# THE RIVERA LAW FIRM

1701 S. Washington St., Suite B | Kaufman, TX 75142 | (972) 413-8529 | info@theriveralawfirm.com

| CLIENT INFORMATION | | |
|---|---|---|
| FULL NAME: | | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| PHONE: | CELL: | E-MAIL: |
| DATE OF BIRTH: | PLACE OF BIRTH: | LAST 3 OF SSN: |
| LAST 3 NUMBERS OF DRIVER'S LICENSE NO.: | DRIVER'S LICENSE ISSUING STATE: | |
| **EMPLOYMENT INFORMATION** | | |
| CURRENT EMPLOYER: | | |
| EMPLOYER ADDRESS: | | HOW LONG: |
| PHONE: | E-MAIL: | FAX: |
| CITY: | STATE: | ZIP CODE: |
| **OPPOSING PARTY INFORMATION** | | |
| FULL NAME: | | |
| ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| PHONE: | CELL: | E-MAIL: |
| DATE OF BIRTH: | PLACE OF BIRTH: | LAST 3 OF SSN: |
| LAST 3 NUMBERS OF DRIVER'S LICENSE NO.: | DRIVER'S LICENSE ISSUING STATE: | |
| **MARRIAGE INFORMATION** | | |
| DATE OF MARRIAGE: | DATE OF SEPARATION: | |
| CITY AND STATE OF MARRIAGE: | | |
| IS A NAME CHANGE REQUESTED: | IF YES, PROVIDE NEW NAME: | |

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| CHILD(REN) INFORMATION | | |
|---|---|---|
| FULL NAME: | MALE/FEMALE: | DATE OF BIRTH: |
| LAST 3 OF SSN: | NAME CHANGE (Y/N): | NEW NAME: |
| PLACE OF BIRTH (CITY, STATE, COUNTY): | | |
| FULL NAME: | MALE/FEMALE: | DATE OF BIRTH: |
| LAST 3 OF SSN: | NAME CHANGE (Y/N): | NEW NAME: |
| PLACE OF BIRTH (CITY, STATE, COUNTY): | | |
| FULL NAME: | MALE/FEMALE: | DATE OF BIRTH: |
| LAST 3 OF SSN: | NAME CHANGE (Y/N): | NEW NAME: |
| PLACE OF BIRTH (CITY, STATE, COUNTY): | | |

| CASE INFORMATION (IF A CASE HAS BEEN PREVIOUSLY BEEN FILED, PLEASE PROVIDE THE FOLLOWING) | | |
|---|---|---|
| STATE: | COUNTY: | COURT NO.: |
| CAUSE NUMBER: | TYPE OF CASE: | |
| IN THIS CASE, YOU ARE THE (PETITIONER, RESPONDENT, COUNTER-PETITIONER, OR COUNTER-RESPONDENT): | | |
| HAVE ANY ORDERS BEEN SIGNED ON THIS CASE: | IF YES, WHAT DATE WERE THE ORDERS SIGNED: | |
| HAS THERE BEEN ANY FINDING OF FAMILY VIOLENCE: | IF YES, WHEN AND BY WHOM? | |
| ANY PROTECTIVE OR RESTRAINING ORDERS PENDING: | IF YES, WHEN AND BY WHOM? | |
| IS THE ATTORNEY GENERAL INVOLVED IN YOUR CASE? | IF YES, WHAT IS THE OAG NO.? | |
| ANY OTHER PARTIES AFFECTED BY THIS CASE? | IF YES, PROVIDE FULL NAME(S): | |