

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

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INITIAL INTAKE FORM DIVORCE - WITH CHILDREN

How did you hear about Cowart Law Office? _____

DATE: _____

*** THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

List **URGENT** problems: _____

Have you or your spouse previously filed a petition or motion relating to this issue? YES ___ NO ___ Cause No. _____

If yes, please identify documents filed: _____

If yes, has anyone been served: You _____ Spouse _____ When _____

Is your spouse aware that you wish to file for a divorce? YES ___ NO ___ Is wife pregnant? YES ___ NO ___

CLIENT INFORMATION

*Your full name (First/Middle/Last): _____ Male ___ Female ___

Maiden Name: _____ Do you want to restore your maiden name? YES ___ NO ___ Ethnicity: _____

*Mailing Address: _____ City: _____ County: _____ State: _____ Zip: _____

*Residential Address: _____ City: _____ County: _____ State: _____ Zip: _____

*Primary Phone #: _____ Alt. Phone #: _____

*Email: _____ *Date of Birth: _____

*Birth Place (City/County/State): _____

*Soc. Sec. #: _____ *Driver's License #: _____ *Issuing State: _____

*Employer: _____ *Position: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Hourly Wage: \$ _____ *Hours worked per week: _____ Gross Salary per Mo/Yr: \$ _____ Net Mo/Yr: \$ _____

INFORMATION ABOUT YOUR SPOUSE

*Spouse's Full Name (First/Middle/Last): _____ Male ___ Female ___

*Maiden Name: _____ *Ethnicity: _____

*Mailing Address: _____ City: _____ County: _____ State: _____ Zip: _____

*Residential Address: _____ City: _____ County: _____ State: _____ Zip: _____

Home# _____ Wk# _____ Cell# _____

Email: _____ *Date of Birth: _____

*Birth Place (City/County/State): _____

Soc. Sec. No. _____ Driver's License #: _____ Issuing State _____

*Spouse's Employer: _____ *Position: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Hourly Wage: \$ _____ *Hours worked per week: _____ Gross Salary per Mo/Yr: \$ _____ Net Mo/Yr: \$ _____

CHILDREN OF THE MARRIAGE

***REQUIRED INFORMATION - Please provide the following information on all children of the marriage under the age of eighteen:**

Name (First/Middle/Last)		Name (First/Middle/Last)	
Sex	Ethnicity: _____	Sex	Ethnicity: _____
Birth Date		Birth Date	
Birth Place		Birth Place	
SSN		SSN	

Name (First/Middle/Last)		Name (First/Middle/Last)	
Sex	Ethnicity: _____	Sex	Ethnicity: _____
Birth Date		Birth Date	
Birth Place		Birth Place	
SSN		SSN	

Do you or your spouse have other child(ren) you are court ordered to support? YES ___ NO ___

If YES, provide the following:

Number of Children Not Of This Marriage	Person Ordered To Pay Support	Monthly Amount Of Support Ordered

Who do the child(ren) currently live with at this time? _____

Do any of the child(ren) have any physical or mental disabilities that require special care? YES ___ NO ___

If yes, please explain _____

Are there any adult children with disabilities that should be taken into consideration? YES ___ NO ___

Do you anticipate a dispute over primary custody of the children? YES ___ NO ___

If no dispute exists, please indicate who primary custody will be with _____

Please list all property other than personal effects, that is owned by the child(ren): _____

MARRIAGE AND SEPARATION

*Date of Marriage: _____ *Date of Separation: _____

*City/State _____ *County _____

Check Your Marital Difficulties as Appropriate:

- | | | |
|-----------------------------|-----------------------------------|-----------------------------|
| _____ Drugs | _____ Alcohol | _____ Sexual Disappointment |
| _____ Internet Usage | _____ Sexual Infidelity | _____ Financial Disputes |
| _____ Religion | _____ Physical Violence | _____ Mental Abuse |
| _____ Incompatibility | _____ Problems with Step Children | _____ Pornography |
| _____ Other:(Explain) _____ | | |

HEALTH INSURANCE

*Is the child(ren) currently covered under Chip or Medicaid? YES ___ NO ___

*Do you have private health insurance for the child(ren)? YES ___ NO ___

*Is health insurance for the child(ren) available through the other parent’s employment? YES ___ NO ___

*The child(ren) are covered for the following on health insurance:

_____ Medical at a cost of \$ _____ per month

_____ Dental at a cost of \$ _____ per month

_____ Vision at a cost of \$ _____ per month

*For any insurance insuring the child(ren), provide:

Name of Insurance Company: _____ Group Number: _____

Employer providing insurance: _____ Monthly cost of premium for child(ren)? \$ _____

Party Responsible for Premium: _____

Do you have health insurance? YES ___ NO ___

Name of Insurance company: _____

Group Number: _____ Party Responsible for Premium: _____

Monthly cost of premium? \$ _____ Available through spouse’s employment: YES ___ NO ___

PRIOR COURT ORDERS

Have **you or your spouse** ever been accused of, or committed acts of family violence? YES ___ NO ___

If yes, please explain when and where: _____

Have **you or your spouse** ever been accused of, or committed a sexual offense? YES ___ NO ___

If yes, please explain when and where: _____

Have **YOU** ever been charged with any crime other than traffic tickets? YES ___ NO ___

If yes, please explain fully, when, where and why: _____

Has your **SPOUSE** ever been charged with any crime other than traffic tickets? YES ___ NO ___

