

**279th and 317th DISTRICT COURTS
JEFFERSON COUNTY, TEXAS**

**SELF-REPRESENTED / PRO SE
CLINIC INTAKE FORM**

JEFFERSON COUNTY FAMILY COURTS
SELF-REPRESENTED CLINIC INTAKE FORM

You must complete this intake form and return to Court Coordinator Kelly Webster BEFORE scheduling an appointment with the Jefferson County Family Courts Self-Represented Clinic.

Your Name: _____

Opposing Party: _____

Email Address: _____

Home Address: _____

Date of Birth: _____

Social Security Number (last three digits): _____

Please select the type of case you are filing:

- Divorce
- Child Custody
- Child Support
- Enforcement – Child Possession and Access
- Enforcement – Child Support
- Modification – Child Possession and Access
- Modification – Child Support
- Name Change - Adult
- Name Change - Child

PLEASE ANSWER ALL QUESTIONS IF THE CASE IS A DIVORCE

If this is a divorce, please select all that apply:

- Children
- No children
- The parties own a home or real estate (regardless of whose name it is in)
- One or both party has a retirement account (401(k), IRA, Pension, etc.)
- The parties have come to agreements on all custody issues
- The parties have come to agreements on all child support and insurance issues
- The parties have reached agreements on all property issues

If the parties purchased a home or real estate during the marriage, please list the address(es) of the property and whose name the property is currently held in:

If either party has retirement benefits (401(k), IRA, Pension, etc.) or investments (stocks, bonds, mutual funds, etc.), please provide the party and the type of benefits or investments held. (DO NOT LIST AMOUNTS OR ACCOUNT NUMBERS):

PLEASE ANSWER ALL QUESTIONS IF THE CASE INVOLVES CHILDREN

If this case involves custody, possession and access, child support, or health insurance for children, please provide the names and ages of the children that are the subject of this suit.

If there are children, has the amount of child support been determined? (Select one of the following.)

- Both parties agree that no child support will be paid by either party.
- The parties have agreed to the following child support amount - \$ _____
- We know child support will be paid, but we do not know the amount.
- Other (please describe) _____

Are any of the children that are involved in this case covered by Medicaid, CHIPS, or other government-provided health insurance?

- No
- Yes

If you selected 'Yes', has the amount of cash medical reimbursement for that coverage been determined?

- No
- Yes Please provide the amount and who is obligated to pay:

Do the children have private health insurance available to them through either parent?

- No
- Yes Please provide the name of the insurer, who provides the coverage, and the cost per month for that coverage:
