



**3. Respondent (Father)**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                    First                                    Middle                                    Last

Place of birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ DL# \_\_\_\_\_ (State: \_\_\_\_\_)

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \$ \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**4. Respondent (Other party involved in case)**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                    First                                    Middle                                    Last

Place of birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ DL# \_\_\_\_\_ (State: \_\_\_\_\_)

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Gross salary per month or annually: \$ \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**5. Respondent (Other party involved in case)**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                    First                                    Middle                                    Last

Place of birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ DL# \_\_\_\_\_ (State: \_\_\_\_\_)

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gross salary per month or annually: \$ \_\_\_\_\_  
Length of Employment: \_\_\_\_\_

**6. Order to be modified:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Court: \_\_\_\_\_  
County: \_\_\_\_\_

**7. Child(ren) – (Oldest to youngest)**

**Name:** \_\_\_\_\_ Sex: Male / Female  
First Middle Last  
Place of birth (city, state): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Soc. Sec. #: \_\_\_\_\_ DL# \_\_\_\_\_ (State: \_\_\_\_\_)  
Where is this child living at this time: \_\_\_\_\_

**Name:** \_\_\_\_\_ Sex: Male / Female  
First Middle Last  
Place of birth (city, state): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Soc. Sec. #: \_\_\_\_\_ DL# \_\_\_\_\_ (State: \_\_\_\_\_)  
Where is this child living at this time: \_\_\_\_\_

**Name:** \_\_\_\_\_ Sex: Male / Female  
First Middle Last  
Place of birth (city, state): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Soc. Sec. #: \_\_\_\_\_ DL# \_\_\_\_\_ (State: \_\_\_\_\_)  
Where is this child living at this time: \_\_\_\_\_

**Name:** \_\_\_\_\_ Sex: Male / Female  
First Middle Last  
Place of birth (city, state): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Soc. Sec. #: \_\_\_\_\_ DL# \_\_\_\_\_ (State: \_\_\_\_\_)  
Where is this child living at this time: \_\_\_\_\_

**Relief Requested**

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**Temporary Orders/Restraining Orders**

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**CHILD(REN)'S MEDICAL HEALTH INSURANCE DISCLOSURE**

Health insurance for the child(ren) the subject of this suit required by section 154.181(b)(1) of the Texas Family Code is as follows:

1. Beside the name of (the/each) child is checked all types of health insurance or benefits currently covering that child:

Employer	Private	Medicaid	CHIP	None	Name	DOB	SSN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

2. If “none” is checked above, is health insurance available for that child from any other source?

- No             Yes

3. If insurance is in effect or insurance is available for the child(ren), that information is as follows:

Name of insurance company: \_\_\_\_\_

Group Policy ID Number: \_\_\_\_\_

Policyholder Name and ID number: \_\_\_\_\_

Cost of premium to policyholder:    \$ \_\_\_\_\_

4. Does the other party have the child(ren) covered under a health insurance plan?

- No             Yes

## EMPLOYMENT AGREEMENT

STATE OF TEXAS  
COUNTY OF TOM GREEN

I, \_\_\_\_\_, hereby employ SHAWNTELL MCKILLOP of San Angelo, Texas, to represent me in performing certain legal services pertaining to my family law case and all related matters. The services will consist of court appearances, telephone conferences, travel, investigative work, legal research, review of material received from all sources, drafting of pleadings and incidental correspondence, participation in settlement conferences, and other necessary preparation.

*This agreement does not include presentation of this case to any appellate court or preparation of motions ancillary to this representation. If appeal is necessary, client and attorney will consider the appeal as a separate and distinct cause of action requiring a new fee arrangement.*

IT IS UNDERSTOOD AND AGREED that my attorney will be compensated for her time and effort required to properly perform such legal services. The amount of attorney's fees is understood to be \$\_\_\_\_\_, or \$300.00 per hour for attorney's time, whichever is greater. It is understood that failure to pay fees and expenses as required under this Agreement shall give attorney the right to withdraw from representation.

IT IS FURTHER UNDERSTOOD AND AGREED that I will reimburse said attorney for all expenses incurred in performance of such work, including but not limited to court costs, travel expenses, long-distance telephone calls, postage, retaining the services of a private investigative firm if necessary, depositions, filing and recording fees, photocopies, telecopier transmissions, and any other expenses that are incident and necessary to research, preparation, investigation, prosecution, negotiation, and/or settlement of the case. The reimbursement of said expenses shall be in addition to the above-described attorney's fees.

I represent to SHAWNTELL MCKILLOP that this case is currently UNCONTESTED / CONTESTED. If this case is currently uncontested, and subsequently changes to being contested, it is UNDERSTOOD AND AGREED that I will promptly pay an additional \$\_\_\_\_\_ to cover additional fees and expenses. IT IS FURTHER UNDERSTOOD AND AGREED that no final hearing on my case will be requested by the undersigned attorney until said additional attorney's fees described in this paragraph are paid.

**IT IS FURTHER UNDERSTOOD AND AGREED that Shawntell McKillop will not request a final hearing until all the required fees are paid in full.**

IT IS FURTHER UNDERSTOOD AND AGREED that certain discovery matters will, in all probability, require additional time and attention by both the attorney and her staff. If such discovery matters are served to me over the course of this litigation, I UNDERSTAND AND AGREE to fully cooperate with attorney and her staff in promptly responding to any and all discovery matters. I UNDERSTAND AND AGREE that additional fees will be added to my balance for discovery matters in an amount of no less than \$750.00. IT IS FURTHER UNDERSTOOD AND AGREED that my failure to cooperate with attorney and her staff in completing discovery matters, or in paying the added fees for discovery, will give attorney the right to withdraw from representation. I further AGREE that the attorney reserves the right to

terminate the attorney-client relationship and withdraw from further representation for any of the following reasons:

1. My failure to cooperate and comply fully with any reasonable request of the attorney about my case, including but not limited to promptly and timely responding to discovery requests;
2. My engaging in conduct or making statements that render it unreasonably difficult for this attorney to carry out the purposes of her employment;
3. My insisting that this attorney engage in conduct that is contrary to her judgment and advice; or
4. My failure to pay fees and costs as provided in this agreement.

I am herewith paying the sum of \$ \_\_\_\_\_ as a *non-refundable* retainer. This retainer includes employment of SHAWNTELL MCKILLOP as my attorney and the initial attorney's fees in this legal matter. Attorney's fees will be billed at the hourly rate as stated. If the attorney's fees exceed the amount of the initial retainer, I may be required to make an additional deposit as the case proceeds.

**The remaining balance of the attorney's fees and expenses will be due and payable in accordance with the following monthly payment plan:**

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Month \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNED on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
CLIENT SIGNATURE  
Printed Name of Client: \_\_\_\_\_

PAID: \$ \_\_\_\_\_

Attorney Fee Quoted: \$ \_\_\_\_\_

METHOD: \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_