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**DIVORCE
INFORMATION SHEET**

Date of Consultation: _____ Referred by: _____

PETITIONER: (If you are filing a new case, you are the Petitioner)

Full Name: _____ Age: _____

Maiden Name: _____ Social Security Number: _____

Birthdate / Place: _____ D.L. No. & State _____

Home Address & County: _____

Telephone Numbers: (Cell): _____ (Home): _____

Other numbers: (Work): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

Salary/Income: _____

RESPONDENT: (If the case is already filed, and you are responding to a case filed against you, you are the Respondent)

Full Name: _____ Age: _____

Maiden Name: _____ Social Security Number: _____

Birthdate / Place: _____ / _____ D.L. No. & State _____

Home Address: _____ County: _____

Telephone Numbers: (Work): _____ (Home): _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

Salary/Income: _____

Your Next of Kin (Emergency Contact): _____ Phone: _____

MARRIAGE:

Date of Marriage: _____ Separation Date: _____

Place of Marriage: _____

Are you requesting a name change: _____ Name changed to: _____

OUR CHILDREN FROM THIS MARRIAGE UNDER 18:

Name	S.S. Number	Sex	Birthdate	Birthplace
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ Temporary Orders Desired?
_____ Extraordinary Relief Desired? _____
_____ Change of Name Desired? To What? _____
_____ Request Award of Attorney's Fees?
_____ Waiver or Service?
_____ Property Division: _____

PROPERTY

REAL PROPERTY: _____

Legal Description: _____

When Acquired: _____ Purchase Price: _____ Present Value: _____

Mortgage Holder: _____ Payoff Balance: _____

REAL PROPERTY: _____

Legal Description: _____

When Acquired: _____ Purchase Price: _____ Present Value: _____

Mortgage Holder: _____ Payoff Balance: _____

VEHICLES:

Make: _____ Year: _____ Model: _____ When Acquired: _____

Lien Holder: _____ Payoff Balance: _____

Make: _____ Year: _____ Model: _____ When Acquired: _____

Lien Holder: _____ Payoff Balance: _____

Make: _____ Year: _____ Model: _____ When Acquired: _____

Lien Holder: _____ Payoff Balance: _____

FINANCIAL INSTITUTIONS:

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Account Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Account Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Account Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Account Balance: _____

Acct. # _____
Whose Name: _____

RETIREMENT ACCOUNTS:

Type of Account: _____
Account Balance: _____

Whose Name: _____
Opening Date: _____

Type of Account: _____
Account Balance: _____

Whose Name: _____
Opening Date: _____

Type of Account: _____
Account Balance: _____

Whose Name: _____
Opening Date: _____

Type of Account: _____
Account Balance: _____

Whose Name: _____
Opening Date: _____

Type of Account: _____
Account Balance: _____

Whose Name: _____
Opening Date: _____

Type of Account: _____
Account Balance: _____

Whose Name: _____
Opening Date: _____

Type of Account: _____
Account Balance: _____

Whose Name: _____
Opening Date: _____

DEBTS:

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Name of Institution: _____
Type of Account: _____
Acct. Balance: _____

Acct. # _____
Whose Name: _____

Who is/are the child(ren) living with now and for what period of time: _____

Have you been to court before in this matter? _____

If so, when and why? _____

Cause No. (Case No.) _____ County _____

(Please provide this office with the latest order)

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IN THE DISTRICT COURT
 _____ JUDICIAL DISTRICT
 _____ COUNTY, TEXAS

FINANCIAL INFORMATION STATEMENT
(Required in All Financial Hearings)

MONTHLY EXPENSES PRESENT	MONTHLY EXPENSES (cont.) PRESENT
<u>HOUSING</u>	<u>YOUR CHILDREN</u>
House Mortgage/Rent _____	Child Care _____
Utilities _____	School Tuition, Fees _____
(Gas, water, etc.) _____	Lunches _____
Maintenance & Repair _____	Supplies _____
Other _____	Medical Expenses _____
	(not covered by ins) _____
<u>TRANSPORTATION</u>	Drugs _____
Car Payment/Lease _____	Doctors, Dentists _____
Gas, Oil, Maintenance _____	Grooming _____
Parking & Tolls _____	Entertainment _____
	Sports, Lessons, etc. _____
<u>INSURANCE</u>	Other: _____
Auto _____	_____
Life _____	_____
Medical _____	_____
Other _____	_____
	<u>TOTAL EXPENSES</u> _____
<u>GROCERIES</u>	_____
Food & Household Supplies _____	INCOME: (attach current pay stubs)
	[] paid monthly [] paid semi-monthly
<u>YOUR PERSONAL</u>	[] paid weekly [] paid every two weeks
Work Expenses:	_____
Lunches, etc. _____	GROSS INCOME _____
Dues, Fees, etc. _____	<u>DEDUCTIONS</u> _____
Medical Expenses _____	Withholding Tax _____
(not paid by ins):	FICA _____
Drugs _____	Mandatory Retirement _____
Doctors, Dentists _____	Medical Insurance _____
Clothing _____	Children _____
Cleaning, Laundry _____	Other Family _____
Grooming _____	Life Insurance _____
Entertainment _____	Other _____
Current Child Support _____	
Other: _____	<u>NET INCOME</u> _____

_____	<u>LIQUID ASSETS</u> _____
<u>CREDIT CARD/DEBTS</u>	_____

<u>Monthly Attorney Fees</u> _____	
	I hereby certify that the answers to the above questions as listed are true and correct.
	_____ Date _____ Signed _____

CAUSE No. _____

IN THE MATTER OF (INTEREST OF)

AND

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IN THE DISTRICT COURT

OF DALLAS COUNTY, TEXAS

_____ JUDICIAL DISTRICT

HEALTH INSURANCE AVAILABILITY FORM

Attention: This information must be filed with the court BEFORE first hearing.
See TEX FAM CODE § 154.181(b).

NAME OF PARTY: _____

MOVANT

RESPONDENT

PARTY'S ATTORNEY (IF ANY): _____

BESIDE THE NAME OF EACH CHILD, CHECK ALL TYPES OF HEALTH INSURANCE OR HEALTH CARE BENEFITS CURRENTLY COVERING THE CHILD(REN). YOU MAY CHECK MORE THAN ONE SOURCE.

NAME	DOB	SSN	EMPLOYER PROVIDED					NONE
			FATHER'S	MOTHER'S	PRIVATE	CHIP	OTHER	
_____	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR EACH INSURANCE SOURCE PLEASE LIST THE FOLLOWING INFORMATION:
(ATTACH ADDITIONAL FORMS FOR EACH SOURCE OF BENEFITS)

- A. NAME OF CARRIER _____
- B. GROUP POLICY ID NUMBER _____
- C. POLICYHOLDER NAME & ID NUMBER _____
- D. NAME OF COVERED CHILD _____
- E. COST/MONTH OF COVERAGE [CHILD{REN} ONLY] \$ _____

(To determine coverage cost for child(ren), determine total cost for family coverage and subtract from this amount the cost to insure all covered individuals except the children.)

F. ARE YOU CURRENTLY PAYING THE PREMIUMS FOR LISTED MEDICAL BENEFITS? YES NO

STATE YOUR NET MONTHLY INCOME FROM YOUR FINANCIAL INFORMATION STATEMENT: \$ _____

SIGNATURE OF PARTY COMPLETING FORM

DATE

PRINTED NAME