

Law Office of Tracey D. Johnson, LLC

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Intake Form: For Parents Seeking Legal Representation on Their Own Behalf

If you are facing charges of mistreating your child, it is imperative that you seek competent legal counsel. Any time the potential loss of parental rights is implicated, experienced legal representation is of the utmost importance. By completing the following form, you will give Ms. Johnson the basic information from which to start formulating your defense. If you are married, both parents can complete the relevant portions of the same form. If you are not married, or if the other parent is not involved in the matter, complete just those portions that apply to you.

MOTHER

FATHER

Name: _____

Date of Birth: _____

Social Security Number: _____

Address, Including County:

Length of Time at that Address: _____ years

_____ years

Previous Address(es) (for last 10 years):

Home Telephone Number: _____

Work Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Best Way/Time to Reach: _____

Former Name(s): _____

Employer: _____

Position: _____

Employer's Address:

Length of Time with Employer: _____ years _____ years

Previous Employer(s) (for last 10 years)

Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Are you currently married to the other parent of the child(ren) that is (are) involved in the present matter? Yes _____ No _____

Previous Marriage(s): Yes _____ No _____ Yes _____ No _____

Ended by:

Ended by:

Death _____ Divorce _____ Date _____

Death _____ Divorce _____ Date _____

Death _____ Divorce _____ Date _____

Death _____ Divorce _____ Date _____

Children of Current Marriage

Name Date of Birth Residing with whom?

Children from Other Marriages or Relationships

Name Date of Birth Residing with whom?

Identify the child(ren) to whom this matter relates: _____

Describe the circumstances for which you seek legal representation:

_____ *Neglect and Dependency Petition* _____

_____ *Termination of Parental Rights* _____

_____ *Child Abuse Allegations* _____

_____ *Other* _____

Do you consider the charges that have been raised against you to be true? Mother: _____
Father: _____

Why or why not? _____

Have you ever been arrested? Mother: _____ Father: _____

If yes, explain: _____

Have you previously been found guilty or did you ever plead guilty to a crime?
Mother: _____ Father: _____

If yes, explain: _____

Have you ever been incarcerated? Mother: _____ Father: _____

If yes, explain: _____

Do you have a history of mental illness? Mother: _____ Father: _____

If yes, explain: _____

Do you have a history of alcohol or drug abuse? Mother: _____ Father: _____

If yes, explain: _____

List three references who have known you for at least five years. Include a family member, a co-worker, and a social friend or neighbor.

MOTHER

Name	Address	Relationship	How long known?
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____

FATHER

Name	Address	Relationship	How long known?
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____

Other Important Information:

Questions to Ask My Attorney:
