

**Gary Cunha, P.C.**  
**Agreed Divorce Client Information Sheet**

**Your information**

Full Legal Name: \_\_\_\_\_

Maiden & Other Name(s) used: \_\_\_\_\_

Address, City, St, Zip: \_\_\_\_\_

Mailing Address:      SAME      or \_\_\_\_\_

Phone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_ pager: \_\_\_\_\_ fax: \_\_\_\_\_

Social Security: \_\_\_\_\_ Drivers License: \_\_\_\_\_ TX \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth (city/state): \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

How long have you lived in Texas? \_\_\_\_\_ years \_\_\_\_\_ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: \_\_\_\_\_

How long have you lived in that county? \_\_\_\_\_ years \_\_\_\_\_ months

**Employment Information**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ How long? \_\_\_\_\_

Gross Monthly Salary \$ \_\_\_\_\_ other benefits: \_\_\_\_\_

Self employed: Y / N, if yes: Sole Proprietor / Partnership / LLC / Corporation / Other: \_\_\_\_\_

Service or Products you offer: \_\_\_\_\_

Year business started: \_\_\_\_\_ Spousal involvement: \_\_\_\_\_

Your Education (include schools and degrees earned): \_\_\_\_\_

\_\_\_\_\_

**Spouse Information**

Full Legal Name: \_\_\_\_\_

Maiden & Other Name(s) used: \_\_\_\_\_

Address, City, St, Zip: \_\_\_\_\_

Mailing Address:     SAME     or \_\_\_\_\_

Phone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email: \_\_\_\_\_ pager: \_\_\_\_\_ fax: \_\_\_\_\_

Social Security: \_\_\_\_\_ Drivers License: \_\_\_\_\_ TX

DOB: \_\_\_\_\_ Place of Birth (city/state): \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

How long lived in Texas? \_\_\_\_\_ years \_\_\_\_\_ months

County of Residence: McLennan / Bell / Coryell / Hill / Other: \_\_\_\_\_

How long lived in that county? \_\_\_\_\_ years \_\_\_\_\_ months

**Spouse Employment Information**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ How long? \_\_\_\_\_

Gross Monthly Salary \$ \_\_\_\_\_ other benefits: \_\_\_\_\_

Self employed: Y / N, if yes: Sole Proprietor / Partnership / LLC / Corporation / Other: \_\_\_\_\_

Service or Products offered: \_\_\_\_\_

Year business started: \_\_\_\_\_ Your involvement: \_\_\_\_\_

Education (include schools and degrees earned): \_\_\_\_\_

Spouse's Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax & Email: \_\_\_\_\_

**Current Marriage Information**

Date marriage took place: \_\_\_\_\_ Place(City&State)\_\_\_\_\_

Date of Separation: \_\_\_\_\_ Marriage Counselor? Y / N Name: \_\_\_\_\_

Problems you are having (all that apply): Infidelity / Arguments / Financial / Abuse \_\_\_\_\_

Imprisonment of Spouse / Abandonment / Other: \_\_\_\_\_

Is the Wife pregnant? Y / N Expected Due Date: \_\_\_\_\_

Is a man besides the Husband possibly the father? Y / N His name: \_\_\_\_\_

Have you or your spouse *ever* engaged in abusive behavior or domestic violence? Y / N

When? \_\_\_\_\_

If so, was it reported to social services, police, or other? Y / N Agency: \_\_\_\_\_

Details: \_\_\_\_\_

List property and value (besides personal effects of ordinary value) owned by your children:

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

Your religion: \_\_\_\_\_ Spouse Religion: \_\_\_\_\_

How much child support do you expect to pay \$ \_\_\_\_\_ receive \$ \_\_\_\_\_

If any child has a physical or mental disability, describe it, the treatment, and cost of treatment: \_\_\_\_\_

Does anyone have a court-ordered relationship with any of your children? Y / N

If so, name, name of child affected, date and court: \_\_\_\_\_

\_\_\_\_\_

**Health Insurance Information**

Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Provided by Husband / Wife Monthly Premium \$ \_\_\_\_\_ Coverage Dates: \_\_\_\_\_

Does this policy cover everyone in the family? Y / N If no, list all other policies:

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

Please attach copies of court orders, pre-marital agreements, other agreements, and explain them below:

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

**Children** (yours, your spouses, those you had together, and any that are involved in this case)

Child's full name: \_\_\_\_\_ SS# \_\_\_\_\_ M / F \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child's current residence: \_\_\_\_\_

