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214-373-9292
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consult \$ _____

**ANNULMENT
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# (last 4 digits only) _____

Birthdate: _____ D.L. # (last 4 digits only) _____ State: _____

Place of Birth: _____

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# (last 4 digits only) _____

Birthdate: _____ D.L. # (last 4 digits only) _____ State: _____

Place of Birth: _____

Home Address & County: _____

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

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

Business Address: _____

Email Address: _____

Salary/Income: _____

Next of Kin: _____ Phone: _____

MARRIAGE:

Date of Marriage: _____ Separation Date: _____

Place of Marriage: _____

Would you like a name change: _____

CHILDREN FROM THIS MARRIAGE UNDER 18:

Name	S.S. Number (Last 4 digits only)	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: _____

Why do you feel you might qualify for an annulment? _____

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)

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? _____

PROPERTY

REAL PROPERTY: _____

Legal Description: _____

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

REAL PROPERTY: _____

Legal Description: _____

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

VEHICLES:

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

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

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

FINANCIAL INSTITUTIONS:

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

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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: _____

CAUSE NO. _____

IN THE MATTER OF (INTEREST OF)

AND

§
§
§
§
§

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 (LAST 4 DIGITS)	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