

INFORMATION SHEET FOR ADOPTION, MODIFICATION, PATERNITY, AND/OR ENFORCMENT/CONTEMPT

(Please Print)

Date: _____

CLIENT CONTACT INFORMATION

Full Legal Name: _____ Home Phone: _____
Street Address: _____ Cell Phone: _____
_____ Email: _____
Mailing Address: _____ Alternate Contact:
(if different from Street) _____ Name: _____
Relationship to Children: _____ Phone Number: _____

IDENTIFYING INFORMATION:

Any names known by/maiden: _____
Texas Drivers License No: _____ Exp. Date: _____
Social Security No: _____ Age: _____
Date of Birth: _____ City and State of Birth: _____ Race: _____

EMPLOYMENT INFORMATION:

Employer's Name: _____ Employer Phone: _____
Employer's Address: _____ Pay frequency: Weekly:
(Check one) Bi-Weekly:
Salary: \$ _____ Bi-monthly:
Highest level of Education: _____ Monthly:

OPPOSING PARTY INFORMATION

Full Legal Name: _____ Cell Phone: _____
Any names known by/maiden: _____ Home Phone: _____
Street Address: _____ Email: _____
Email: _____
Texas Drivers License No: _____ Exp. Date: _____
Social Security No: _____ Age: _____
Date of Birth: _____ City and State of Birth: _____ Race: _____
Employer's Name: _____ Employer Phone: _____
Employer's Address: _____ Pay frequency: Weekly:
(Check one) Bi-Weekly:
Salary: \$ _____ Bi-monthly:
Highest level of Education: _____ Monthly:
Relationship to Children: _____

Cheney, Fernandez, & Associates, P.C.
1023 W. U.S. Hwy. 175, Suite B

PH: 972-472-8658
Fax: 972-472-8659

INFORMATION SHEET FOR ADOPTION, MODIFICATION, PATERNITY, AND/OR ENFORCMENT/CONTEMPT

(Please Print)

CHILD/CHILDREN INFORMATION FOR CHILDREN UNDER 18 YEARS OF AGE

City/County/State of Birth	Full Legal Name	DOB	Age	Sex	Social Security #
				M/F	
				M/F	
				M/F	
				M/F	
				M/F	
				M/F	

Who do children primarily reside or live with: _____

County of child(ren)'s primary residence: _____

Length of time at current residence: _____

If Covered on Insurance: By: Father Mother Other _____

Name of Company: _____ Ins. Comp. Phone: _____

Name of Policy Holder: _____ Policy Start Date: _____

Policy Number: _____ Cost per month: _____

INFORMATION REGARDING PRIOR ORDERS (If any)

Order sought to be enforced or Modified : _____ Cause Number(s): _____
 County or Counties where order(s) entered: _____

Date of Order(s): _____ Any Pending Court Dates: _____
 Description of any pending activities on Case: _____ Title of Last Order Entered: _____

- Reason for Consultation:**
- To establish paternity:
 - Adoption of child:
 - Contempt/enforcement:
 - Grandparent access to child:
 - Name change:
 - Defense of enforcement:
 - Defense of modification:
 - To modify prior orders as to...
 - Child support
 - Visitation
 - Other (please List): _____

- Any other potential parties:**
- Grandparents:
 - Attorney General:
 - District Attorney:
 - Relative:
 - Non-parent conservator:
 - CPS:
 - Others (please list): _____
 - _____
 - _____
 - _____

Reason for seeking action: _____
