

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

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INITIAL INTAKE FORM DIVORCE - NO CHILDREN

How did you hear about Cowart Law Office? _____

DATE: _____

*** THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

List **URGENT** problems: _____

Have you or your spouse previously filed a petition or motion relating to this issue? Y___ N___ Cause No: _____

If yes, please identify documents filed: _____

If yes, has anyone been served: You _____ Spouse _____ When _____

Is your spouse aware that you wish to file for a divorce? Y___ N___ Is wife pregnant? Y___ N___

CLIENT INFORMATION

*Your full name (First/Middle/Last): _____ Male _____ Female _____

Maiden Name: _____ Do you want to restore your maiden name? YES ___ NO ___ Ethnicity: _____

*Mailing Address: _____ City: _____ County: _____ State: _____ Zip: _____

*Residential Address: _____ City: _____ County: _____ State: _____ Zip: _____

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

*Email: _____ *Date of Birth: _____

*Birth Place (City/County/State): _____

*Soc. Sec. #: _____ *Driver's License #: _____ *Issuing State: _____

*Employer: _____ *Position: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Hourly Wage: \$ _____ *Hours worked per week: _____ Gross Salary per Mo/Yr: \$ _____ Net Mo/Yr: \$ _____

INFORMATION ABOUT YOUR SPOUSE

*Spouse's Full Name (First/Middle/Last): _____ Male _____ Female _____

*Maiden Name: _____ *Ethnicity: _____

*Mailing Address: _____ City: _____ County: _____ State: _____ Zip: _____

*Residential Address: _____ City: _____ County: _____ State: _____ Zip: _____

Home# _____ Wk# _____ Cell# _____

Email: _____ *Date of Birth: _____

*Birth Place (City/County/State): _____

Soc. Sec. No. _____ Driver's License #: _____ Issuing State _____

*Spouse's Employer: _____ *Position: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Hourly Wage: \$ _____ *Hours worked per week: _____ Gross Salary per Mo/Yr: \$ _____ Net Mo/Yr: \$ _____

MARRIAGE AND SEPARATION

*Date of Marriage: _____ *Date of Separation: _____

*City/state _____ * County _____

Check Your Marital Difficulties as Appropriate:

- | | | |
|-----------------------------|----------------------------------|-----------------------------|
| _____ Drugs | _____ Alcohol | _____ Sexual Disappointment |
| _____ Internet Usage | _____ Sexual Infidelity | _____ Financial Disputes |
| _____ Religion | _____ Physical Violence | _____ Mental Abuse |
| _____ Incompatibility | _____ Problems with Stepchildren | _____ Pornography |
| _____ Other:(Explain) _____ | | |

HEALTH INSURANCE

Do you have health insurance? Y___ N___

Name of Insurance company: _____

Group Number: _____ Party Responsible for Premium: _____

Monthly cost of premium? \$ _____ Available through spouse's employment: Y___ N___

PRIOR COURT ORDERS

Have **you or your spouse** ever been accused of, or committed acts of family violence? Y___ N___

If yes, please explain when and where: _____

Have **you or your spouse** ever been accused of, or committed a sexual offense? Y___ N___

If yes, please explain when and where: _____

Have **YOU** ever been charged with any crime other than traffic tickets? Y___ N___

If yes, please explain fully, when, where and why: _____

Has your **SPOUSE** ever been charged with any crime other than traffic tickets? Y___ N___

If yes, please explain fully, when, where and why: _____

Are there other circumstances which may be a factor in your case? Y___ N___

If yes, please explain: _____

OTHER INFORMATION

If physical violence, as a Protective Order ever been issued? Y___ N___

If so, please give details: _____

Have you or anyone associated with this case been the subject of a:

- | | |
|---|---|
| <input type="checkbox"/> Protective Order | <input type="checkbox"/> Restraining Order |
| <input type="checkbox"/> Child Protective Services Investigation | <input type="checkbox"/> Mental Health Professional Treatment |
| <input type="checkbox"/> Questionable Paternity Status | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Welfare or Aid to Families with Dependent Children | <input type="checkbox"/> Common-Law or Informal Marriage |
| <input type="checkbox"/> Termination of Paternal Rights | <input type="checkbox"/> Personal Injury Lawsuits |
| <input type="checkbox"/> Prenuptial Agreement or Partitioning Agreement | |

If so, please explain: _____

PRIOR MARRIAGES

How many times have you been married? Circle as appropriate 1 2 3 4

How many times has your spouse been married? Circle as appropriate 1 2 3 4

Do you have separate property acquired prior to current marriage or inheritance? Y___ N___

If so, please give a brief description of your separate property:

ATTORNEYS

If you have consulted with another attorney on this matter, please give attorney's name: _____

Does your spouse have an attorney? _____ If so, please give the attorney's name _____

To your knowledge, has your spouse ever used Tim Cowart for legal services? YES___ NO ___ When? _____

MISCELLANEOUS

Are you or your spouse in bankruptcy? Y___ N___

Have you and your spouse sought marriage counseling? Y___ N___ If so, with whom? _____

Is your spouse willing to participate in counseling? _____

Is there one particular Incident which prompted your visit today? Y___ N___

If so please explain briefly: _____

Are there any specific concerns you want addressed? Y___ N___

If so, list here:

Do you have any social media accounts? Y___ N___

If yes, please list your screen name the owner, screen name and type of account: _____

Does your spouse have any social media accounts? Y___ N___

If yes, please list your screen name the owner, screen name and type of account: _____

ASSETS & LIABILITIES

***Please list your Assets and Liabilities below. Include real property, financial accounts, vehicles, retirement accounts, life insurance, mortgages, loans, credit cards, etc. Upon hire, you will need to complete our *detailed Division of Assets and Liabilities Worksheet*.**

Assets			Liabilities		
Description of Asset	Owner of Asset	Approx. Value	Description of Liability	Owner of Liability	Amount Owed

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