MOORE LAW, PLLC
YOU DESERVE MORE

Lori Moore
P.O. Box 1707
Mont Belvieu, Texas 77580
Phone 346.360.4400
Fax 346.888.4720
lori@mymoorelaw.com

Client Information - SAPCR

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Texas Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

1. CASE INFORMATION

Is this a modification of a prior court order? _____

If so, what is the prior county and cause number? _____

Have you ever utilized the services of the Office of the Attorney General? _____

2. CLIENT

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number (last 3 digits): _____

Driver's license number and state (last 3 digits): _____

Are you married? _____

If so, what is your spouse's name? _____

Does your spouse have children (do not include children with you)? _____

Please add pages if necessary.

Child 1

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

_____

Where and with whom do these children live? _____

_____

Child 2

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

_____

Where and with whom do these children live? _____

_____

Child 3

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Disability, if any: _____

_____

Where and with whom do these children live? _____

_____

Do you have children that are NOT a part of this suit? _____

Please add pages if necessary

Child 1

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

_____

Where and with whom do these children live? _____

_____

Do you pay/receive child support? _____

If so, how much? $ _____ per _____

Child 2

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

_____

Where and with whom do these children live? _____

_____

Do you pay/receive child support? _____

If so, how much? $ _____ per _____

Child 3

Name: _____

Sex: _____ Date of birth: _____ Age: _____

Place of birth: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

_____

Where and with whom do these children live? _____

_____

Do you pay/receive child support? _____

If so, how much? $ _____ per _____

Do you or your spouse have any criminal convictions or arrests?

If so, please provide the date, charge, and county: _____

_____

_____

Are either of you a convicted sex offender? _____

Do either of you have mental health issues? _____

If so, what is the diagnosis?_____

Are you or your spouse compliant with treatment/medication?_____

Do you or your spouse have drug or alcohol issues?

If so, please explain. _____

_____

_____

Have you or your spouse ever sought or been subject to a protective order? _____

Have you or your spouse ever contacted or been contacted by child protective services?

If so, please briefly explain: _____

_____

_____

_____

3. CONTACT INFORMATION

Current Address: _____

City: _____ County: _____ State: _____

Zip: _____ Cell phone: _____

How long have you lived at this address?_____

How long have you lived in Texas? _____

How long have you lived in this county? _____

Who else lives in your household? _____

How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Cell phone: _____

E-mail: _____
(e-mail communications may not be confidential)

Do you use social media? If so, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

Snapchat: _____

Twitter: _____

LinkedIn: _____

Other: _____

If you believe that the health, safety, or liberty of you or the children would be jeopardized by disclosure of your address or that of the children, please disclose the reason for that belief. _____

_____

_____

_____

_____

4. EMPLOYMENT

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

5. PRIOR MARRIAGE

Have you or your spouse ever filed for divorce? _____

If so, when and where? _____

Have you ever been married before? _____

If so, how many times? _____

Has your spouse been married before? If so, how many times? _____

6. OPPOSING PARTY

Do not include yourself in the information below.

Mother

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number (last 3 digits): _____

Driver's license number and state (last 3 digits): _____

Maiden name, if applicable: _____

Father

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number (last 3 digits): _____

Driver's license number and state (last 3 digits): _____

Maiden name, if applicable: _____

7. OPPOSING PARTY'S CONTACT INFORMATION

Do not include yourself in the information below.

Mother

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Cell phone: _____

E-mail: _____

Who else lives in the opposing party's household? _____

Does the opposing party use social media? If so, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

Twitter: _____

LinkedIn: _____

Snapchat: _____

Other: _____

Father

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Cell phone: _____

E-mail: _____

Who else lives in the opposing party's household? _____

Does the opposing party use social media? If so, indicate which sites are used and the account name:

Facebook: _____

Instagram: _____

Twitter: _____

LinkedIn: _____

Snapchat: _____

Other: _____

8. OPPOSING PARTY'S EMPLOYMENT

Do not include yourself in the info below:

Mother

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

Father

Employer: _____

Job title: _____

Street address: _____

City, state, zip: _____

Phone: _____ Fax: _____

E-mail: _____

Monthly gross salary: _____

Annual gross salary: _____

Length of employment: _____

Education/training: _____

9. OPPOSING PARTY – OTHER INFORMATION

Do not include yourself below.

Mother

Is the opposing party married: _____

If so, when were they married? _____

State their spouse's name: _____

Do either the spouse or the opposing party have any criminal convictions or arrests?