If yes, please explain fully, when, where and why: _____

Are there other circumstances which may be a factor in your case? YES ___ NO ___

If yes, please explain: _____

OTHER INFORMATION

If physical violence, as a Protective Order ever been issued? YES ___ NO ___

If so, please give details: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Protective Order | <input type="checkbox"/> Restraining Order |
| <input type="checkbox"/> Child Protective Services Investigation | <input type="checkbox"/> Mental Health Professional Treatment |
| <input type="checkbox"/> Questionable Paternity Status | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Welfare or Aid t Families with Dependent Children | <input type="checkbox"/> Common-Law or Informal Marriage |
| <input type="checkbox"/> Termination of Paternal Rights | <input type="checkbox"/> Personal Injury Lawsuits |
| <input type="checkbox"/> Prenuptial Agreement or Partitioning Agreement | |

If so, please explain: _____

PRIOR MARRIAGES

How many times have you been married? Circle as appropriate 1 2 3 4

How many times has your spouse been married? Circle as appropriate 1 2 3 4

Do you have separate property acquired prior to current marriage or inheritance? YES ___ NO ___

If so, please give a brief description of your separate property: _____

ATTORNEYS

If you have consulted with another attorney on this matter, please give attorney's name: _____

Does your spouse have an attorney? _____ If so, please give the attorney's name _____

To your knowledge, has your spouse ever used Tim Cowart for legal services? YES ___ NO ___ When? _____

MISCELLANEOUS

Are you or your spouse in bankruptcy? YES ___ NO ___

Have you and your spouse sought marriage counseling? YES ___ NO ___ If so, with whom? _____

Is your spouse willing to participate in counseling? _____

Is there one particular incident which prompted your visit today? YES ___ NO ___

If so, please explain briefly: _____

DISCLOSURE

(EFFECTIVE JANUARY 1, 2025)

DURING YOUR CONSULTATION, THE SPECIFICS OF YOUR CASE WILL BE DISCUSSED AFTER WHICH AN APPROPRIATE RETAINER WILL BE QUOTED BY THE ATTORNEY. **OUR REPRESENTATION OF YOU DOES NOT COMMENCE UNTIL WE HAVE RECEIVED THE QUOTED RETAINER IN FULL, UNLESS OTHERWISE AGREED TO IN ADVANCE.** PLEASE KEEP IN MIND THAT THERE MAY BE TIME SENSITIVE RESPONSES REQUIRED TO INSURE THE BEST POSSIBLE OUTCOME IN YOUR CASE.

QUOTES AND AVAILABILITY FOR REPRESENTATION FOR THE CONSULTED MATTER ARE VALID FOR 30 DAYS FROM THE DATE OF THE INITIAL CONSULTATION.

THE INITIAL RETAINER, WHETHER HOURLY OR FLAT RATE, DOES NOT INCLUDE SERVICE FEES, CERTIFIED COPY FEES, PUBLICATION OR NOTICE FEES, AMICUS/AD LITEM FEES, MEDIATION, DEPOSITIONS, INVESTIGATIVE SERVICES, OR TRIAL UNLESS SPECIFIED AT THE TIME OF YOUR QUOTE. YOUR ATTORNEY WILL DISCUSS THESE MATTERS WITH YOU ON AN "AS-NEEDED" BASIS, AND A SUPPLEMENTAL RETAINER MAY BE REQUIRED.

RETAINERS ARE NON-REFUNDABLE. SHOULD ANY PORTION OF YOUR RETAINER NOT BE USED, THAT PORTION SHALL REMAIN AS A CREDIT ON YOUR ACCOUNT.

HOURLY RATES: CIVIL (CIVIL LITIGATION, FAMILY, AND SOME PROBATE MATTERS) ARE BILLED AT AN HOURLY RATE. LEGAL SERVICES ARE BILLED IN 6 MINUTE INCREMENTS AT THE FOLLOWING STANDARD RATES, EXCEPTING FLAT RATE SERVICES AND ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY:

ATTORNEY	\$300.00 PER HOUR
PARALEGAL	\$125.00 PER HOUR
LEGAL ASSISTANT	\$75.00 PER HOUR

CONVENIENCE FEE: THERE WILL BE A 3% CONVENIENCE FEE FOR ALL CREDIT CARD TRANSACTIONS. WE ALSO ACCEPT CASH OR CHECK WITH VALID IDENTIFICATION.

ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY ARE BILLED AT \$30.00 PER MESSAGE.

FLAT RATES: CRIMINAL AND SOME PROBATE MATTERS ARE BILLED AT A FLAT RATE.

CONVERSATIONS BETWEEN AN ATTORNEY AND CLIENT ARE PROTECTED BY LAW AND THE DISCIPLINARY RULES TO WHICH ATTORNEYS ARE SUBJECT TO, INCLUDING THE INITIAL CONSULTATION. NO ATTORNEY, NOR ANY EMPLOYEE OF THE ATTORNEY, CAN BE COMPELLED TO REVEAL ANY CONFIDENTIAL COMMUNICATIONS, EXCEPT IN ACCORDANCE WITH SECTION 261.101 OF THE TEXAS FAMILY CODE REGARDING CHILD ABUSE. IF THERE IS CAUSE TO BELIEVE THAT A CHILD HAS BEEN OR WILL BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER 21.11 OF THE TEXAS PENAL CODE, THE ATTORNEY IS REQUIRED BY LAW TO MAKE A REPORT.

SIGNATURE

DATE