Grandparent's Right

Name	Date of Birth//
Address	
CityCounty	StateZip
Phone: Home ()	Business ()
Social Security No	Driver's License No
Height Weight lbs.	Color of Hair
Employer	Years
Occupation	Days/Hours
Address	
	me
AddressSocial Security No	
	Business ()
	Years
	Days/Hours
Address	Date of Birth / /
Social Security No	
	_ Business ()
	Years
	Days/Hours
Address	
	al parents lived in the State of Texas for a
In what county have you resided	d in for the last 90 days?
Has the child or children resid	ded with you for 6 months or longer?

Has paternity been established by prior order of court? Yes No
Is father listed on birth certificate? \square Yes \square No
Is mother listed on birth certificate?
Has DNA testing been done? Yes No
Is the Attorney General involved? Yes No
Have you or the other biological parent applied for Medicaid or AFDC benefits?
Please list the children's names, birthdays, social security numbers, places of birth, and ages:
In case of emergency, notify:
Name
Address
Phone: () Relationship Is this your first visit to an attorney? Yes No
If not, who was your previous attorney?
Who will be financially responsible?
Do you have a current will? Yes No
How were you referred to us? Check all that apply
Great Western Phone Directory: Arlington
Grand Prairie H.E.B Southwestern Bell Yellow Pages: Arlington Fort Worth

	ranswestern Directory		
	arrant County Referral Service		
	rlington Bar Association Referral Service		
	J Indoor Advertising at local establishments and if so,	which	
est	olishment?		
	riend		
	latches	_	
	ther		
ATTORNEY'S USE ONLY TYPE OF CASE:			
	FILE on or before;		
	FILE on or before;		
	FILE on or before;		
	Other Matters:	-	
		-	
	Fee Schedule:	-	