

Gary Cunha, P.C.
Confidential Client Information Sheet

Name	DOB
Name of person wanting name change	DOB
Address	
City, St, Zip	
Home Phone	
Cell Phone	
Work Phone	
Email	
Social Security #	TX Drivers License#

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 checked="" 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. There is no fee for today's visit.

Date: _____ Sign: _____

How did you hear about us? AT&T / Yellow Book / Waco Pages / web site / referral: _____

Race: _____

Place of Birth (City, County, and State): _____

FBI or SID number _____

List all criminal convictions and the grade of offense (felony, misdemeanor, and if misdemeanor, whether it was an A, B, or C) _____

Are you a registered sex offender? Yes / No If yes, list your registration requirements: _____

Full Name you want: _____

Reason you want a name change: _____

You must also obtain a set of fingerprints on a fingerprint card acceptable to the Texas Department of Public Safety and the FBI.

If the name change is for a child:

Name of other parent or guardian _____

Their Address, City, ST, Zip _____

Their phone(s) _____

Their email _____

Court of Continuing Jurisdiction (if applicable)* _____

You must also get the written permission from the child.

* court of continuing jurisdiction would be the court that last handled your divorce from the other parent of the child, or that modified child support, custody, or adoption of the child.