If so, please provide the date, charge, and county: _____

_____

_____

Are either of them a convicted sex offender? _____

Do either of them have mental health issues? _____

If so, what is their diagnosis? _____

Are they compliant with treatment/medication?_____

Do either of them have drug or alcohol issues?

If so, please explain. _____

_____

_____

Father

Is the opposing party married: _____

If so, when were they married? _____

State their spouse's name: _____

Do either the spouse or the opposing party have any criminal convictions or arrests?

If so, please provide the date, charge, and county: _____

_____

_____

Are either of them a convicted sex offender? _____

Do either of them have mental health issues? _____

If so, what is their diagnosis? _____

Are they compliant with treatment/medication? _____

Do either of them have drug or alcohol issues?

If so, please explain. _____

_____

_____

10. CHILDREN IN THIS SUIT

Child 1

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

Child 2

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

Disability, if any: _____

Child 3

Name: _____ Sex: _____

Date of birth: _____ Age: _____ Place of birth (city and state): _____

Name of school child attends: _____ Grade: _____

Social Security number (last 3 digits): _____

Disability, if any: _____ With whom will the children primarily reside?

Does any child suffer a chronic illness or disability? If so, please describe. _____

_____

_____

Do the children own significant property (other than furniture, clothing, etc.)? ____

11. HEALTH INSURANCE INFORMATION

Do you have health insurance? _____

Does your spouse have health insurance? _____

Is private health insurance in effect for a child? If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

Is dental insurance in effect for a child? If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

Is vision insurance in effect for a child? If so, please give the following information:

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: _____

Is the insurance coverage provided through a parent's employment? _____

If so, which parent? _____

If private health insurance is not in effect for the children, please answer the following questions:

_____ Are the children receiving Medicaid benefits?

_____

Are the children receiving health benefits coverage under CHIP? _____

If so, what is the cost of the premium? _____

Do you have access to private health insurance at reasonable cost to you? _____

Does the other parent of your children have access to private health insurance at reasonable cost to [him/her]? _____

Has anyone applied for Medicaid benefits for the children or for coverage for the children under CHIP? _____

If so, who applied? _____

What is the status of the application? _____

12. OTHER INFORMATION

Is there someone we can contact in an emergency? _____

Name and Relationship: _____

Address: _____

Telephone:_____

Who referred you to this office? _____

13. DISCOVERY

Discovery is the process of requesting and exchanging evidence between the parties in a suit.

Please be advised that Texas law ***requires*** each party to provide evidence to the other party within 30 days of request.

These disclosures are MANDATORY when requested and failure to provide them will affect you and your case negatively, including but not limited to being unable to present evidence and/or witnesses to the Court to support your claims or defenses.

In order to comply with anticipated discovery requests and to prepare your case, please provide the following information/documents to this office as soon as possible. Any item or document listed below or requested below, should be uploaded to the dropbox link provided by the attorney.

1. State the names, addresses, and telephone numbers of persons having knowledge facts about your case, and give a brief statement of each person's connection with the case. The list of persons should include all potential witnesses regardless of who they would be testifying for. _____

   Name and Relationship: _____

   Address: _____

   Telephone:_____

   Statement of person's connection with case: _____

   _____

2. Provide the description and location of all documents, electronically stored information, and tangible things that you have in your possession or control, and may use to support your claims or defenses. *Please feel free to add additional pages if needed.*

Item/Name of Item or Document	***Type of Item (Document, electronic info, or tangible item)***	***Location of document or item***	***Brief Description of document or item***

3. Are there any settlement agreements in this case? If so, please describe the agreement and upload a copy for the attorney's review.

   _____

4. Are there any witness statements in this case (includes social media messages, text messages, recordings, etc)? If so, please describe the statement and upload a copy for the attorney's review.

_____

5. Produce copies of all medical records and bills that are reasonably related to this case.

6. Produce copies of all medical records and bills that you have obtained by virtue of an authorization furnished by the other party.

7. All documents pertaining to any life, casualty, liability, or health insurance for the child/children.

8. All policies, statements, and the summary description of benefits for any medical and health insurance coverage that is or would be available for the child/children.

9. Your income tax returns for the previous two years or, if no return has been filed, your Form W-2, Form 1099, and Schedule K for such years.

10. Your two most recent payroll check stubs.

11. If you anticipate any expert witness will be needed in this case, please indicate the reason for your belief and state the name, address, and number of the expert witness (if known to you).

_____

_____

_____