

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

1003 BERRY STREET
LLANO, TX 78643
TEL: (325) 247-5486

119 AVE G, STE. 101
MARBLE FALLS, TX 78654
TEL: (830) 798-1063



COWARTLAW@GMAIL.COM

FAX: (866) 418-4160

INITIAL INTAKE FORM DIVORCE - WITH CHILDREN

DATE: _____, _____ Referred by: _____

WHERE DID YOU HEAR ABOUT US? Website _____ Facebook _____ Phonebook _____ Sign _____ Friend or Family _____

GENERAL INFO

List **URGENT** problems: _____

Have you or your spouse previously filed a petition or motion relating to this issue? Y _____ N _____ 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

* THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION

Your full name: _____

Maiden Name: _____ Do you want to restore your maiden name? Y _____ N _____

Address: _____

City: _____ State: _____ Zip: _____

Home# _____ Wk# _____ Cell# _____

Email: _____ Date of Birth: _____

*Birth Place: _____ *County: _____ *State: _____

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

* This information is required without exception

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Wk Hrs: _____

Hourly Wage: \$ _____ Gross Salary per Mo/Yr: \$ _____ Net Mo/Yr: \$ _____

INFORMATION ABOUT YOUR SPOUSE

* THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION

Spouse's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home# _____ Wk# _____ Cell# _____

Email: _____ D/Birth: _____

*Birth Place: _____ *County: _____ *State: _____

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

Spouse's Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Position: _____ Wk Hrs: _____
 Hourly Wage: \$ _____ Gross Salary per Mo/Yr: \$ _____ Net Mo/Yr: \$ _____

CHILDREN OF THE MARRIAGE

Please provide the following information on all children born during the marriage and under the age of eighteen:

| | | | |
|-------------|--|-------------|--|
| Name | | Name | |
| Sex | | Sex | |
| Birth Date | | Birth Date | |
| Birth Place | | Birth Place | |
| SSN | | SSN | |

| | | | |
|-------------|--|-------------|--|
| Name | | Name | |
| Sex | | Sex | |
| Birth Date | | Birth Date | |
| Birth Place | | Birth Place | |
| SSN | | SSN | |

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

*** THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

*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

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? Y _____ N _____

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: _____

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 your spouse have any social media accounts? YES NO

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

DISCLOSURE

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.

The initial retainer does not include mediation, depositions or trial unless specified at the time of quote. Your attorney will discuss these matters with you in advance on an “as-needed” basis, and a supplemental retainer may be required.

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.

I have read and understand the information provided above.

Signature

Date

GENERAL ASSET & LIABILITY INFORMATION

PROPERTY

Are You Renting or Buying Your Home? ___ Renting ___ Buying

Name of Mortgage Company _____ Estimated Fair Market Value \$ _____

Year Purchased _____ Purchase Price \$ _____ Mortgage Balance \$ _____

Is your property subject to a mineral/gas lease? _____ If so, please give details: _____

List Any Additional Real Estate Property Owned, Including Market Value, Mortgage Company, Year Bought, and Mortgage Balance:

Have Either You or Your Spouse Received Any Large Gifts or Inheritance During the marriage? If So, Please Explain:

Did either you or your spouse own any real estate, retirement, or financial accounts (savings) when you were married? If so, please explain:

VEHICLES

List Any Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1) Vehicle (List Year and Model): _____ Who Drives? _____

Financed with _____

Value of Vehicle \$ _____ Payment per Month \$ _____

Year Purchased _____ Payoff Amount on Loan _____

2) Vehicle (List Year and Model): _____ Who Drives? _____

Financed with _____

Value of Vehicle \$ _____ Payment per Month \$ _____

Year Purchased _____ Payoff Amount on Loan \$ _____

3) Vehicle (List Year and Model): _____ Who Drives? _____

Financed with _____

Value of Vehicle \$ _____ Payment per Month \$ _____

Year Purchased _____ Payoff Amount on Loan \$ _____

4) Vehicle (List Year and Model): _____ Who Drives? _____

Financed with _____

Value of Vehicle \$ _____ Payment per Month \$ _____

Year Purchased _____ Payoff Amount on Loan \$ _____

FINANCIAL

Please List the Following Information for All Checking Accounts, Savings Accounts, CDs, IRAs or Savings Bonds. Please Circle Authorized Persons to Withdraw Funds (I.e. (H) Husband, (W) Wife, or (J) Joint - Circle One)

| <u>Bank or Institution</u> | | <u>Type of Account</u> | <u>Amount</u> |
|----------------------------|-------|------------------------|---------------|
| _____ | H W J | _____ | \$ _____ |
| _____ | H W J | _____ | \$ _____ |
| _____ | H W J | _____ | \$ _____ |
| _____ | H W J | _____ | \$ _____ |

RETIREMENT

Amount of Retirement, Profit-sharing, or Other Employee Benefits You and Your Spouse Have If You Left Employment Today?

Client: Lump Sum \$ _____ Is There a Pension/Annuity? YES NO

Spouse: Lump Sum \$ _____ Is There a Pension/ Annuity? YES NO

Was any of this retirement earned before marriage? YES NO

Annuities:

LIFE INSURANCE POLICIES

Client ___ Spouse ___ : Life Insurance Co _____ Whole ___ Term ___ Payable on Death Amt _____

Client ___ Spouse ___ : Life Insurance Co _____ Whole ___ Term ___ Payable on Death Amt _____

Client ___ Spouse ___ : Life Insurance Co _____ Whole ___ Term ___ Payable on Death Amt _____

Client ___ Spouse ___ : Life Insurance Co _____ Whole ___ Term ___ Payable on Death Amt _____

DEBTS

Include House & Auto

| | <u>Min. Mthly</u> | <u>Total Due</u> | <u>Account #</u> |
|----------|-------------------|------------------|------------------|
| | <u>Payment</u> | | |
| 1. _____ | \$ _____ | \$ _____ | _____ |
| 2. _____ | \$ _____ | \$ _____ | _____ |
| 3. _____ | \$ _____ | \$ _____ | _____ |
| 4. _____ | \$ _____ | \$ _____ | _____ |
| 5. _____ | \$ _____ | \$ _____ | _____ |
| 6. _____ | \$ _____ | \$ _____ | _____ |