insurance or benefits currently covering that child. You may check more than one source.

Child's Name	Employer Provided						
	Father's	Mother's	Private	Medicaid	CHIP	Other	None

For each insurance source, please list:

1. Name of insurance carrier: _____
2. Group Policy number: _____
3. Policyholder name and ID number: _____
4. Name of each child covered: _____
5. Cost per month of coverage for child(ren) only: _____
To determine coverage for the child(ren), determine total cost for family coverage and subtract from this amount to insure all covered individuals except the children.
6. Are you paying the premiums for the listed medical benefits? YES ____ NO ____
 If NO, who pays the premiums? _____