

The Law Offices of Shelly B. West

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consult \$ _____

**GRANDPARENT ACCESS
INFORMATION SHEET**

Date of Consultation: _____ Referred by: _____
(today's date) (who referred you to our office, i.e., name of friend, attorney, or internet referral)

PETITIONER: (If you are filing a new case you are the Petitioner.)

Full Name: _____ Age: _____

Maiden Name: _____ Social Security# (last 4 digits only) _____

Birthdate: _____ D.L. # (last 4 digits only) _____ State: _____

Place of Birth: _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

Salary/Income: _____

RESPONDENT: (Mother of the child(ren) in this case.)

Full Name: _____ Age: _____

Maiden Name: _____ Social Security# (last 4 digits only) _____

Birthdate / Place: _____ D.L. # (last 4 digits only) _____ State: _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Business Address: _____

email Address: _____

Salary/Income: _____

RESPONDENT: (Father of the child(ren) in this case.)

Full Name: _____ Age: _____

Maiden Name: _____ Social Security# (last 4 digits only) _____

Birthdate: _____ D.L. # (last 4 digits only) _____ State: _____

Place of Birth: _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Business Address: _____

email Address: _____

Salary/Income: _____

Next of Kin: _____ Phone: _____

CHILDREN FROM THE RELATIONSHIP:

Name	S.S. Number (last 4 digits only)	Sex	Birthdate	Birthplace
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- _____ Temporary Orders Desired?
- _____ Extraordinary Relief Desired? _____
- _____ Request Award of Attorney's Fees?
- _____ Waiver or Service?

Are you seeking full custody, partial custody or visitation? _____

Why are you pursuing this matter? _____

Who is/are the child(ren) living with now and for what period of time: _____

Have you been to court before in this matter? _____

When and Why? _____

Cause No. (Case No.) and County of case _____
(Please provide the latest order, if any.

How many attorneys have you had? _____

Have many times have you been married? (Include any marriages annulled) _____

Have you ever been charged or convicted with a misdemeanor? If yes, please explain _____

Have you ever been charged or convicted with a felony? If yes, please explain _____

At what age did you graduate from high school? _____

**FINANCIAL INFORMATION STATEMENT (Required
in All Financial Hearings)**

MONTHLY EXPENSES

PRESENT

HOUSING

House Mortgage/Rent _____
Utilities _____
(Gas, water, etc.) _____
Maintenance & Repair _____
Other _____

TRANSPORTATION

Car Payment/Lease _____
Gas, Oil, Maintenance _____
Parking & Tolls _____

INSURANCE

Auto _____
Life _____
Medical _____
Other _____

GROCERIES

Food & Household Supplies _____

YOUR PERSONAL

Work Expenses:

Lunches, etc. _____
Dues, Fees, etc. _____
Medical Expenses _____
(not paid by ins):
Drugs _____
Doctors, Dentists _____
Clothing _____
Cleaning, Laundry _____
Grooming _____
Entertainment _____
Current Child Support _____
Other: _____

CREDIT CARD/DEBTS

Monthly Attorney Fees _____

MONTHLY EXPENSES (cont.)

PRESENT

YOUR CHILDREN

Child Care _____
School Tuition, Fees _____
Lunches _____
Supplies _____
Medical Expenses _____
(not covered by ins)
Drugs _____
Doctors, Dentists _____
Grooming _____
Entertainment _____
Sports, Lessons, etc. _____

Other: _____

TOTAL EXPENSES

INCOME: (attach current pay stubs)

[] paid monthly [] paid semi-monthly
[] paid weekly [] paid every two weeks

GROSS INCOME

DEDUCTIONS

Withholding Tax _____
FICA _____
Mandatory Retirement _____
Medical Insurance _____
Children _____
Other Family _____
Life Insurance _____
Other _____

OTHER

LIQUID ASSETS

I hereby certify that the answers to the above questions
as listed are true and correct.

_____ Date _____ Signed

IN THE MATTER OF (INTEREST OF)

§
§
§
§
§

IN THE DISTRICT COURT

OF DALLAS COUNTY, TEXAS

AND

_____ JUDICIAL DISTRICT

HEALTH INSURANCE AVAILABILITY FORM

*Attention: This information must be filed with the court BEFORE first hearing.
See TEX FAM CODE § 154.181(b).*

NAME OF PARTY: _____

MOVANT

RESPONDENT

PARTY'S ATTORNEY (IF ANY): _____

BESIDE THE NAME OF EACH CHILD, CHECK ALL TYPES OF HEALTH INSURANCE OR HEALTH CARE BENEFITS CURRENTLY COVERING THE CHILD(REN). YOU MAY CHECK MORE THAN ONE SOURCE.

NAME	DOB	SSN (LAST 4 DIGITS)	EMPLOYER PROVIDED					NONE
			FATHER'S	MOTHER'S	PRIVATE	CHIP	OTHER	
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR EACH INSURANCE SOURCE PLEASE LIST THE FOLLOWING INFORMATION:
(ATTACH ADDITIONAL FORMS FOR EACH SOURCE OF BENEFITS)

A. NAME OF CARRIER _____

B. GROUP POLICY ID NUMBER _____

C. POLICYHOLDER NAME & ID NUMBER _____

D. NAME OF COVERED CHILD _____

E. COST/MONTH OF COVERAGE [CHILD{REN} ONLY] \$ _____

(To determine coverage cost for child(ren), determine total cost for family coverage and subtract from this amount the cost to insure all covered individuals except the children.)

F. ARE YOU CURRENTLY PAYING THE PREMIUMS FOR LISTED MEDICAL BENEFITS? YES NO

STATE YOUR NET MONTHLY INCOME FROM YOUR FINANCIAL INFORMATION STATEMENT: \$ _____

SIGNATURE OF PARTY COMPLETING FORM

DATE

PRINTED NAME