SAPCR CONSULTATION/INTAKE

DATE _____ REFERRAL SOURCE _____

CONSULTATION FEE I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT OF THIS FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THIS COST. _____**INITIALS**

ATTORNEY-CLIENT RELATIONSHIP I UNDERSTAND THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO ALL INFORMATION DISCLOSED DURING THE CONSULTATION HOWEVER, A SIGNED CONTRACT IS REQUIRED TO CREATE AN ONGOING ATTORNEY-CLIENT RELATIONSHIP. _____**INITIALS**

YOUR INFORMATION - Use full legal name including generational suffixes (e.g. Jr., III)

First _____ Middle _____
Last _____ Maiden _____
Date of Birth _____ Place of Birth _____
DL#_____ Issuing State _____ SSN _____
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 _____
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 - Mental Illness?
☐Y ☐N - Criminal History? ☐Y ☐N - Alcohol/Drug Issues?

SPOUSE'S INFORMATION - Use full legal name including generational suffixes (e.g. Jr., III)

First _____ Middle _____
Last _____ Maiden _____
Date of Birth _____ Place of Birth _____
DL#_____ Issuing State _____ SSN _____
Physical Residence _____
City/State/Zip _____ County _____
E-mail Address _____
Home# (_____)_____-_____ Work# (_____)_____-_____ Cell# (_____)_____-_____
Employer _____ Years/Months Employed _____ yrs _____mos
Employment Address _____ Position _____
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 - Mental Illness?
☐Y ☐N - Criminal History? ☐Y ☐N - Alcohol/Drug Issues?

CHILD(REN)'S INFORMATION

CHILD(REN)'S INFORMATION

First _____ Middle _____Last _____
Date of Birth _____ Place of Birth _____ Sex _____
US Citizen ☐ Yes ☐ No DL#_____ Issuing State ____ SSN_____ Race _____
Physical Residence _____ Adopted ☐Yes (date)_____ ☐No
City/State/Zip _____ County _____
Current Age _____ Current School _____ Current Grade Level _____
Health Insurance ☐Y ☐N If yes, provider info: _____

☐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?

LEGAL ISSUES

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

_____
_____
_____
_____
_____
_____

CONSULTATION NOTES (for attorney use only)

_____
_____
_____
_____
_____
_____

RETAINER $_____ EXPENSE DEPOSIT $_____

TERMS REGARDING SUITS AFFECTING PARENT-CHILD RELATIONSHIP (SAPCR)

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

Mediation
Mediation is the use of a neutral individual to 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. Temporary Orders CANNOT change custody unless there is evidence the child is in imminent danger.

Child Custody
Custody aka conservatorship is the allocation of rights/duties of parents. The presumption in Texas is that parents should have joint custody, 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 children including health and dental insurance and payment of medical and dental expenses not covered by insurance. Statutory guidelines for child support are presumed to be in the best interest of the children. Parents are deemed to earn at least minimum wage for 40 hours a week.

Protective Order
A protective order is based upon sworn testimony regarding family violence or dating 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. Offenders may not possession firearms.