

Law Offices of **ALR** Agatha L. Rode

***Board Certified – Family Law, Texas Board of Legal Specialization**

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CLIENT INTERVIEW SHEET – PATERNITY/SAPCR

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and Social Security number.

Name: _____
(first) (middle) (last) (maiden)

Date of birth: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

2. Where are you living now?

Address: _____

City, state, zip: _____

3. Please give your residence telephone number. _____

work number: _____

cell number: _____

e-mail _____

4. Please complete the following concerning your employment.

Employer: _____

Job Title: _____

Street address: _____

City, state, zip: _____

Gross salary per month or year: _____

Length of employment: _____

Education: _____

SPOUSE:

5. Please give your spouse's full name, date and place of birth, and Social Security number.

Name: _____

(first)

(middle)

(last)

(maiden)

Date of birth: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

OPPOSING PARTY TO THIS LAWSUIT:

6. Please give the opposing party's full name, date and place of birth, and Social Security number.

Name: _____

(first)

(middle)

(last)

(maiden)

Date of birth: _____

Place of birth: _____

Social Security number: _____

Driver's license number: _____

7. Please complete the following concerning the opposing party's employment.

Employer: _____

Job Title: _____

Street address: _____

City, state, zip: _____

Gross salary per month or year: _____

Length of employment: _____

Education: _____

8. Where is the opposing party living and what is his/her telephone number?

Address: _____

City, state, zip: _____

Residence telephone number: _____

Where do you want to have this person served with legal documents?

9. If you were married to the opposing party, please give the date and place of your marriage and the date and place of your divorce:

Marriage: Date: // City, state: _____

Divorce: Date: // City, state: _____

CHILDREN:

10. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child subject to this lawsuit

a. _____

name and sex (M/F)

(date--place of birth--city and state)

(driver's license number and state)

(SSN)

b. _____
name and sex (M/F)

(date --place of birth--city and state)

(driver's license number and state)

(SSN)

c. _____
(name and sex (M/F)

(date --place of birth--city and state)

(driver's license number and state)

(SSN)

11. Where are the children living at this time? _____

MISCELLANEOUS:

12. How long have you lived in Texas? _____

13. What county do you reside in? _____

14. How long have you resided in that county? _____

15. Does the opposing party have an attorney? _____ If so, who?

16. Do you pay/receive child support? _____. If so, how much per month?

17. What section of your current Court Order are you requesting be modified?

18. Has your current Court Order been previously modified? If so, what sections of the Order were modified and on what date were such modifications made?

MAIL

At what address do you wish to receive mail from this office?

(street address)

(city)

(zip)

REFERRAL

Who referred you to this office? _____

CLIENT