

---

## 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? \_\_\_\_\_