

# COWART LAW OFFICES

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## INITIAL INTAKE FORM

FAX: (866) 418-4160

### ADOPTION

Date: \_\_\_\_\_ Referred By \_\_\_\_\_

Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Last First Middle

A.K.A. \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Place of birth: \_\_\_\_\_  
City County State

Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Residential Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I authorize text messages concerning my case to the following number: \_\_\_\_\_  
*\*Message and data rates may apply.*

I authorize emails concerning my case to the above email address.

I authorize calls regarding my case to the following number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
Street City State Zip Code

Spouse's Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address (if different than yours): \_\_\_\_\_  
Street City State Zip Code

#### PERSON FINANCIALLY RESPONSIBLE:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION (other than self):

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**CLIENT:** Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Fem \_\_\_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

**SPOUSE INFORMATION:**

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long in County? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City County State

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Pager No: ( ) \_\_\_\_\_

Mobile No: ( ) \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_

**MOTHER OF CHILD(REN):**

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long in County? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_

City County State

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Pager No: ( ) \_\_\_\_\_

Mobile No: ( ) \_\_\_\_\_ Home E-mail Address: \_\_\_\_\_

**FATHER OF CHILD(REN):**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt No: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long in County? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gross Monthly Pay: \_\_\_\_\_ Paid: Weekly Bi-Weekly Semi-Monthly Monthly  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Mobile No: ( ) \_\_\_\_\_  
Home E-mail Address: \_\_\_\_\_

**CHILD(REN) TO BE ADOPTED:**

1. Full Name: \_\_\_\_\_  
First Middle Last  
Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
City County State

2. Full Name: \_\_\_\_\_  
First Middle Last  
Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
City County State

3. Full Name: \_\_\_\_\_  
First Middle Last  
Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
City County State

**OTHER:**

Do both biological parents agree to adoption? Yes or No

Are you related to either parent? Yes or No      If yes, which parent?      Mother or Father

Were the parents of the child(ren) ever married?      Yes or No

Date and State of Marriage: \_\_\_\_\_/\_\_\_\_\_

Are the parents of the child(ren) divorced? Yes or No

Date and State of Divorce: \_\_\_\_\_/\_\_\_\_\_

Is either of the parents currently incarcerated?      Yes or No

If so, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you provide copy of birth certificate(s)? Yes or No

Where do(es) the child(ren) reside? \_\_\_\_\_ With whom? \_\_\_\_\_

Child(ren) have resided with said party since (date) \_\_\_\_\_

Who presently provides health insurance for the child(ren)? Mother or Father

Monthly Fee: \$ \_\_\_\_\_

Monthly court ordered child support:      \$ \_\_\_\_\_

Arrearage:      \$ \_\_\_\_\_

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? Yes or No If yes, please explain fully when, where, and why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed Bankruptcy? Yes or No      If yes, please explain where, when, and the disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Child Protective Services involved or have they ever been involved with this matter? Yes or No  
If yes, please explain when, where and why:

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Have you or any one associated with this case been the subject of a:

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare of Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If so please explain:

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Any other concerns you might have:

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**OFFICE USE ONLY**

Adoption: \_\_\_\_\_  
Step-Parent Adoption: \_\_\_\_\_  
Citation: \_\_\_\_\_  
Temporary Restraining Order: \_\_\_\_\_  
Cross-Action: \_\_\_\_\_

Appearance: \_\_\_\_\_  
Affidavit: \_\_\_\_\_  
AG a party: \_\_\_\_\_  
Other: \_\_\_\_\_

No Service: \_\_\_\_\_  
Personal Service: \_\_\_\_\_  
    Home \_\_\_\_\_  
    Work \_\_\_\_\_  
    Time \_\_\_\_\_  
Alternate Service: \_\_\_\_\_  
    Publication \_\_\_\_\_  
    Posting \_\_\_\_\_

Social Study \_\_\_\_\_  
Ad Litem \_\_\_\_\_

Adoption:	\$ _____	Step-Parent Adoption:	\$ _____
Court Costs:	\$ _____	Court Costs:	\$ _____
Total Retainer:	\$ _____	Total Retainer:	\$ _____
Down Payment:	\$ _____	Down Payment:	\$ _____

Payments     \$ \_\_\_\_\_     Weekly / Bi-weekly / Monthly

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/ investigators/ deposition

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_