FAMILY LAW INFORMATION SHEET

Date of Intervio	ew:		_		
How did you h	ear about us? (I	Please check the	appropriate s	paces below):	
	Friend (Name)				
	_ Internet				
	_ Other (descri	be)			
CLIENT'S FU	LL NAME	LAST	FIRST	MIDDLE	(MAIDEN)
					Race
Curre	nt				
Residence					
City	State	Zip Code_	F	Home Phone # ()
Name of Emplo	oyer		V	Vork Phone # ()
E-Mail Addres	s		C	Cell Phone # ()
Employer's Ad	ldress		City	State	Zip
Alternate Conta	act		Alt	ernate Phone # ()
Social Security	No	Dı	river's Licen	se No	State
CDOLICE?C NA	AME				
SPOUSE 5 NA	AME	LAST	FIRST	MIDDLE	(MAIDEN)
Age I	Date of Birth		_Place of Bi	rth	_Race
Curre					
Residence					
City	State	Zip Code_	H	ome Phone # ()
Name of Emplo	oyer		W	Vork Phone # ()
Employer's Ad	ldress	· · · · · · · · · · · · · · · · · · ·	City_	State	Zip
Social Security	7 No	Dı	river's Licen	se No	State
E-Mail Addres	s			Cell Phone#	

COUNTY IN WH	ICH YOU CUR	RENTLY RES	IDE: Dallas Denton	Collin Tarrant
How long have you	u lived in this co	ounty?	In the State of T	Γexas?
Date of Marriage				
City and State of 1	Marriage			
IS WIFE CURREN				
Is there a name cha	ange for the wife	?	If so, to what name	?
			_	
		CH	<u>IILDREN</u>	
	•	•	age under the age of 18 yed or children of the husba	
FULL NAME				
Who will have cus	tody of the child	lren?		
Will Husband and	Wife be Joint M	anaging Conse	ervators?	
Is child support to	be paid?			
Child support is to	be paid by who	m?		
Is there an agreed a	amount of child	support?	If so, what amo	unt? per
What is the net mo	onthly income of	the parent to p	ay child support?	
How is child support	ort to be paid?			
MONTHLY	SEMIMON'	ГНLҮ	BIWEEKLY	WEEKLY
Are the children pr	resently covered	by health insur	rance?	
If so, please provide	le the following	information:		
Insurance	Provider #1:			
Policyhold	ler Name and I.L). #:		
Group I.D.	.#: remium for child	dren: \$		

Who pays the premium?					
Insurance Provider #2:					
Policyholder Name and I.D. #:					
Group I.D. #:					
Monthly premium for children: \$					
Who pays the premium?					
f not, is private health insurance available through your employment or your spouse's employment? Explain:					
Any specific instructions or requests regards	ing visitation?				
	PROPERTY				
Have you and your spouse agreed on the div	vision of property?				
Please mark below in each space what each	party will retain:				
HUSBAND	WIFE				
Real Estate	Real Estate				
Mobile Home	Mobile Home				
Retirement Plan	Retirement Plan				
Automobile	Automobile				
VIN	VIN				
Bank Account	Bank Account				
Other Other					

Note: Unless you wish to have your property specifically listed in your decree (Property Settlement Agreement), the property will automatically be awarded to the party in possession of the property at the time the divorce is finalized. Please be sure to have all property you wish to retain in your possession prior to your final court hearing. If real estate is involved, a legal description of that property will be required and additional fees will be due.

When Form is completed, Email back to rwilson429@aol.com.

DEDTO
DEBTS

What debts are to be paid by each spe	ouse?		
HUSBAND		WIFE	
	_		
Creditor/Account #		Creditor/Account #	
	-		
	_		
	_		
	_		

Note: Unless a debt is specifically listed in the Decree, the debt will be ordered to be paid by the party incurring the debt on or after the date of separation. The Decree does not alter the relationship between the parties and their creditors. It is your responsibility to contact the individual creditor to find out how to have your name removed from any debts (credit cards, mortgage, etc.).

WE ARE NOT TAX SPECIALISTS. YOU MAY WANT TO CONTACT A SPECIALIST TO DETERMINE ANY CONSEQUENCES OF THE DIVISION OF YOUR MARITAL ESTATE.

DATE:	SIGNATURE: