

**ALL CONSULTATION FEES MUST BE PAID IN ADVANCE**

*Please complete this form to the best of your knowledge and return it to the front office assistant. This information is needed in order to effectively assist you and successfully complete your family law case. All information provided is STRICTLY CONFIDENTIAL.*

**SAPCR QUESTIONNAIRE**

How were you referred to our office (Friend, Internet, (if you were referred through the internet, kindly use our **214-631-0055** phone number for any future contact or request): \_\_\_\_\_

**CLIENT**

Complete Name \_\_\_\_\_

S.S.# \_\_\_\_\_ Age \_\_\_\_\_ D.L.# \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

**EMPLOYER**

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

City/state \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Monthly Income \_\_\_\_\_

**OTHER PARENT OF CHILD**

Complete Name \_\_\_\_\_

S.S.# \_\_\_\_\_ Age \_\_\_\_\_ D.L.# \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

**OTHER PARENT EMPLOYER'S INFORMATION**

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

City/state \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Monthly Income \_\_\_\_\_

**JURISDICTION**

Have you lived in Texas for preceding six months ? Yes \_\_\_\_\_ No \_\_\_\_\_

County in which you reside? \_\_\_\_\_

Have you lived in such county for the last 90 days ? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILDREN**

Full Name	Birth Date &Place	S.S.#	Gender (M/F)
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

With whom do the child(ren) reside ? Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Has there ever been a support or custody case filed on behalf of any of the children? Yes \_\_\_\_\_ No \_\_\_\_\_

Has either party ever received government assistance (i.e. AFDC, TANF) Yes \_\_\_\_\_ No \_\_\_\_\_

If so, has the government agency ever filed for a support order on behalf of either of the parties?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, specify:

Cause No.	County	Date
_____	_____	_____

**INJUNCTIVE RELIEF**

Is a temporary restraining order necessary to prevent violence? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a temporary restraining order necessary to protect community property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a temporary restraining order necessary to recover possession of the child(ren) Yes \_\_\_\_\_ No \_\_\_\_\_

Will a paternity test be necessary in this matter Yes \_\_\_\_\_ No \_\_\_\_\_

**I CERTIFY THAT THE ABOVE ANSWERS TO THE QUESTIONS AS LISTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**CLIENT**

\_\_\_\_\_  
**DATE**