

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

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COWARTLAW@GMAIL.COM

INITIAL INTAKE FORM

FAX: (866) 418-4160

ESTABLISHING PATERNITY & PARENT-CHILD RELATIONSHIP

How did you hear about Cowart Law Office? _____

DATE: _____

*** THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

List **URGENT** problems: _____

Have you or your child's other parent recently filed a petition or motion relating to this issue? YES ___ NO ___

If yes, in what - Cause No: _____ Court: _____ County: _____ State: _____

If yes, please identify documents filed: _____

If yes, has anyone been served: You _____ Other Parent _____ When? _____

CLIENT INFORMATION

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

Maiden Name: _____ Male _____ Female _____ 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 OTHER PARENT

*Full Name (First/Middle/Last): _____ *Date of Birth: _____

Maiden Name: _____ Male _____ Female _____ Ethnicity: _____

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

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

Primary Phone #: _____ Email: _____

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

*Soc. Sec. No. _____ *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: \$ _____

CHILDREN

***REQUIRED INFORMATION - Provide the following information on all children in which you are the biological parent:**

Name (First/Middle/Last)		Name (First/Middle/Last)	
Sex	Ethnicity	Sex	Ethnicity
Birth Date		Birth Date	
Birth Place (City, County, and State)		Birth Place (City, County, and State)	
SSN		SSN	
Name of Other Parent:		Name of Other Parent:	

Name (First/Middle/Last)		Name (First/Middle/Last)	
Sex	Ethnicity	Sex	Ethnicity
Birth Date		Birth Date	
Birth Place (City, County, and State)		Birth Place (City, County, and State)	
SSN		SSN	
Name of Other Parent:		Name of Other Parent:	

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): _____

PATERNITY

*Are you listed as a parent on the child's birth certificate? YES ___ NO ___

If no, please indicate the reason you are not on the child's birth certificate: _____

If you are the father of the child, have you filed an Acknowledgment of Paternity with the Texas Vital Statistics? YES ___ NO ___

MARRIAGE AND SEPARATION

Were you and the other parent ever married? YES ___ NO ___

Are you and the other parent currently separated? YES ___ NO ___

If so, please provide: *Date of Marriage: _____ *City/State/County: _____

*Date of Separation: _____ *City/State/County: _____

CHILD SUPPORT & MEDICAL SUPPORT

Are you or the other parent Court Ordered to pay child support or medical support for ANY child(ren)? YES ___ NO ___

If so, the names of the child(ren) for which support is paid: _____

Is support paid through the Attorney General's Office? YES ___ NO ___ If yes, OAG ID #: _____

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: _____

PRIOR COURT ORDERS

Have **you or the other parent** ever been accused of, or committed acts of family violence? YES ___ NO ___

If yes, please explain when and where: _____

Have **you or the other parent** 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 the other parent 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: _____

ATTORNEYS

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

Does the other parent have an attorney? YES ___ NO ___ If so, please give the attorney's name _____

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

MISCELLANEOUS

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

If so, please explain briefly: _____

Are there any specific concerns you want addressed? YES ___ NO ___

If so, list here: _____

Do you have any social media accounts? YES ___ NO ___

If yes, please list your screen name the owner, screen name and type of account: _____

Does the other parent have any social media accounts? YES ___ NO ___

If yes, please list your screen name the owner, screen name and type of account: _____

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 AVAILABILTY 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