

RAINEY & RAINEY, ATTORNEYS AT LAW L.P.
FAMILY LAW

Today's Date _____

Full Name _____			
Address _____	City _____	State _____	Zip _____
Home Phone _____		Work Phone _____	
E-Mail _____		Cell Phone _____	
Date of Birth _____		Place of Birth _____	
Driver's License # _____		Social Security # (last 3 digits) _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Name of Spouse (if applicable) _____			

TYPE OF MATTER

- | | | |
|---|--|--|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Child Custody | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Modify Support | <input type="checkbox"/> Modify Custody | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Termination of Rights | <input type="checkbox"/> Other |

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies and let us know who referred you to our firm. We like to thank those who recommend us.)

- Previously used our services: _____
- Referred by another client: _____
- Referred by a professional: _____
- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> General Reputation | <input type="checkbox"/> Website | <input type="checkbox"/> Internet Advertising |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Waco Today | <input type="checkbox"/> Other: _____ |

AUTHORIZED CONTACT PERSON

Full Name of Contact Person _____

Full Address _____

Cell Phone _____ Work Phone _____

E-mail _____ Relationship to You _____

YOUR EMPLOYER

Employer: _____

Address: (Street, City, State & Zip) _____

How Long Worked There _____ Supervisor _____

Salary/Wages _____ Pay Period (Monthly/Weekly/etc.) _____

SPOUSE OR FORMER SPOUSE

Full Name _____ Current Spouse Ex-Spouse

Complete Address _____

Cell Phone _____ Work Phone _____

Driver's License # & State _____ Social Security # (last 3 digits) _____

Date of Marriage _____ Place of Marriage _____

Date of Separation (If Applicable) _____ Date of Divorce (If Applicable) _____

Employer _____

Employer's Complete Address _____

How Long Worked There _____ Supervisor _____

Salary/Wages _____ Pay Period (Monthly/Weekly/etc.) _____



CHILDREN

Full Name _____ Gender: Male Female

Person with Whom Child Resides _____

Complete Address _____

Date of Birth _____ Place of Birth _____ SSN _____

Relationship: Natural Child Adopted Child Step Child

Full Name _____ Gender: Male Female

Person with Whom Child Resides _____

Complete Address _____

Date of Birth _____ Place of Birth _____ SSN _____

Relationship: Natural Child Adopted Child Step Child

Full Name _____ Gender: Male Female

Person with Whom Child Resides _____

Complete Address _____

Date of Birth _____ Place of Birth _____ SSN _____

Relationship: Natural Child Adopted Child Step Child

Full Name _____ Gender: Male Female

Person with Whom Child Resides _____

Complete Address _____

Date of Birth _____ Place of Birth _____ SSN _____

Relationship: Natural Child Adopted Child Step Child

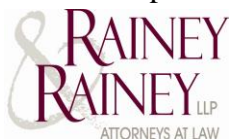
Full Name _____ Gender: Male Female

Person with Whom Child Resides _____

Complete Address _____

Date of Birth _____ Place of Birth _____ SSN _____

Relationship: Natural Child Adopted Child Step Child



CURRENT ORDERS

Are there any current Court Orders in place regarding the parties, parents, or children listed above? Yes No

If yes, please explain: _____

Have you brought a copy of those papers with you? Yes No

PROPERTY DISPUTES

Is there any property dispute between the parties? Yes No

If yes, please explain and describe the disputed property: _____

NAME CHANGE

Are you seeking a name change or is your spouse seeking a name change? Yes No
If yes:

Full Current Name _____

Full New Name _____