

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW



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INITIAL INTAKE FORM

MODIFICATION / ENFORCEMENT

How did you hear about Cowart Law Office? _____

DATE: _____

***THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

List **URGENT** problems: _____

Have you or the other parent/conservator previously filed a petition or motion relating to this issue? YES ___ NO ___

If yes, provide: *Cause No. _____ Document filed: _____ Date filed: _____

Has anyone been served? YES ___ NO ___: If yes, who? You _____ Spouse _____ When? _____

CLIENT INFORMATION

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

*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): _____ Ethnicity: _____

*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 PARTY

*Full name (First/Middle/Last): _____ Male ___ Female ___ Maiden Name: _____

*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): _____ Ethnicity: _____

*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: \$ _____

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

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

- 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 or 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 Lawsuit

If any circled, please explain: _____

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: _____

***FOR ALL ENFORCEMENTS OF CHILD SUPPORT AND MEDICAL SUPPORT YOU WILL NEED TO PROVIDE A CURRENT COPY OF YOUR CHILD SUPPORT PAYMENT RECORD. THIS RECORD MUST INCLUDE THE PAYMENT HISTORY BEGINNING WITH THE DATE OF THE LAST COURT ORDER REGARDING CHILD/MEDICAL SUPPORT. YOU MAY OBTAIN THIS RECORD FROM THE OFFICE OF THE ATTORNEY GENERAL ONLINE AT:**

www.texasattorneygeneral.gov or by calling 1-800-252-8014

YOU MAY BE REQUIRED TO PROVIDE UPDATED REPORTS AS YOUR CASE MOVES FORWARD.

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