

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

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**SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP  
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:** (Mother of the child(ren) in this case.)

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: \_\_\_\_\_

**RESPONDENT:** (Father of the child(ren) in this case.)

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 THE RELATIONSHIP:**

Name	S.S. Number	Sex	Birthdate	Birthplace
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- \_\_\_\_\_ Temporary Orders Desired?
- \_\_\_\_\_ Extraordinary Relief Desired? \_\_\_\_\_
- \_\_\_\_\_ Request Award of Attorney's Fees?
- \_\_\_\_\_ Waiver or Service?

Are you seeking full custody, partial custody or visitation? \_\_\_\_\_

Why are you pursuing this matter? \_\_\_\_\_

Who is/are the child(ren) living with now and for what period of time: \_\_\_\_\_

What are you seeking to change? Check all that apply:

- \_\_\_\_\_ Raise child support
- \_\_\_\_\_ Lower child support
- \_\_\_\_\_ Get health insurance for child(ren)
- \_\_\_\_\_ Get dental insurance for child(ren)
- \_\_\_\_\_ Obtain reimbursement for medical expenses  
Who will pay \_\_\_\_\_ you \_\_\_\_\_ or the other party?
- \_\_\_\_\_ Change visitation
  - More time with kids for you \_\_\_\_\_
  - More time with kids for other party \_\_\_\_\_
  - Change visitation to something else \_\_\_\_\_

\_\_\_\_\_ **Change custody**  
    Custody for you \_\_\_\_\_  
    Custody for other party \_\_\_\_\_  
    Change custody to joint custody \_\_\_\_\_  
    Change visitation to something else \_\_\_\_\_  
\_\_\_\_\_ **Domicile restriction**  
    Lift it \_\_\_\_\_  
    Impose a domicile restriction \_\_\_\_\_  
\_\_\_\_\_ **Other changes. Please explain:** \_\_\_\_\_

\_\_\_\_\_ **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, if any.)**

**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

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

§  
 §  
 §

IN THE DISTRICT COURT  
 \_\_\_\_\_ JUDICIAL DISTRICT  
 \_\_\_\_\_ COUNTY, TEXAS

**FINANCIAL INFORMATION STATEMENT**  
**(Required in All Financial Hearings)**

<u>MONTHLY EXPENSES</u>		<u>MONTHLY EXPENSES (cont.)</u>	
	PRESENT	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>			
Food & Household Supplies	_____	INCOME: (attach current pay stubs)	
		[ ] paid monthly [ ] paid semi-monthly	
<u>YOUR PERSONAL</u>		[ ] paid weekly [ ] paid every two weeks	
Work Expenses:			
Lunches, etc.	_____	<u>GROSS INCOME</u>	
Dues, Fees, etc.	_____	<u>DEDUCTIONS</u>	
Medical Expenses		Withholding Tax	_____
(not paid by ins):		FICA	_____
Drugs	_____	Mandatory Retirement	_____
Doctors, Dentists	_____	Medical Insurance	
Clothing	_____	Children	_____
Cleaning, Laundry	_____	Other Family	_____
Grooming	_____	Life Insurance	_____
Entertainment	_____	Other	_____
Current Child Support	_____	<u>OTHER</u>	_____
Other:	_____		
_____	_____	<u>LIQUID ASSETS</u>	_____
_____	_____		
<u>CREDIT CARD/DEBTS</u>			
_____	_____	I hereby certify that the answers to the above questions	
_____	_____	as listed are true and correct.	
<u>Monthly Attorney Fees</u>	_____	_____ 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					OTHER	NONE
			FATHER'S	MOTHER'S	PRIVATE	CHIP			
_____			<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"/>	<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