

Interviewer: _____

Date Retained: _____

Date: _____

(Please take the time to complete this form completely. Any unanswered questions could delay your case.)

**LAW OFFICE OF GEORGE C. RUIZ
DIVORCE INTAKE SHEET**

CLIENT: Full Name: _____

Home Address: _____ Apt No: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

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

Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth: _____
City County State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

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

Home Phone: _____ Cell: _____ Work Phone: _____

E-Mail Address: _____

- I authorize text concerning my case. I authorize emails of general interest from George C. Ruiz.
- I authorize a follow up call regarding my consultation. If yes, please list a contact number. (_____)

OPPOSING PARTY INFORMATION: Full Name: _____

Home Address: _____ Apt No: _____

How long in County? _____ Years _____ Months _____ U.S. Citizen? _____

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

Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth: _____
City County State

Employer: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

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

Home Phone: _____ Cell: _____ Work Phone: _____

E-Mail Address: _____

Date and City of Marriage: _____ / _____

Date and City of Separation _____ / _____

CHILDREN:

Where do the children reside? _____ With Whom: _____

1. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

2. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

3. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

4. Full Name: _____
First Middle Last
Sex: _____ Social Security No.: _____ Date of Birth: _____
Place of Birth: _____
City County State

HEALTH INSURANCE

Please text a copy of any insurance cards to 210-701-0960 for addition to your file.

Select any current health care coverage for the child/children:

- Covered through spouse's employment
- Covered through my employment
- Covered by insurance not provided by employment
- Medicaid
- Children's Health Insurance Program (Chip)

Select the party responsible for the premiums on the insurance if not provided through employer:

- Mother
- Father
- Other

Select any party who has access to private health insurance at reasonable cost to him/her:

- Mother
- Father

Have you applied for one of the following programs:

- Medicaid
- Children's Health Insurance Program (Chip)
- Both

OFFICE USE ONLY

Uncontested Divorce: _____
Contested Divorce: _____
Child Custody: _____
Other: _____
Petition: _____
Answer: _____
Waiver: _____
Citation: _____
Temporary Restraining Order: Protective Order: _____
Cross-Action: _____
Appearance: _____
Affidavit: AG a party: _____
Insupportability: _____
Adultery: _____
Mental Cruelty: _____
Other: _____
No Service: _____
Personal Service: _____
 Home _____
 Work _____
 Time _____
Alternate Service: _____
 Publication _____
 Posting _____

Uncontested Retainer:	\$ _____	Contested Retainer:	\$ _____
Court Costs:	\$ _____	Court Costs:	\$ _____
Total Retainer:	\$ _____	Total Retainer:	\$ _____
Down Payment:	\$ _____	Down Payment	\$ _____

Payments: \$ _____ Weekly/ Bi-weekly/ Monthly

Qualified Domestic Relations Order: \$ _____ Number: _____
Deed: \$ _____ Number: _____

Other Fees: substituted service/ ad litem/ social study/ counseling/ mediation/investigators/ deposition

COMMENTS: _____



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: _____