The Law Offices of Shelly B. West
One Meadows Building
5005 Greenville Avenue, Suite 200
Dallas, Texas 75206
214-373-9292
www.edallasattorney.com

consult $_____

ENFORCEMENT OF VISITATION / GEOGRAPHIC RESTRICTION IN DECREE/ORDER INFORMATION SHEET

Date of Consultation: _____ Referred by: _____
(today's date)

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: **(Work):** _____ **(Home):** _____

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

Business Name: _____

Business Address: _____

email Address: _____

Salary/Income: _____

RESPONDENT: (If you are responding to a case that was 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):** _____

Business Address: _____

email Address: _____

Salary/Income: _____

Next of Kin: _____ **Phone:** _____

CHILDREN FROM THIS MARRIAGE/RELATIONSHIP UNDER 18:

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

_____

_____ Temporary Orders Desired?
_____ Extraordinary Relief Desired? _____
_____ Request Award of Attorney's Fees?
_____ Waiver or Service?

What are you seeking to enforce? Check all that apply:

_____ payment of child support (the other party is not currently paying or partially paying)
_____ payment of arrearage on child support (past payments are overdue)
_____ payment of health insurance for child(ren)
_____ payment of dental insurance for child(ren)
_____ reimbursement for medical expenses Did you submit them to the other party? _____ yes _____ no
_____ visitation

How is the other party hindering your visitation? _____

_____

_____

Do you have documentation showing the other party is hindering your visitation? _____

_____ Other violations of the court order: (Please list specific dates & attach additional sheets as necessary.)

_____

_____

_____

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

_____

Have you been to court before in this matter? _____

When and Why? _____

_____

_____

Cause No. (Case No.) and County of case _____
(Please provide the latest order.)

How many attorneys have you had? _____

Have many times have you been married? (Include any marriages annulled) _____

Have you ever been charged or convicted with a misdemeanor? If yes, please explain _____

_____

_____

_____

_____

Have you ever been charged or convicted with a felony? If yes, please explain _____

_____

_____

_____

_____

At what age did you graduate from high school? _____

NO. _____

	§	**IN THE DISTRICT COURT**
_____	§	**_____ JUDICIAL DISTRICT**
_____	§	**_____ COUNTY, TEXAS**

FINANCIAL INFORMATION STATEMENT
(Required in All Financial Hearings)

MONTHLY EXPENSES

PRESENT

HOUSING
House Mortgage/Rent _____
Utilities
(Gas, water, etc.) _____
Maintenance & Repair _____
Other _____ _____

TRANSPORTATION
Car Payment/Lease _____
Gas, Oil, Maintenance _____
Parking & Tolls _____

INSURANCE
Auto _____
Life _____
Medical _____
Other _____ _____

GROCERIES

Food & Household Supplies _____

YOUR PERSONAL

Work Expenses:

Lunches, etc. _____
Dues, Fees, etc. _____
Medical Expenses
(not paid by ins):
Drugs _____
Doctors, Dentists _____
Clothing _____
Cleaning, Laundry _____
Grooming _____
Entertainment _____
Current Child Support _____
Other:
_____ _____
_____ _____

CREDIT CARD/DEBTS

_____ _____
_____ _____

Monthly Attorney Fees _____

MONTHLY EXPENSES (cont.)

PRESENT

YOUR CHILDREN

Child Care _____
School Tuition, Fees
Lunches _____
Supplies _____
Medical Expenses _____
(not covered by ins)
Drugs _____
Doctors, Dentists _____
Grooming _____
Entertainment _____
Sports, Lessons, etc.

Other: _____ _____
_____ _____
_____ _____

TOTAL EXPENSES _____

_____

INCOME: (attach current pay stubs)
[ ] paid monthly [ ] paid semi-monthly
[ ] paid weekly [ ] paid every two weeks

_____

GROSS INCOME

DEDUCTIONS _____
Withholding Tax _____
FICA _____
Mandatory Retirement _____
Medical Insurance
Children
Other Family _____
Life Insurance _____
Other _____

OTHER _____

LIQUID ASSETS _____

_____

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)	§	IN THE DISTRICT COURT
_____	§	
	§	OF DALLAS COUNTY, TEXAS
AND	§	
_____	§	_____ 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.

			EMPLOYER PROVIDED					
NAME	DOB	SSN	FATHER'S	MOTHER'S	PRIVATE	CHIP	OTHER	NONE
_____			☐	☐	☐	☐	☐	☐
_____			☐	☐	☐	☐	☐	☐
_____			☐	☐	☐	☐	☐	☐
_____			☐	☐	☐	☐	☐	☐

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 YOR FINANCIAL INFORMATION STATEMENT: $_____

_____ _____
SIGNATURE OF PARTY COMPLETING FORM DATE

_____
PRINTED NAME