

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

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INITIAL INTAKE FORM ADOPTION

How did you hear about Cowart Law Office? _____

Date: _____

***THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

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

A.K.A. _____ ***DOB:** _____ M F

Place of birth: _____
City County State

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

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

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

***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

PERSON FINANCIALLY RESPONSIBLE:

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

***Mailing Address:** _____

***Social Security #:** _____ ***Driver's License #:** _____ ***State:** _____

EMERGENCY CONTACT INFORMATION (other than self):

Name: _____ Relationship to you: _____
Address: _____
Primary Phone #: _____ Alt. Phone #: _____ Work Phone #: _____

PROSPECTIVE ADOPTIVE PARENTS

Prospective Adoptive Parent A –

*Full Name: _____ *Maiden Name: _____
*Address: _____ *Apt No: _____
*City: _____ *County: _____ *State: _____ *Zip: _____
*How long in County? _____ Years _____ Months _____ *U.S. Citizen? _____
*Social Security No: _____ *Driver's License No: _____ *Date of Birth: _____
*Place of Birth: _____
City County State
*Primary Phone No.: (_____) _____ Alternative Phone No.: (_____) _____
*E-mail Address: _____
*Employer: _____
*Address: _____
*Gross Monthly Pay: _____ Paid: (circle) Weekly Bi-Weekly Semi-Monthly Monthly

Prospective Adoptive Parent B / Spouse of Prospective Adoptive Parent A -

*Full Name: _____ *Maiden Name: _____
*Address: _____ *Apt No: _____
*City: _____ *County: _____ *State: _____ *Zip: _____
*How long in County? _____ Years _____ Months _____ *U.S. Citizen? _____
*Social Security No: _____ *Driver's License No: _____ *Date of Birth: _____
*Place of Birth: _____
City County State
*Primary Phone No.: (_____) _____ Alternative Phone No.: (_____) _____
*E-mail Address: _____
*Employer: _____
*Address: _____
*Gross Monthly Pay: _____ Paid: (circle) Weekly Bi-Weekly Semi-Monthly Monthly

BIOLOGICAL PARENTS

MOTHER OF CHILD(REN):

*Full Name: _____ *Maiden: _____
*Address: _____
*City: _____ *County: _____ *State: _____ *Zip: _____
*Social Security No: _____ *Driver's License No: _____ *Date of Birth _____
Place of Birth: _____
City County State

FATHER OF CHILD(REN):

*Full Name: _____ *Maiden: _____
*Address: _____
*City: _____ *County: _____ *State: _____ *Zip: _____
*Social Security No: _____ *Driver's License No: _____ *Date of Birth _____
Place of Birth: _____
City County State

CHILD(REN) TO BE ADOPTED

*Full Name: _____
First Middle Last

*Sex: _____ *Social Security No.: _____ *Date of Birth: _____

*Place of Birth: _____ Name of Hospital: _____
City County State

*Name on Original Birth Certificate if different than above: _____

Mother's Address at time of birth: _____

*Full Name: _____
First Middle Last

*Sex: _____ *Social Security No.: _____ *Date of Birth: _____

*Place of Birth: _____ Name of Hospital: _____
City County State

*Name on Original Birth Certificate if different than above: _____

Mother's Address at time of birth: _____

*Full Name: _____
First Middle Last

*Sex: _____ *Social Security No.: _____ *Date of Birth: _____

*Place of Birth: _____ Name of Hospital: _____
City County State

*Name on Original Birth Certificate if different than above: _____

Mother's Address at time of birth: _____

*Full Name: _____
First Middle Last

*Sex: _____ *Social Security No.: _____ *Date of Birth: _____

*Place of Birth: _____ Name of Hospital: _____
City County State

*Name on Original Birth Certificate if different than above: _____

Mother's Address at time of birth: _____

OTHER

***Responses to all questions below are required:**

Do both biological parents agree to adoption? Yes or No

Have the biological parents signed a "Voluntary Relinquishment of Parental Rights? Yes or No

If yes, do you have a copy of the relinquishment? Yes or No

Are you related to either parent? Yes or No

If yes, which parent? Mother or Father

Were the parents of the child(ren) ever married? Yes or No

Date and State of Marriage: _____/_____

Are the parents of the child(ren) divorced? Yes or No

Date and State of Divorce: _____/_____

Are either of the parents currently incarcerated? Yes or No

If so, please provide details: _____

Can you provide copy of birth certificate(s)? Yes or No

Where do(es) the child(ren) reside? _____ With whom? _____

Child(ren) have resided with said party since (date) _____

Who presently provides health insurance for the child(ren)? _____

Monthly Fee: \$ _____

Monthly court ordered child support: \$ _____

Arrearage: \$ _____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? Yes or No

If yes, please explain fully when, where, and why.

Have you ever filed Bankruptcy? Yes or No

If yes, please explain where, when, and the disposition.

Is Child Protective Services involved or have they ever been involved with this matter? Yes or No

If yes, please explain when, where and why:

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

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare of Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If so, please explain:

Any other concerns you might have:

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