

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 \$ _____

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.

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 1st, 3rd, and 5th 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: _____	<input type="checkbox"/> check if separate property
Legal Description: _____	
Mortgage Holder: _____ Payoff \$ _____ Monthly Pmt \$ _____	
Purchase Price \$ _____ Insurance and Taxes (if not included in monthly pmt) \$ _____	
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

Address: _____	<input type="checkbox"/> check if separate property
Legal Description: _____	
Mortgage Holder: _____ Payoff \$ _____ Monthly Pmt \$ _____	
Purchase Price \$ _____ Insurance and Taxes (if not included in monthly pmt) \$ _____	
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

Real Estate to go to Wife

Address: _____	<input type="checkbox"/> check if separate property
Legal Description: _____	
Mortgage Holder: _____ Payoff \$ _____ Monthly Pmt \$ _____	
Purchase Price \$ _____ Insurance and Taxes (if not included in monthly pmt) \$ _____	
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

Address: _____	<input type="checkbox"/> check if separate property
Legal Description: _____	
Mortgage Holder: _____ Payoff \$ _____ Monthly Pmt \$ _____	
Purchase Price \$ _____ Insurance and Taxes (if not included in monthly pmt) \$ _____	
Date of Purchase: _____ Purchased by: Husband / Wife / Together	

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

VIN, Year, Make, Model: _____	<input type="checkbox"/> Separate Property
Amount owed \$ _____	Creditor Name: _____

VIN, Year, Make, Model: _____	<input type="checkbox"/> Separate Property
Amount owed \$ _____	Creditor Name: _____

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

VIN, Year, Make, Model: _____	<input type="checkbox"/> Separate Property
Amount owed \$ _____	Creditor Name: _____

VIN, Year, Make, Model: _____	<input type="checkbox"/> Separate Property
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 \$ _____

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 \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

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 \$ _____

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: _____

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

If yes, how: _____

We also need a copy of your:

- most recent tax return
- most recent or "typical" pay stub for each spouse
- real estate note & deed of trust (for each real property owned)
- car insurance (card is fine if vehicle ID#'s shown)
- health insurance (statement showing breakdown of cost)
- retirement account statement (if dividing retirement)

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 do / do not receive government assistance. (if yes: I receive \$_____ per month in _____.)
4. I receive \$_____ per month from these sources: _____.
5. 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 \$	Car Maint. \$	Insurance \$	Car \$	Day Care \$
Child Support \$	Personal Care \$	Housekeeping Supplies \$	Home Upkeep \$	Other _____ \$	Other _____ \$

6. I wish to proceed as an indigent and prosecute a civil suit without paying costs.
7. 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