

Gary Cunha, P.C.
Child Custody/Support Client Information Sheet

Your information

Full Legal Name: _____

Maiden & Other Name(s) used: _____

Address: _____

Mailing Address: SAME or _____

Phone: home: _____ work: _____ cell: _____

Email: _____ pager: _____ fax: _____

Social Security: _____ Drivers License: _____ TX _____

DOB: _____ Place of Birth (city/state): _____

Race/Ethnicity: _____

How long have you lived in Texas? _____ years _____ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: _____

How long have you lived in that county? _____ years _____ months

Employment Information

Employer: _____ Phone: _____

Work Address: _____

Job Title: _____ How long? _____

Gross Monthly Salary \$ _____ other benefits: _____

Self employed: Sole Proprietor / Partnership / LLC / Corporation / Other: _____

Service or Products you offer: _____

Year business started: _____ Spousal involvement: _____

Your Education (include schools and degrees earned): _____

Prior Marriages

Number of previous marriages: _____ Year last one ended: _____

Reason last one ended: Death / Divorce / Annulment / Other: _____

Opposing Party Information

Full Legal Name: _____

Maiden & Other Name(s) used: _____

Address: _____

Mailing Address: SAME or _____

Phone: home: _____ work: _____ cell: _____

Email: _____ pager: _____ fax: _____

Social Security: _____ Drivers License: _____ TX

DOB: _____ Place of Birth (city/state): _____

Race/Ethnicity: _____

How long lived in Texas? _____ years _____ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: _____

How long lived in that county? _____ years _____ months

Opposing Party Employment Information

Employer: _____ Phone: _____

Work Address: _____

Job Title: _____ How long? _____

Gross Monthly Salary \$ _____ other benefits: _____

Self Employed: Sole Proprietor / Partnership / LLC / Corporation / Other: _____

Service or Products offered: _____

Year business started: _____ Your involvement: _____

Education (include schools and degrees earned): _____

Opposing Attorney: _____

Address: _____

Phone: _____

Fax & Email: _____

Are You Currently Married? Yes / No

Current Spouse's Name: _____

Date and Place marriage took place: _____

Have you or your current spouse ever engaged in abusive behavior or domestic violence? Y / N

If so, was it reported to social services, police, or other? Y / N Agency: _____

Details: _____

List property and value (besides personal effects of ordinary value) owned by children:

What kind of child custody arrangements do you have? _____

What kind of child custody arrangements do you want? _____

Do you expect a dispute over custody? Y / N

Your religion: _____ Spouse Religion: _____

How much child support do you expect to pay \$ _____ receive \$ _____

If any child has a physical or mental disability, describe it, the treatment, and cost of

treatment: _____

Does anyone have a court-ordered relationship with any of your children? Y / N

If so, name, name of child affected, date and court: _____

Health Insurance Information

Insurance Company Name: _____ Policy # _____

Provided by Father / Mother Monthly Premium \$ _____ Child's Portion \$: _____

Does this policy cover everyone in the family? Y / N If no, list all other policies:

Please attach copies of court orders, pre-marital agreements, other agreements, and explain them below:

Children (yours, your spouses, those you had together, and any that are involved in this case)

Child's full name: _____ SS# _____ M / F _____

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F _____

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

Child's full name: _____ SS# _____ M / F

DOB: _____ Age: _____ Place of Birth: _____

Child's Father: _____ Mother: _____

Child's current residence: _____

Monthly Child Support You Pay \$ _____ You receive \$ _____

The standard child possession order is joint managing conservators with one parent having the children on the 1st, 3rd, and 5th weekends, and every Thursday from 6-8pm. Is there a reason to deviate from the standard order? Y / N If yes, please explain: _____

Do we need to set up passport restrictions in the final order? Y / N If yes, please explain who you want to be able to apply for a passport: me / other party Other restrictions: _____

Do we need to conduct discovery on opposing party? Y / N If yes, please note what we need to obtain:

- bank statements tax returns pay stubs other financial documents: _____
- loan papers credit card statements phone records police reports criminal records
- medical records rental agreements other: _____

Do you want a geographic restriction (limit where the child(ren) can live)? Y / N
What limits do you want: _____

Do you want to limit overnight visitors of the opposite sex during periods of child custody? Y / N
Explain: _____

Do you want other restrictions on child visitation? Y / N Explain: _____

Parental Rights

Check “both must agree” if both must agree on the issue, check only the dad or mom to give *exclusive* right, or check both dad and mom if they can each *independently* do it.

Both Must Agree	Dad	Mom	Right
			consent to invasive medical/surgical/dental procedures
			consent to psychiatric/psychological care
			represent child in legal action
			consent to join military or marry
			decide on education
			right to child’s services and earnings
			act as child’s agent or child’s estate’s agent

Income and Expenses (Budget)

Wages - money earned from employment

	<u>YOU</u>	<u>OPPOSING PARTY</u>
<u>Pay Frequency</u>	weekly/bi-weekly/semi-monthly/monthly	weekly/bi-weekly/semi-monthly/monthly
<u>Gross Wages per pay period</u>	_____	_____
<u>Overtime</u>	_____	_____
<u>Deductions</u>		
Federal Withholding	_____	_____
Social Security	_____	_____
Insurance	_____	_____
Union Dues	_____	_____
Retirement	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<u>Other</u> _____	_____	_____
<u>Totals</u>	_____	_____

OTHER MONTHLY INCOME

Do you have any other income sources? If you do, we must know them and their monthly amount.

