

**SAPCR CONSULTATION/INTAKE**

DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

**CONSULTATION FEE** I UNDERSTAND OWENS & OWENS CHARGES A FEE FOR CONSULTATIONS AND THAT I AM RESPONSIBLE FOR PAYMENT OF SUCH FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THE COST OF MY CONSULTATION.

\_\_\_\_\_  
**INITIALS**

**ATTORNEY CLIENT RELATIONSHIP** I UNDERSTAND THAT AN ATTORNEY-CLIENT RELATIONSHIP IS NOT CREATED UNLESS I EXECUTE A LEGAL SERVICES AGREEMENT (CONTRACT) HOWEVER THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO INFORMATION DISCLOSED BY ME DURING THE CONSULTATION.

\_\_\_\_\_  
**INITIALS**

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**YOUR INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No  
Home# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos  
Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
Work Schedule \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
Pay Frequency  WEEKLY  BIWEEKLY  SEMIMONTHLY  MONTHLY  
Pay Type(s)  Salary  Hourly  Base+Commission  Commission Only  Overtime  Bonuses  
 Y  N - Incapacity/Disability?  
 Y  N - Criminal History?  
 Y  N - Mental Illness?  
 Y  N - Alcohol/Drug Issues?

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**OTHER PARENT/CONSERVATOR'S INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No

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**DIVORCE CONSULTATION/INTAKE**

Home# ( ) - Work# ( ) - Cell# ( ) -  
 Employer \_\_\_\_\_ Years/Months Employed \_\_\_ yrs \_\_\_ mos  
 Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
 Work Schedule \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per \_\_\_\_\_  
 Pay Frequency  WEEKLY  BIWEEKLY  SEMIMONTHLY  MONTHLY  
 Pay Type(s)  Salary  Hourly  Base+Commission  Commission Only  Overtime  Bonuses  
 Y  N - Incapacity/Disability?  
 Y  N - Criminal History?  
 Y  N - Mental Illness?  
 Y  N - Alcohol/Drug Issues?

**CHILD(REN)'S INFORMATION**

First Name \_\_\_\_\_ Middle Int. \_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted?  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance  Y  N If yes, provider info: \_\_\_\_\_

**For this child only:**

- |   |  |
|---|--|
| <input type="checkbox"/> Y <input type="checkbox"/> N - Parentage in Question?                  | <input type="checkbox"/> Y <input type="checkbox"/> N - Special Needs?                     |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Existing Court Orders as to this Child? | <input type="checkbox"/> Y <input type="checkbox"/> N - Counseling?                        |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Child has an Estate?                    | <input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile Charges Pending? |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Attorney General Involvement?           | <input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile History?         |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Domestic/Family Violence?               | <input type="checkbox"/> Y <input type="checkbox"/> N - Mental Illness?                    |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Protective Orders?                      | <input type="checkbox"/> Y <input type="checkbox"/> N - Alcohol/Drug Issues?               |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Child Protective Services Involved?     |  |

First Name \_\_\_\_\_ Middle Int. \_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_ Adopted?  Yes  No  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Current Age \_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_  
 Health Insurance  Y  N If yes, provider info: \_\_\_\_\_

**For this child only:**

- |   |  |
|---|--|
| <input type="checkbox"/> Y <input type="checkbox"/> N - Parentage in Question?                  | <input type="checkbox"/> Y <input type="checkbox"/> N - Special Needs?                     |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Existing Court Orders as to this Child? | <input type="checkbox"/> Y <input type="checkbox"/> N - Counseling?                        |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Child has an Estate?                    | <input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile Charges Pending? |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Attorney General Involvement?           | <input type="checkbox"/> Y <input type="checkbox"/> N - Criminal/Juvenile History?         |
| <input type="checkbox"/> Y <input type="checkbox"/> N - Domestic/Family Violence?               | <input type="checkbox"/> Y <input type="checkbox"/> N - Mental Illness?                    |

Y N - Protective Orders?  
Y N - Child Protective Services Involved?

Y N - Alcohol/Drug Issues?

First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_ Last Name \_\_\_\_\_

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

US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_

Physical Residence \_\_\_\_\_ Adopted?  Yes  No

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Current Age \_\_\_\_\_ Current School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Health Insurance Y N If yes, provider info: \_\_\_\_\_

**For this child only:**

Y N - Parentage in Question?  
Y N - Existing Court Orders as to this Child?  
Y N - Child has an Estate?  
Y N - Attorney General Involvement?  
Y N - Domestic/Family Violence?  
Y N - Protective Orders?  
Y N - Child Protective Services Involved?

Y N - Special Needs?  
Y N - Counseling?  
Y N - Criminal/Juvenile Charges Pending?  
Y N - Criminal/Juvenile History?  
Y N - Mental Illness?  
Y N - Alcohol/Drug Issues?

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**LEGAL ISSUES**

Briefly describe any issues/concerns you have, including immediate needs:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CONSULTATION NOTES** (for attorney use only)

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\_\_\_\_\_  
\_\_\_\_\_

RETAINER \$ \_\_\_\_\_

ANTICIPATED FILING FEES \$ \_\_\_\_\_

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## **TERMS REGARDING SUITS AFFECTING PARENT-CHILD RELATIONSHIP (SAPCR)**

### Uncontested SAPCR Case

Parents/Conservators agree to all terms regarding children: custody, possession/access and support (including medical support).

### Contested SAPCR Case

Any SAPCR case in which the Parents/Conservators disagree to any or all terms of the case regarding children: custody, possession/access and support (including medical support).

### Collaborative SAPCR

Parents/Conservators “opt out” of litigation (court proceedings) by contract and instead engage in the collaborative process to develop workable, long-term settlement plan that addresses the interests of everyone involved with the use of neutral professionals (financial & communications) and legal counsel. Collaborative cases are private (no public hearings or filings) and afford the Parents/Conservators much greater control over the outcome of the case. Information is shared freely in this process thus, in the unlikely event the collaborative process fails, parties must hire separate legal counsel to litigate.

### Mediation

Mediation is the use of a neutral individual who assist the parties in reaching an agreement resolving issues in disputes in the case. Mediation is routinely required by the courts prior to a trial setting.

### Temporary Restraining Order (TRO)

A TRO is an Order obtained prior to a hearing to protect the parties and children until a hearing can be scheduled (within 14 days) for temporary orders.

### Temporary Orders

Prior to a trial, the court can make orders regarding the parties and custody, possession/access and support of the child(ren). Temporary Orders can include drug testing, access facilitation, social studies and more.

### Child Custody

Custody aka conservatorship is the allocation of rights/duties of parents. The presumption in Texas is that parents should be appointed a joint conservators, meaning they continue to share the rights/duties of a parent.

### Child Possession/Access

This is the schedule of when children are with their individual parents and includes provisions as to when and how possession is exchanged between parents.

### Child Support

The law requires a court to make orders for the support of the child(ren) including health insurance and payment of un-insured medical expenses. Statutory guidelines for child support are presumed to be in the best interest of the child(ren).

### Protective Order

A protective order is based upon sworn testimony regarding family violence and orders the offender not to make contact with the victim(s) or coming within a certain distance of the victim(s) or his/her/their usual place of business, school, daycare and/or residence.