

Gary Cunha, P.C.
Confidential Client Information Sheet

Name	DOB
Are you married? Y / N If yes: Spouse	DOB
Address	
City, St, Zip	
<input type="checkbox"/> Rent <input type="checkbox"/> Buying Home <input type="checkbox"/> Own Home (paid off) <input type="checkbox"/> live with friends/relatives	
Home Phone	
Cell Phone his	hers
Work Phone his	hers
Email	
Husband Social Security #	TX Drivers License#
Wife Social Security #	TX Drivers License#
If you are here on behalf of someone else, their Name	

I am interested in (check all that apply):

- | Family Law | Estate Planning | Business/Civil | Criminal |
|--|--|---|---|
| <input type="checkbox"/> Divorce/Annulment | <input type="checkbox"/> Wills & Trusts | <input type="checkbox"/> Business | <input type="checkbox"/> Misdemeanor |
| <input type="checkbox"/> Child Custody/Support | <input type="checkbox"/> Living Will | <input type="checkbox"/> Taxation | <input type="checkbox"/> Felony |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Healthcare PoA | <input type="checkbox"/> General Civil Litigation | <input type="checkbox"/> Class C Citation |
| <input type="checkbox"/> Pre-Marital Counsel | <input type="checkbox"/> Elder Care Planning | <input type="checkbox"/> Debt Relief/Bankruptcy | <input type="checkbox"/> Traffic Ticket |

Please give a brief description of your legal problem:

WAIVER & CONSENT

I certify that I am not currently represented by an attorney with regard to the matter I am here for today, or if I am represented, I am here for a second opinion. I understand that all matters discussed with the attorney are subject to confidentiality under the attorney-client privilege. The attorney may not discuss the matters with third parties without my consent except as needed to carry out representation of me. The law also requires the attorney to disclose my confidential information if: ordered by the court, the Texas Disciplinary Rules, other law, to defend against civil or criminal charge, to prevent the client from committing fraud or criminal act, or to rectify fraud or criminal acts.

I further certify that I will be truthful with the attorney with regard to potential conflicts of interest and all other matters. I realize it is in my best interest to be honest with the attorney so that I get the best legal advice. The fee for today's visit is \$ _____

Date: _____ Sign: _____

How did you hear about us? Yellow Book / Waco Pages / web search / Facebook / referral/other: _____

office use: retainer \$ _____ <input type="checkbox"/> took paperwork <input type="checkbox"/> did not take paperwork <input type="checkbox"/> other issues: _____
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Family Law Initial Consultation Client Information Sheet

IF YOU ARE SEEKING A DIVORCE OR ANNULMENT, PLEASE ASK THE RECEPTIONIST FOR THE "DIVORCE" INITIAL CONSULTATION PAPERWORK.

Please fill in all information that applies to you. **All information given remains confidential under the attorney-client privilege, even if you do not hire me.** DO NOT LEAVE ANY BLANKS. WRITE N/A IF AN ITEM DOES NOT APPLY TO YOU.

Personal information

Maiden/Other Name(s) used: _____

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: _____

Children Involved in the Case continue on back if needed

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

Child's full name: _____ M / F DOB: _____ Age: _____

of HIS children with different women: _____ # of HER children with different men: _____

What legal services are you seeking? Establish Paternity Name Change

Collection of Child Support Arrearage Establish Visitation Rights

Modify Child Support Modify Visitation Rights Protective Order

Other: _____

Have ANY cases already been filed? Y / N, If yes circle: divorce / child support / attorney general

Case # _____ date filed _____

Name of Opposing Party _____

Address of Opposing Party _____

Opposing Attorney: _____

Is the Attorney General (A.G.) involved? Y / N

Are there any court dates set? Y / N If yes, please list all court dates, location, and reasons:

Date & Time

Court Location & Reason for Hearing

_____	_____
_____	_____
_____	_____

What kind of child custody arrangements do you want? _____

Do you expect a dispute over child custody/visitation? Y / N

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

What expectations do you have regarding the attorney-client relationship?

Have you talked with any other Attorneys about this case? Y / N

If yes, who did you talk to, how much did they want to charge you, what did you like and dislike about that attorney, and why did you not hire that attorney?
