

The Law Offices of Shelly B. West

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**ENFORCEMENT OF CHILD SUPPORT/VISITATION 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.)

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. _____

IN THE MATTER OF
THE MARRIAGE OF

_____,
AND

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

AFFIDAVIT FOR UCCJEA INFORMATION

_____ appeared in person before me today and stated under oath:

"My name is _____. I am competent to make this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.

"I am the Petitioner in this case.

"The child's present whereabouts are _____.

"From the date of birth of the child OR for the prior five years until immediately preceding the date of this affidavit, the child(ren) has/have lived at the following addresses with the following person or persons:

1. Date: _____ – _____. (present)

Address: _____

Persons lived with: _____

2. Date: _____ – _____. (present)

Address: _____

Persons lived with: _____

3. Date: _____ – _____. (present)

Address: _____

Persons lived with: _____

"I have not participated, as a party or as a witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the child in Texas or any other state.

"I do not know of any proceeding that could affect this proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions.

"I do not know of any person not a party to this proceeding who has physical custody of the child or claims rights of legal custody or physical custody of, or visitation with, the child."

_____, Affiant

SIGNED under oath before me on _____, 2005.

Notary Public, State of Texas

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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

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.

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