



Hutton Law, PLLC

Client

Full Name: _____
First Middle Last

Contact Information:

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Preferred Method of Contact: _____ Are Text Messages okay?: Yes No

Identification:

Date of Birth: _____ Last four of Social Security Number: XXX-XX-_____

Driver's License State: _____ Driver's License Number: _____

Residency:

Are you currently serving in the armed forces?: Yes No

Have you lived in Texas for the past six months?: Yes No

Have you lived in Travis County for the past 90 days?: Yes No

Visit Information

Is there one particular incident which prompted today's visit?: Yes No

If so, explain:

Are there any specific questions you want answered today? Yes No

If so, list here:

Children

Please list all children that are under 18 and/or still in high school.

<i>Full Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>State Where Child Lives Now</i>
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<i>Full Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>State Where Child Lives Now</i>
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<i>Full Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>State Where Child Lives Now</i>
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<i>Full Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>State Where Child Lives Now</i>
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Complete the following:

Have the children lived in Texas for at least the past 6 months? Yes No

With whom do the children reside? _____

Are the children the subject of any court order? Yes No

If yes, please explain:

Who provides health insurance for the children? _____

Have any of the children received Medicaid or TANF now or in the past? Yes No

Do the children own any property of significant value in their own name? Yes No

If yes, please explain:

Do you think the present circumstances of the child(ren) are harmful? Yes No

Give details if needed:

Do you fear any of the other parties potentially involved in this case? Yes No

Give details if needed:

What is your relationship to the child(ren)?

Mother of the child(ren)

Father of the child(ren)

A person who has actual possession of the child(ren) for at least 6 months

A non-parental family member of the child(ren) Provide details: _____

If you are the father of the child(ren):

Has an Acknowledgement of Paternity form been signed and filed? Yes No

Give details if needed:

Are you listed on the birth certificate for the child(ren)? Yes No

Give details if needed:

Were you ever married to the mother of the child(ren)? Yes No

If yes, the marriage lasted from _____ to _____
Month Year Month Year

Give details if needed:

Did you ever live continuously with the child(ren) Yes No

If yes, give date range: from _____ to _____
Month Year Month Year

Give details if needed:

If you are not a parent of the child(ren):

Are the parents of the child(ren) still living? Yes No

If the parents are living, do you anticipate a dispute over filing this case? Yes No

Give details if needed:

Have you had possession of the children for at least 6 months? Yes No

Other Parties

Please provide information about all other parties who may be involved in this case. This includes:

- The mother of the child(ren)
- Any presumed or alleged father of the child(ren)
- Any person with a court-ordered relationship with the child(ren)

Party #1

Full Name:

First

Middle

Last

Relationship to the child(ren):

Contact Information:

Is the location of the party known?

Yes No

If yes, address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Representation:

Does the party have an attorney?

Yes No

If so, please give the attorney's name:

Party #2

Full Name:

First

Middle

Last

Relationship to the child(ren):

Contact Information:

Is the location of the party known?

Yes No

If yes, address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Representation:

Does the party have an attorney?

Yes No

If so, please give the attorney's name:

Party #3

Full Name: _____
First Middle Last

Relationship to the child(ren): _____

Contact Information:

Is the location of the party known? Yes No

If yes, address: _____
Street Address Apartment/Unit #

City State ZIP Code

Representation:

Does the party have an attorney? Yes No

If so, please give the attorney's name: _____

Party #4

Full Name: _____
First Middle Last

Relationship to the child(ren): _____

Contact Information:

Is the location of the party known? Yes No

If yes, address: _____
Street Address Apartment/Unit #

City State ZIP Code

Representation:

Does the party have an attorney? Yes No

If so, please give the attorney's name: _____

Custody

Are the child(ren) currently the subject of any custody order? Yes No

If yes, are you requesting a change in the custody order? Yes No

If there is no custody order or if you requesting a change please provide details about what you hope to achieve.

Do you anticipate a dispute over custody?

Yes No

Visitation

Are the child(ren) currently the subject of any visitation order?

Yes No

If yes, are you requesting a change in the visitation order?

Yes No

If there is no visitation order or if you requesting a change please provide details about what you hope to achieve.

Do you anticipate a dispute over visitation?

Yes No

Child Support

Are the child(ren) currently the subject of any child support order?

Yes No

If yes, are you requesting a change in the child support order?

Yes No

If there is no child support order or if you requesting a change please provide details about what you hope to achieve.

Do you anticipate a dispute over child support?

Yes No

Additional Information

Please provide any additional information that will be helpful on this case.