

The Law Offices of Shelly B. West

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consult \$ _____

**DIVORCE
INFORMATION SHEET**

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

YOU

Full Name: _____ Age: _____
(First) (Middle) (Last)

Maiden Name: _____ Social Security# (last 4 digits only) _____

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

Place of Birth: _____

Home Address & County: _____
(City) (State) (Zip) (County)

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

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

Business Name: _____

Business Address: _____

Email Address: _____

Salary/Income: _____

Petitioner's Next of Kin: _____ Phone: _____

Do you have a Facebook, Twitter, or other Social Media account? _____

Which do you have? _____ / _____ / _____

If so, what are others able to view when looking at your page? _____

MARRIAGE:

Date of Marriage: _____ Place of Marriage: _____ Date of Separation: _____

CHILDREN FROM THIS MARRIAGE UNDER 18:

Name	S.S. Number (last 4 digits only)	Sex	Birthdate	Birthplace
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

_____ Property Division: _____

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. & County of case _____ How many attorneys have you had? _____
 (Please provide the latest order)

Why are you asking for a divorce or if you are not filing for divorce, what led up to this divorce?

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

Have you ever been charged or convicted with a misdemeanor or 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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Name of Institution: _____ **Acct. #** _____
Type of Account: _____ **Whose Name:** _____
Account Balance: _____

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

RETIREMENT ACCOUNTS:

Type of Account: _____ **Whose Name:** _____
Account Balance: _____ **Opening Date:** _____

Type of Account: _____ **Whose Name:** _____
Account Balance: _____ **Opening Date:** _____

Type of Account: _____ **Whose Name:** _____
Account Balance: _____ **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: _____

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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>	INCOME: (attach current pay stubs)
Food & Household Supplies _____	[] paid monthly [] paid semi-monthly
	[] paid weekly [] paid every two weeks
<u>YOUR PERSONAL</u>	_____
Work Expenses:	<u>GROSS INCOME</u>
Lunches, etc. _____	<u>DEDUCTIONS</u>
Dues, Fees, etc. _____	Withholding Tax _____
Medical Expenses	FICA _____
(not paid by ins):	Mandatory Retirement _____
Drugs _____	Medical Insurance _____
Doctors, Dentists _____	Children _____
Clothing _____	Other Family _____
Cleaning, Laundry _____	Life Insurance _____
Grooming _____	Other _____
Entertainment _____	<u>OTHER</u> _____
Current Child Support _____	<u>LIQUID ASSETS</u> _____
Other: _____	

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

CAUSE NO. _____

IN THE MATTER OF (INTEREST OF)

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§
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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.

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