



21815 Oak Park Trails Drive Katy TX 77450  
Tel: 281-646-0644 Fax: 281-676-3758

Date \_\_\_\_\_

**Client Information Form**  
**Grandparents' Rights**

Are you a new client or a former client? \_\_\_\_\_

**CLIENT INFORMATION:**  
***Grandmother***

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

SSN# \_\_\_\_\_ DL# \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Length of time living at this residence \_\_\_\_\_ Can mail be sent to this address?  Yes  No

Mailing address, if different \_\_\_\_\_

Preferred Form of Contact?  Email  Cell Phone  Home Phone

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Annual Gross Salary \_\_\_\_\_

Are you currently being represented by an attorney? If yes, name \_\_\_\_\_

Have you recently been in touch with the opposing party? \_\_\_\_\_

**Grandfather**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

SSN# \_\_\_\_\_ DL# \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Length of time living at this residence \_\_\_\_\_ Can mail be sent to this address?  Yes  No

Mailing address, if different \_\_\_\_\_

Preferred Form of Contact?  Email  Cell Phone  Home Phone

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Annual Gross Salary \_\_\_\_\_

Are you currently being represented by an attorney? If yes, name \_\_\_\_\_

Have you recently been in touch with the opposing party? \_\_\_\_\_

**OPPOSING PARTY INFORMATION:**

**Biological Mother**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

SSN# \_\_\_\_\_ DL# \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Length of time living at this residence \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Annual Gross Salary \_\_\_\_\_

Attorney's Name \_\_\_\_\_

**Biological Father**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

SSN# \_\_\_\_\_ DL# \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Length of time living at this residence \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Annual Gross Salary \_\_\_\_\_

Attorney's Name \_\_\_\_\_

**INFORMATION CONCERNING CHILDREN:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ SSN# \_\_\_\_\_

Sex:  Male  Female Resides with \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ SSN# \_\_\_\_\_

Sex:  Male  Female Resides with \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ SSN# \_\_\_\_\_

Sex:  Male  Female Resides with \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ SSN# \_\_\_\_\_

Sex:  Male  Female Resides with \_\_\_\_\_

**HEALTHCARE COVERAGE FOR CHILDREN:**

Insurer \_\_\_\_\_ INS# \_\_\_\_\_ Monthly Cost \$ \_\_\_\_\_

**IS THERE ANY PREVIOUS OR PENDING LITIGATION?**

- Cause No. \_\_\_\_\_
- County \_\_\_\_\_
- Court \_\_\_\_\_
- Date Served \_\_\_\_\_
- Pending Hearing Date \_\_\_\_\_
- If litigation is closed, what was the result? \_\_\_\_\_

**LIST ANY RELEVANT INFORMATION TO YOUR CASE, SUCH AS:**

- **Important witnesses** \_\_\_\_\_

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- **Medical diagnosis or treatment** \_\_\_\_\_

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- **Important documents** \_\_\_\_\_

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- **Other parties involved** \_\_\_\_\_

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**HOW DID YOU HEAR ABOUT OUR PRACTICE?**

Internet Search/LIVING Magazine (Katy)/Cinco Ranch Newsletter/Cross Creek Ranch Newsletter/Yellow Pages/Local Directory/Referred (if you were referred please indicate by whom)

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