

The Law Offices of Shelly B. West

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**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 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: _____

MARRIAGE:

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

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: _____

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

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: _____

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? _____

When and Why? _____

Cause No. (Case No.) and County of case _____

(Please provide the latest order)

ACKNOWLEDGEMENT OF ALTERNATIVE DISPUTE RESOLUTION

I am aware that it is the policy of the State of Texas to promote the amicable and non-judicial settlement of disputes involving children and families. I am aware of alternative dispute resolution methods including mediation. While I recognize that alternative dispute resolution is an alternative to and not a substitute for a trial, and that this case may be tried if it is not settled, I represent of the court that I will attempt in good faith to resolve contested issues in this case by alternative dispute resolution without the necessity of Court intervention.

Dated: _____

Signature

(Printed Name)

NO. _____

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§
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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:	GROSS INCOME
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>	

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