

**The Law Offices of Shelly B. West**

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**DIVORCE  
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: \_\_\_\_\_

**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: \_\_\_\_\_ Acct. # \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Whose Name: \_\_\_\_\_  
Acct. Balance: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Acct. # \_\_\_\_\_

Type of Account: \_\_\_\_\_  
Acct. Balance: \_\_\_\_\_

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)**

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

\_\_\_\_\_  
 \_\_\_\_\_

§  
 §  
 §

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)

\_\_\_\_\_

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	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