

**Gary Cunha, P.C.**  
**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: \_\_\_\_\_ 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: \_\_\_\_\_

*Payroll* 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: \_\_\_\_\_ 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: \_\_\_\_\_

*Payroll* 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: \_\_\_\_\_

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

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

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

The Wife's full MAIDEN name is: \_\_\_\_\_

Has a Divorce already been filed? Y / N, Case # \_\_\_\_\_ date filed \_\_\_\_\_

If yes, was the case filed in McLennan County, Texas? Y / N

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: \_\_\_\_\_

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

**Taxes**

Are there any years which you have not already filed tax returns and divided refunds or liability? Y / N

If yes, what years? \_\_\_\_\_

How do you wish to handle those taxes: split 50-50 / husband only / wife only / split \_\_\_% H, \_\_\_%W

Other/explain: \_\_\_\_\_

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

Divorce should be granted as:  No Fault  Adultery  Cruelty  Felony Imprisonment >1 yr

Abandonment >1 yr  Lived apart >3 yrs  Confinement in Mental Hospital >3 yrs

**Health Insurance Information**

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

Provided by (circle): Husband's work / Wife's work / CHIP / Medicaid / Other: \_\_\_\_\_

Monthly Premium \$ \_\_\_\_\_ Cost for the Child(ren)'s part \$ \_\_\_\_\_

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)

- We have \_\_\_ children together (adopted or birth) [include children over 18]; or
- We NEVER had children together (adopted or birth); or
- We had children but they are all over 18, graduated high school and not otherwise entitled to support;

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 \$ \_\_\_\_\_

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

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

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

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: \_\_\_\_\_

\_\_\_\_\_



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 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, plus additional time during summer and certain holidays. Is there a reason to deviate from the standard order? Y / N If yes, please explain how & why:

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

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

Do you have an agreement on how to handle claiming child exemptions? Y / N

If yes, how: \_\_\_\_\_

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 you want a geographic restriction (limit where child(ren) 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: \_\_\_\_\_

\_\_\_\_\_

Check “both must agree” if both must agree on the issue, check only the dad or mom to give *exclusive* right, or check both dad and mom if they can each *independently* do it.

Both Must Agree	Dad	Mom	Right
			consent to invasive medical/surgical/dental procedures
			consent to psychiatric/psychological care
			represent child in legal action
			consent to join military or marry
			decide on education
			right to child’s services and earnings
			act as child’s agent or child’s estate’s agent

**Property Division**

**Real Estate to go to Husband**

Address: _____	
Original Mortgage Holder: _____	Original Loan \$ _____
Current Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Value \$ _____	Insurance and Taxes (if not included in monthly pmt) \$ _____
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

check if separate property

Address: _____	
Original Mortgage Holder: _____	Original Loan \$ _____
Current Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Value \$ _____	Insurance and Taxes (if not included in monthly pmt) \$ _____
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

check if separate property

**Real Estate to go to Wife**

Address: _____	
Original Mortgage Holder: _____	Original Loan \$ _____
Current Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Value \$ _____	Insurance and Taxes (if not included in monthly pmt) \$ _____
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

check if separate property

Address: _____	
Original Mortgage Holder: _____	Original Loan \$ _____
Current Mortgage Holder: _____	Payoff \$ _____ Monthly Pmt \$ _____
Value \$ _____	Insurance and Taxes (if not included in monthly pmt) \$ _____
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

check if separate property

**We need a copy of the deed(s) and note(s) on each piece of real property**



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

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

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

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

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

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

**Retirement Accounts to go to Husband**

Name and type: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  Separate Property  
Name and type: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  Separate Property  
Name and type: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  Separate Property

**Retirement Accounts to go to Wife**

Name and type: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  Separate Property  
Name and type: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  Separate Property  
Name and type: \_\_\_\_\_ Acct# \_\_\_\_\_ Balance \$ \_\_\_\_\_  Separate Property

**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 \$ \_\_\_\_\_

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

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 \$ \_\_\_\_\_

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

**Debts that Wife will pay**

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

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

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

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

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

**Spousal Maintenance/Alimony**

Spousal maintenance is “presumed” to not be payable in Texas. However it can be ordered for those who are victims of family violence within 2 years (or during the divorce), those unable to support themselves due to disability, those married for more than 10 years who cannot support themselves, and those who have a disabled child.

Husband should pay \$ \_\_\_\_\_/mo maintenance to wife for \_\_\_ years due to:

- family violence by husband
- wife’s disability
- need + 10 yr marriage
- disability of child

Wife should pay \$ \_\_\_\_\_/mo maintenance to husband for \_\_\_ years due to:

- family violence by wife
- husband’s disability
- need + 10 yr marriage
- disability of child

**We also need a copy of your:**

- most recent tax return
- most recent or “typical” pay stub for each spouse
- real estate note(s) & deed(s) for *each* real property owned
- car insurance (card is fine if VIN’s shown)
- if you have children - health insurance (statement showing breakdown of cost)
- retirement account statement (if dividing retirement)
- copy of your drivers license/state ID and social security card
- NADA/KBB vehicle valuation for any vehicle in which value is disputed/at issue
- if we have a hearing: copies of all your social media (Facebook, Twitter, etc.)
- if we have a hearing: recent photo of you and your spouse looking best, worst, and average

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.

**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(ren)*

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

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

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

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: \_\_\_\_\_