Monthly Child Support You Pay \$ \_\_\_\_\_ You receive \$ \_\_\_\_\_

Child's full name: \_\_\_\_\_ SS# \_\_\_\_\_ M / F \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child's current residence: \_\_\_\_\_

Monthly Child Support You Pay \$ \_\_\_\_\_ You receive \$ \_\_\_\_\_

Child's full name: \_\_\_\_\_ SS# \_\_\_\_\_ M / F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child's current residence: \_\_\_\_\_

Monthly Child Support You Pay \$ \_\_\_\_\_ You receive \$ \_\_\_\_\_

Child's full name: \_\_\_\_\_ SS# \_\_\_\_\_ M / F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child's current residence: \_\_\_\_\_

Monthly Child Support You Pay \$ \_\_\_\_\_ You receive \$ \_\_\_\_\_

Child's full name: \_\_\_\_\_ SS# \_\_\_\_\_ M / F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child's current residence: \_\_\_\_\_

Monthly Child Support You Pay \$ \_\_\_\_\_ You receive \$ \_\_\_\_\_

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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Child's current residence: \_\_\_\_\_

Monthly Child Support You Pay \$ \_\_\_\_\_ You receive \$ \_\_\_\_\_

Child's full name: \_\_\_\_\_ SS# \_\_\_\_\_ M / F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child's current residence: \_\_\_\_\_

Monthly Child Support You Pay \$ \_\_\_\_\_ You receive \$ \_\_\_\_\_

If you have more children, please continue on the back.



Does husband want a name change? Y / N If yes, new name:\_\_\_\_\_

Does wife want a name change? Y / N If yes, new name:\_\_\_\_\_

The standard child possession order is joint managing conservators with one parent having the children on the 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> weekends, and every Thursday from 6-8pm. Is there a reason to deviate from the standard order? Y / N If yes, please explain:\_\_\_\_\_

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

How much child support per month should be paid? \$\_\_\_\_\_ Medical Support \$\_\_\_\_\_ by H / W

Do we need to set up passport restrictions in the final order? Y / N If yes, please explain who you want to be able to apply for a passport: me / my spouse Other restrictions:\_\_\_\_\_

\_\_\_\_\_

Do we need to conduct discovery on your spouse? Y / N If yes, please note what we need to obtain:

- bank statements  tax returns  pay stubs  other financial documents:\_\_\_\_\_
- loan papers  credit card statements  phone records  police reports  criminal records
- medical records  rental agreements  inventory & appraisalment  other:\_\_\_\_\_

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

Do you want a geographic restriction (limit where you and spouse can live after divorce)? Y / N  
What limits do you want:\_\_\_\_\_

Do you want to limit overnight visitors of the opposite sex during periods of child custody? Y / N  
Explain:\_\_\_\_\_

Do you want other restrictions on child visitation? Y / N Explain:\_\_\_\_\_

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

**Property Division**

**Real Estate to go to Husband**

Address: _____	
Legal Description: _____	
Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Insurance and Taxes (if not included in monthly pmt) \$ _____	

Address: _____	
Legal Description: _____	
Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Insurance and Taxes (if not included in monthly pmt) \$ _____	

**Real Estate to go to Wife**

Address: _____	
Legal Description: _____	
Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Insurance and Taxes (if not included in monthly pmt) \$ _____	

Address: _____	
Legal Description: _____	
Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Insurance and Taxes (if not included in monthly pmt) \$ _____	

**Motor Vehicles, Boats, RV's, Airplanes to go to Husband**

VIN, Year, Make, Model: \_\_\_\_\_  
Amount owed \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

VIN, Year, Make, Model: \_\_\_\_\_  
Amount owed \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

**Motor Vehicles, Boats, RV's, Airplanes to go to Wife**

VIN, Year, Make, Model: \_\_\_\_\_  
Amount owed \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

VIN, Year, Make, Model: \_\_\_\_\_  
Amount owed \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

**Bank Accounts to go to Husband**

Name of Bank: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Bank Accounts to go to Wife**

Name of Bank: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Other Property to go to Husband**

Property: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Property: \_\_\_\_\_ Value \$ \_\_\_\_\_  
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Property: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Property: \_\_\_\_\_ Value \$ \_\_\_\_\_  
Property: \_\_\_\_\_ Value \$ \_\_\_\_\_

