

# LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.

## ATTORNEY ~ MEDIATOR

50 Briar Hollow Lane, Suite 425 West  
Houston, Texas 77027  
TEL 713-932-7177  
FAX 713-932-7277

EMAIL [trey@treyyateslaw.com](mailto:trey@treyyateslaw.com)

[www.treyyateslaw.com](http://www.treyyateslaw.com)

### Client Information

## Client Initial Interview Form in Original Suit Affecting the Parent-Child Relationship

\*\*\*\*\*Personal and Confidential\*\*\*\*\*

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law matter. All information will be held in strict confidence. Many of your answers provide information that must be included in court required forms.

### 1. CLIENT

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Original Surname: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_

Birth Place (State or Foreign Country): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Cellular Phone No.: \_\_\_\_\_

Fax Phone No.: \_\_\_\_\_ Specific Faxing Instructions: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Have you been served with a lawsuit? \_\_\_\_\_

If so, on what date were you served? \_\_\_\_\_

**2. OPPOSING PARTY:**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Original Surname: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_

Birth Place (State or Foreign Country): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Cellular Phone No.: \_\_\_\_\_

If applicable please provide any additional information to assist us in locating and serving the opposing party with the lawsuit:

\_\_\_\_\_  
\_\_\_\_\_

If opposing party has retained counsel, please provide name of counsel: \_\_\_\_\_

\_\_\_\_\_

**3. CHILD(REN) (that is/are subject(s) of the lawsuit)**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Current Residence: \_\_\_\_\_

If you have consulted with another attorney on this matter give that attorney's name:  
\_\_\_\_\_

WHO REFERRED YOU TO OUR OFFICE? \_\_\_\_\_

I UNDERSTAND that a consultation fee of \$300.00 will be charged.

I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Consultation fee received by: \_\_\_\_\_

Method of Payment: \_\_\_\_\_