	<u>You</u>	<u>Opposing Party</u>
Do you have income from any of the following sources?	Yes / No	Yes / No
Regular income from business, profession or farm (after expenses and taxes)	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Social Security Explain: _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Interest and dividends	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____
Gifts from relatives and friends	\$ _____	\$ _____
Sales commissions	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

MONTHLY EXPENSES

Fill out completely, estimate your bills realistically, because these amounts are what you must be able to live on. If you have a bill that is abnormally high, please use the blank space to explain why it is high and bring copies of the bills. Do not leave any blank, use N/A or \$0 instead. If you list an amount next to "other" please describe the expense in the blank space.

TYPE OF EXPENSE	You
House Payment/Rent Includes Taxes Y/N Insurance Y/N	\$
Electricity and Heating (include gas)	\$
Water, Sewer, Garbage	\$
Telephone , including cellular and long distance	\$
Other/Cable TV (describe):	\$
Home Maintenance	\$
Food & Groceries	\$
Clothing	\$
Laundry & Dry Cleaning	\$
Medical and Dental Expenses (not already deducted from paycheck)	\$
Transportation (gas, car repairs & maintenance, bus fare)	\$
Recreation/Reading	\$
Charitable Contributions	\$
Insurance: Home/Renters	\$
Life and Disability	\$
Auto	\$
Health (not already deducted from paycheck)	\$
Other describe:	\$
Installment Payments Auto	\$
Other 1:	\$
Other 2:	\$
Other 3:	\$
Other taxes:	\$
Alimony & Child Support	\$
Support of Dependents not at home explain:	\$
Regular Business	\$
Other Expense 1	\$
Other Expense 2	\$
TOTAL:	\$

Do you expect any of these expenses to change (ie: new child on the way, moving, etc.)? Yes / No

Explain: _____

Conservatorship of Children

On this page list all children, their age, who has custody, for how long, their address, telephone number, and if the child is in school, which school, grade, teacher name, and principal name.

Child Name	Age	Person who has custody	Length of Custody	Address	Telephone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

School	Grade	Teacher	Principal
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Children's Doctor: _____ May attorney contact? Y / N

Address: _____ Phone: _____

Persons with special knowledge who can and will testify:

	Name	Address	Phone
Relatives:			
Neighbors:			
Friends:			
Government:			
Other:			

Any child who has special problems (emotional/physical/educational):

Child	Problem	Doctor/Specialist	Address/Phone

Special Attachments any child has to any person(s): _____

Do you intend to move? Y / N Outside County? Y / N Outside State? Y / N

Does opposing party intend to move? Y / N Outside County? Y / N Outside State? Y / N

Is remarriage planned... by you? Y / N by opposing party? Y / N

Your plan for custody and reasons: _____

Opposing party's plan for custody and reasons: _____

Do the children have a preference for custody? Y / N

If so, what? _____

Visitation Rights

Assuming that custody is resolved, specify actual times and places of desired visitation rights.

	Your Desire	Opposing Party's Desire
Weekends		
Weekdays		
Summer		
Easter		
Christmas		
Thanksgiving		
New Year's Day		
Other Holidays		
Birthdays of Children		
Birthday of Parent		
Other periods		

The following documents are used in some cases. Please complete the ones that apply to your case. Some just need to be filled out and signed, some need to also be notarized.

Affidavit for UCCJEA (152.209) Information: is REQUIRED in child custody cases where one party resides outside of Texas. If you are involved in a case where one of the parties lives outside of Texas, please fill out the form and have it notarized.

Statement of Health Insurance Availability: is REQUIRED for all cases where there is a child involved.

EXHIBIT “__”

STATE OF TEXAS §

COUNTY OF _____ §

AFFIDAVIT FOR UCCJEA (152.209) INFORMATION

_____ appeared in person before me today and stated under oath:

"My name is _____. I am competent to make this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.

"I am the Petitioner in this case.

"The child's present address is _____.

"For the past five years immediately preceding the date of this affidavit, the child has lived at the following addresses with the following persons:

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

Address: _____

Persons lived with: _____

Date: _____

"I have not participated, as a party or as a witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the child in Texas or any other state.

"I do not know of any proceeding that could affect this proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions.

"I do not know of any person not a party to this proceeding who has physical custody of the child or claims rights of legal custody or physical custody of, or visitation with, the child."

sign name: _____

print name: _____

SIGNED under oath before me on _____.

Notary Public, State of Texas

EXHIBIT “ ___ ”

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made by _____, Petitioner, in accordance with section 154.181 of the Texas Family Code.

1. Child

The following child(ren) is/are the subject of this suit:

Name(s): _____

Birth date(s): _____

Social Security number(s) [last 3 digits only]: xxx-xx-x _____

2. Health Insurance Availability (check all that apply)

Private health insurance is in effect for the child. company: _____,
policy # _____.

The child is receiving Medicaid benefits under chapter 32, Human Resources Code.

The child is receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code.

Respondent has access to private health insurance at reasonable cost through _____.

It is unknown if Respondent has access to private health insurance at reasonable cost to him/her.

Date: _____.

Sign _____

Print: _____