

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

1003 BERRY STREET
LLANO, TX 78643
TEL: (325) 247-5486

119 AVE G, STE. 101
MARBLE FALLS, TX 78654
TEL: (830) 798-1063



COWARTLAW@GMAIL.COM

INITIAL INTAKE FORM

FAX: (866) 418-4160

CRIMINAL DEFENSE

How did you hear about Cowart Law Office? _____

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____ ***THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

***Legal Name:** _____ **Maiden:** _____
Last First Middle

***Alias:** _____ ***DOB:** _____ M F

Place of birth: _____
City County State Country

***Social Security #:** _____ ***Driver's Lic. #:** _____ ***State:** _____

***Mailing Address:** _____
Street City State Zip Code

***Residential Address:** _____
Street City State Zip Code

***County of Residence** _____ **How long have you lived at this address?** _____

***Primary Phone #:** _____ **Alt. Phone #:** _____

***Email Address:** _____

I authorize text messages concerning my case to the following number: _____
**Message and data rates may apply.*

I authorize emails concerning my case to the above email address.

I authorize calls regarding my case to the following number: _____

***Place of Employment:** _____

Job title: _____ **Annual Salary:** _____

***Address of Employment:** _____
Street City State Zip Code

Spouse's Name: _____ **Maiden:** _____ **DOB:** _____
Last First Middle

Address (if different than yours): _____
Street City State Zip Code

Court Appointed YES NO **County:** _____

PERSON FINANCIALLY RESPONSIBLE (if different than above):

***Name:** _____ **DOB:** _____ ***Phone Number:** _____

***Mailing Address:** _____

***Social Security #:** _____ ***Driver's Lic. #:** _____ ***State:** _____

EMERGENCY CONTACT INFORMATION (other than self):

***Name:** _____ ***Relationship to you:** _____

***Address:** _____

***Primary Phone #:** _____ ***Email:** _____

I give Cowart Law Office consent to contact the person I have listed as my emergency contact if they are unable to reach me at any of the contact phone numbers, email addresses, or mailing addresses I have listed above.

***Signature**

***Current Offense:** _____

***Date of Offense:** _____ ***Location/County of Offense:** _____

***Date of Arrest:** _____ ***Location/County of Offense:** _____

***Give a brief explanation:** _____

Was anyone with you at the time? YES NO If so, who? _____

***Are you currently on probation?** YES NO If so, please explain for what and terms: _____

Have you been on probation before? If so, please explain why, how long and when completed: _____

***List any prior arrests:** _____

MEDICAL INFORMATION: This information is pertinent for the attorney to provide appropriate legal advice and representation. This information is protected by the attorney-client privilege and will not be disclosed without your consent.

Please check if you have been diagnosed with any of the following:

- Anxiety Disorder (Anxiety, OCD, Panic, PTSD, etc.)
- Mood Disorder (Depression, Bipolar, Dysthymia, etc.)
- Psychotic Disorder (Schizophrenia, Schizoaffective, Psychotic, Delusional, etc.)
- Other: _____

List any medications that you are currently taking, including supplements and over-the-counter.

Name of medication	Reason for medication	Prescription	Over-the-counter	Recreational	If prescribed, name of prescriber

DISCLOSURE

(EFFECTIVE JANUARY 1, 2025)

DURING YOUR CONSULTATION, THE SPECIFICS OF YOUR CASE WILL BE DISCUSSED AFTER WHICH AN APPROPRIATE RETAINER WILL BE QUOTED BY THE ATTORNEY. **OUR REPRESENTATION OF YOU DOES NOT COMMENCE UNTIL WE HAVE RECEIVED THE QUOTED RETAINER IN FULL, UNLESS OTHERWISE AGREED TO IN ADVANCE.** PLEASE KEEP IN MIND THAT THERE MAY BE TIME SENSITIVE RESPONSES REQUIRED TO INSURE THE BEST POSSIBLE OUTCOME IN YOUR CASE.

QUOTES AND AVAILABILITY FOR REPRESENTATION FOR THE CONSULTED MATTER ARE VALID FOR 30 DAYS FROM THE DATE OF THE INITIAL CONSULTATION.

THE INITIAL RETAINER, WHETHER HOURLY OR FLAT RATE, DOES NOT INCLUDE SERVICE FEES, CERTIFIED COPY FEES, PUBLICATION OR NOTICE FEES, AMICUS/AD LITEM FEES, MEDIATION, DEPOSITIONS, INVESTIGATIVE SERVICES, OR TRIAL UNLESS SPECIFIED AT THE TIME OF YOUR QUOTE. YOUR ATTORNEY WILL DISCUSS THESE MATTERS WITH YOU ON AN "AS-NEEDED" BASIS, AND A SUPPLEMENTAL RETAINER MAY BE REQUIRED.

RETAINERS ARE NON-REFUNDABLE. SHOULD ANY PORTION OF YOUR RETAINER NOT BE USED, THAT PORTION SHALL REMAIN AS A CREDIT ON YOUR ACCOUNT.

HOURLY RATES: CIVIL (CIVIL LITIGATION, FAMILY, AND SOME PROBATE MATTERS) ARE BILLED AT AN HOURLY RATE. LEGAL SERVICES ARE BILLED IN 6 MINUTE INCREMENTS AT THE FOLLOWING STANDARD RATES, EXCEPTING FLAT RATE SERVICES AND ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY:

ATTORNEY	\$300.00 PER HOUR
PARALEGAL	\$125.00 PER HOUR
LEGAL ASSISTANT	\$75.00 PER HOUR

CONVENIENCE FEE: THERE WILL BE A 3% CONVENIENCE FEE FOR ALL CREDIT CARD TRANSACTIONS. WE ALSO ACCEPT CASH OR CHECK WITH VALID IDENTIFICATION.

ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY ARE BILLED AT \$30.00 PER MESSAGE.

FLAT RATES: CRIMINAL AND SOME PROBATE MATTERS ARE BILLED AT A FLAT RATE.

CONVERSATIONS BETWEEN AN ATTORNEY AND CLIENT ARE PROTECTED BY LAW AND THE DISCIPLINARY RULES TO WHICH ATTORNEYS ARE SUBJECT TO, INCLUDING THE INITIAL CONSULTATION. NO ATTORNEY, NOR ANY EMPLOYEE OF THE ATTORNEY, CAN BE COMPELLED TO REVEAL ANY CONFIDENTIAL COMMUNICATIONS, EXCEPT IN ACCORDANCE WITH SECTION 261.101 OF THE TEXAS FAMILY CODE REGARDING CHILD ABUSE. IF THERE IS CAUSE TO BELIEVE THAT A CHILD HAS BEEN OR WILL BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER 21.11 OF THE TEXAS PENAL CODE, THE ATTORNEY IS REQUIRED BY LAW TO MAKE A REPORT.

SIGNATURE

DATE