

OFFCIE USE (circle one): SAPCR MOD NON-PARENT

Today's Date: _____

CUSTODY INTAKE FORM
LAW OFFICE OF GEORGE C. RUIZ

Law Office of George C. Ruiz is a service based business. All services will be charged to the client and prompt payment is expected. We accept cash, credit cards and checks.

Client's Full Name: _____ (Maiden Name) _____

Gross Monthly Pay: _____ Paid: **Weekly** **Bi-Weekly** **Semi-Monthly** **Monthly**

Mother of child/children: _____ (Maiden Name) _____ DOB: _____

Social Security Number: _____ Driver's License Number: _____

Home Address: _____ Work Address: _____

City, Zip: _____ City, Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Father of child/children: _____ DOB: _____

Social Security Number: _____ Driver's License Number: _____

Home Address: _____ Work Address: _____

City, Zip: _____ City, Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Child/Children affected by this Court action:

Name: _____ M: ____ F: ____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Name: _____ M: ____ F: ____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Name: _____ M: ____ F: ____ SS#: _____

Date of Birth: _____ Place of Birth: _____

If you are NOT the Biological or Adoptive Parent of this/these child/children, what is your relationship to them?

How old was the mother at the time the oldest child was conceived? _____

How old was the father at the time the oldest child was conceived? _____

How long have the children been living with you? _____

Has there ever been a Court Order involving this/these child/children? Yes _____ No _____ Don't Know _____

When: _____ Where: _____ Case#: _____

Has this/these child/children ever been involved with the Texas Attorney General? Yes _____ No _____

Have you ever received financial assistance from Texas or any state to help raise this/these child/children?

Yes _____ No _____

Has the other parent ever received financial assistance from Texas or any state to help raise this/these child/children?

Yes _____ No _____

Are you in the military? Yes _____ No _____

Active _____ Reserve _____ Retired _____

Is the mother of this/these child/children in the military?

Yes _____ No _____

Is the father of this/these child/children in the military?

Yes _____ No _____

Do you have any objection to Associate Judge hearing?

Yes _____ No _____

Was an acknowledgement of Paternity signed?

Yes _____ No _____

Has any man filed an intent to claim Paternity on this/these child/children?

Yes _____ No _____

Does this/do these child/children own any property?

Yes _____ No _____

Does this/do these child/children have any physical or mental disability?

Yes _____ No _____

Has any person seeking custody of this/these child/children ever been accused of or committed acts of family violence?

If yes, please explain: _____

Has any person seeking custody/visitation of this/these child/children been guilty of child neglect or abuse?

If yes, please explain: _____

Do you/or anyone else currently have health insurance on this/these child/children?

Yes _____ No _____

Do you/or anyone else currently have dental insurance on this/these child/children?

Yes _____ No _____

What is the cost of insuring just the child/children? \$_____.

Policy Information: Please text photo copy of your health insurance card to (210) 701-0960. We CANNOT file your case without insurance information.

Have you been served with papers/lawsuit?

Yes _____ No _____

Do you have a court date: Yes _____ No _____

If yes, When? _____

**Please provided our office with any and all prior orders

***Please prepare a timeline of any events relating to your child/children.



PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

- Social Security numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.
- Social Security numbers are most often used to positively identify parties. Some uses may include initial service, in court orders, in orders to withhold wages for child support, in required reports filed with the State of Texas, or to obtain retirement information used to divide retirement benefits. Most courts require Social Security numbers of all parties.
- All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.
- The employees of Law Office of George C. Ruiz have access to this personal information.
- Every step is taken to protect your privacy. This information is kept secure within the offices of the firm in file folders and file drawers until such time that the file information is retired and the file removed to storage in a locked, off-site storage facility. Files will eventually be shredded after the time designated by the State Bar requirement for maintaining the records has expired. Social Security numbers are also kept in firm software programs that are protected by password in our system which is further protected by extensive firewalls.

I acknowledge that I have read the above privacy information provided by Law Office of George C. Ruiz regarding use of my Social Security number.

Signature: _____ Date: _____