**Other Property to go to Wife**

Property: \_\_\_\_\_ Value \$ \_\_\_\_\_

Property: \_\_\_\_\_ Value \$ \_\_\_\_\_

Property: \_\_\_\_\_ Value \$ \_\_\_\_\_

Property: \_\_\_\_\_ Value \$ \_\_\_\_\_

Property: \_\_\_\_\_ Value \$ \_\_\_\_\_

Property: \_\_\_\_\_ Value \$ \_\_\_\_\_

**Separate Property**

Property HUSBAND acquired before this marriage, or acquired by gift or inheritance after marriage:

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

Property WIFE acquired before this marriage, or acquired by gift or inheritance after marriage:

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

**Debts that Husband will pay**

Creditor: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

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Creditor: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

Creditor: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Debts that Wife will pay**

Creditor: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

Creditor: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

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Creditor: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_

The following documents are used in some cases. Please complete the ones that apply to your case. Some just need to be filled out and signed, some need to also be notarized.

**Affidavit for UCCJEA (152.209) Information:** is REQUIRED in child custody cases where one party resides outside of Texas. If you are involved in a case where one of the parties lives outside of Texas, please fill out the form and have it notarized.

**Statement of Health Insurance Availability:** is REQUIRED for all cases where there is a child involved.

**Petitioner \_\_\_\_'s Affidavit of Indigence:** is used for people who do not earn enough money to pay the court costs. It must be notarized.

PLEASE DO NOT total up your monthly expenses until we have reviewed the form. The total must match the monthly breakdown, and your monthly breakdown must be reviewed by our office before submission to the court.

**EXHIBIT “\_\_”**

STATE OF TEXAS §

COUNTY OF \_\_\_\_\_ §

**AFFIDAVIT FOR UCCJEA (152.209) 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 address is \_\_\_\_\_.

"For the past five years immediately preceding the date of this affidavit, the child has lived at the following addresses with the following persons:

Address: \_\_\_\_\_

Persons lived with: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Persons lived with: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Persons lived with: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Persons lived with: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Persons lived with: \_\_\_\_\_

Date: \_\_\_\_\_

"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."

sign name: \_\_\_\_\_

print name: \_\_\_\_\_

SIGNED under oath before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

**EXHIBIT “ \_\_\_ ”**

**STATEMENT OF HEALTH INSURANCE AVAILABILITY**

This statement is made by \_\_\_\_\_, Petitioner, in accordance with section 154.181 of the Texas Family Code.

*1. Child*

The following child(ren) is/are the subject of this suit:

Name(s): \_\_\_\_\_

Birth date(s): \_\_\_\_\_

Social Security number(s) [last 3 digits only]: xxx-xx-x \_\_\_\_\_

*2. Health Insurance Availability (check all that apply)*

Private health insurance is in effect for the child. company: \_\_\_\_\_,  
policy # \_\_\_\_\_.

The child is receiving Medicaid benefits under chapter 32, Human Resources Code.

The child is receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code.

Respondent has access to private health insurance at reasonable cost through \_\_\_\_\_.

It is unknown if Respondent has access to private health insurance at reasonable cost to him/her.

Date: \_\_\_\_\_.

Sign \_\_\_\_\_

Print: \_\_\_\_\_

NO. \_\_\_\_\_

In the Matter of the Marriage of  
and  
and in the Interest of

§  
§  
§  
§  
§  
§  
§

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

**PETITIONER'S AFFIDAVIT OF INDIGENCE**

STATE OF TEXAS  
COUNTY OF McLENNAN

On this day, appeared \_\_\_\_\_ before me, the undersigned notary public, and after I administered an oath to him/her, upon his/her oath, s/he said:

1. "My name is \_\_\_\_\_, and I am the Petitioner in this case. I have personal knowledge of the facts stated in this affidavit and they are true and correct.
2. I earn approximately \$\_\_\_\_\_ per month after taxes from employment as \_\_\_\_\_.
3. I own no non-exempt property (as defined by the U.S. Bankruptcy Code) and have \$\_\_\_\_\_ per month in expenses, broken down as follows:

House \$	Electric \$	Water \$	Phone \$	Food \$	Clothes \$
Medical \$	Gas \$	Charity \$	Insurance \$	Car \$	Day Care \$
Child Support \$	Personal Care \$	Housekeeping Supplies \$	Home Upkeep \$	Other _____ \$	Other _____ \$

4. I wish to proceed as an indigent and prosecute a civil suit without paying costs.
5. I am unable to pay the court costs. I verify that the statements made in this affidavit are true and correct."

Sign name: \_\_\_\_\_  
Print name: \_\_\_\_\_

SWORN TO and SUBSCRIBED before me by on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas