

COWART LAW OFFICES

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INITIAL INTAKE FORM MODIFICATION / ENFORCEMENT OF ORDERS

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 #: _____ Driver's Lic. #: _____ State: _____

EMERGENCY CONTACT INFORMATION (other than self):

Name: _____ Relationship to you: _____

Address: _____

Primary Phone #: _____ Alt. Phone #: _____ Work Phone #: _____

Purpose of visit: _____

CLIENT: Full Name: _____ Male _____ Fem _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

OPPOSING PARTY 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 Country

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Pager No: (____) _____

Mobile (____) _____ Home E-mail Address: _____

CHILDREN:

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

4. Full Name: _____

First Middle Last

Sex: _____ Social Security No.: _____ Date of Birth: _____

Place of Birth: _____

City County State

Where do/does the child(ren) reside? _____ How long in this county? _____
County State

With whom do/does the child(ren) live: _____

Who presently provides health insurance for the child (ren)? Client or Opposing
Party Monthly Fee: \$ _____

Date and State of Marriage: _____ / _____

Date and State of Divorce: _____ / _____

County where Divorce granted: _____

Date and State of Separation: _____ / _____

Date of last Order Modification _____ Do you have a copy of the last Order? Yes No

Monthly court ordered child support: \$ _____ Arrearage: \$ _____

Medical Arrearage: \$ _____

Does the other party have regular visitation? Yes or No If no, why not? _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? If so,
please explain fully when, where, and why. _____

Do you have an A/G case number? Yes or No If yes, please enter case number: _____

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.

Is Child Protective Services currently involved, or has CPS ever been involved with the child(ren)? Yes or No
If yes, please explain. _____

Have you or any one associated with this case been the subject of a: (circle any applicable)

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

If any circled, please explain:

FOR ENFORCEMENT:

What do you want enforced?	Visitation	Yes or No
	Child Support	Yes or No
	Medical	Yes or No

Please list to the best of your ability the exact dates you did not receive child support: _____

Please list to the best of your ability the exact dates visitation was not exercised: _____

Please list to the best of your ability the exact dates you were not reimbursed for medical: _____
