

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

What kind of child custody arrangements do you want? \_\_\_\_\_

Do you expect a dispute over custody? Y / N

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.



Do you want a name change? Y / N If yes, new name: \_\_\_\_\_

Does your spouse 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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## **I. GENERAL INSTRUCTIONS.**

Accurate information concerning property and debts is very important in divorce cases. Please fill out the attached form as completely as you can, drawing on any source of information to which you have access. **Do not enlist your spouse's help. DO NOT LET ANYONE SEE THIS DOCUMENT. YOUR INVENTORY AND APPRAISEMENT IS A CONFIDENTIAL MATTER BETWEEN YOU AND YOUR ATTORNEY.** Be cautious: you and your spouse are now legal adversaries, and you should verify all information on your own. Especially when it comes to questions of the present value of property, you should make your own independent estimate.

The attached form provides for only a few items under each type of property. If you need to provide additional information, photocopy an extra page or use a separate piece of paper and number the information as it is numbered on the inventory. If you do not know the answer to an item, **DO NOT LEAVE IT BLANK**; write "I don't know."

This task will not be easy. Do not expect to complete the form at one sitting. Be assured, however, that your effort is necessary and worthwhile.

## **II. DEFINITIONS.**

### **A. Separate property.**

Generally, property acquired by a spouse before marriage and property a spouse acquired individually by gift or inheritance during marriage are considered to be separate property of that spouse. Separate property also consists of property that is acquired with separate property funds or assets and recoveries for personal injuries sustained by a spouse, except recovery loss of earning capacity during marriage. Written property agreements between spouses, such as premarital agreements or post marital agreements, can also create separate property which would otherwise be characterized as community property. If you or your spouse have any property you think is separate property, complete the sections marked "Separate Property of Husband" and "Separate Property of Wife."

### **B. Community Property.**

All property that is not separate property is community property.

### **C. Fair Market Value.**

A generally accepted definition of fair market value is the price at which the asset would change hands between a willing seller, under no compulsion to sell, and a willing buyer, under no compulsion to buy, with both parties having reasonable knowledge of the relevant facts. Use this value whenever possible. If an asset has no fair market value, state the actual value of the asset to you considering its present condition.

## **III. COPIES OF DOCUMENTS TO BE FURNISHED TO YOUR ATTORNEY.**

If an asset has a statement of account, furnish a copy of the current statement of account with this Inventory and Appraisal. If an asset has a title document (deed, deed of trust, certificate of title to motor vehicle) furnish a copy with this Inventory and Appraisal.

If an asset has any document that can clearly identify it, furnish a copy with this Inventory and Appraisal.

Here is a checklist of copies of items you should furnish with this Inventory and Appraisal. Please supply the most current statement wherever applicable:

1. Financial institution statements;
2. Bank statements;
3. Current Keogh statements;
4. IRA statements;
5. SEP statements;
6. Certificate of deposit statements;
7. Company retirement benefits statements of account;
8. Life insurance policies and premium notices;
9. Broker statements;
10. Deeds;
11. Deeds of trust;
12. Mortgage company payment coupon books (usually one page is enough);
13. Certificates of title to motor vehicles;
14. Stocks;
15. Last statement from each creditor (bank credit cards, department store charge cards, gasoline credit cards, etc.);
16. Any other documents that may lead to the discovery of assets or liabilities.

#### IV. FULL DISCLOSURES.

We will rely on this Inventory and Appraisal to prepare your case. If you omit any asset, the court could set it aside to your spouse now or at a later date. If you omit a liability, you may be solely responsible for it.

#### V. TIME.

Please complete this Inventory and Appraisal as soon as possible.

#### **Property Information**

#### **Real Estate**

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

Legal Description: \_\_\_\_\_

Record Owner: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

How acquired and for what purpose: \_\_\_\_\_

Purchase price \$ \_\_\_\_\_ Fair Market Value \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Source of funds used to acquire: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Payoff \$ \_\_\_\_\_ Monthly Pmt \$ \_\_\_\_\_

Insurance and Taxes (if not included in monthly pmt) \$ \_\_\_\_\_

Is any property "homestead" property? Y / N Which parcel: \_\_\_\_\_

If any property produces income, describe property interest and income: \_\_\_\_\_

**Motor Vehicles, Boats, RV's, Airplanes**

Year, Make, Model: \_\_\_\_\_

VIN: \_\_\_\_\_ License: \_\_\_\_\_ State: TX or: \_\_\_\_\_

Record owner: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Value \$ \_\_\_\_\_

Driven by: Husband / Wife / Child Source of funds to purchase: \_\_\_\_\_

Amount owed \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

Year, Make, Model: \_\_\_\_\_

VIN: \_\_\_\_\_ License: \_\_\_\_\_ State: TX or: \_\_\_\_\_

Record owner: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Value \$ \_\_\_\_\_

Driven by: Husband / Wife / Child Source of funds to purchase: \_\_\_\_\_

Amount owed \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

Year, Make, Model: \_\_\_\_\_

VIN: \_\_\_\_\_ License: \_\_\_\_\_ State: TX or: \_\_\_\_\_

Record owner: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Value \$ \_\_\_\_\_

Driven by: Husband / Wife / Child Source of funds to purchase: \_\_\_\_\_

Amount owed \$ \_\_\_\_\_ Creditor Name: \_\_\_\_\_

Continue on back if you own additional vehicles

**Bank Accounts**

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

Checking / Savings Account Balance \$ \_\_\_\_\_ Names on Account: \_\_\_\_\_

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

Checking / Savings Account Balance \$ \_\_\_\_\_ Names on Account: \_\_\_\_\_

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

Checking / Savings Account Balance \$ \_\_\_\_\_ Names on Account: \_\_\_\_\_

**Securities (Stocks, Bonds, etc.)**

Name of Security: \_\_\_\_\_ Value \$ \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Source of funds: \_\_\_\_\_

Location of securities: \_\_\_\_\_ Do you have access? Y / N

Account Numbers: \_\_\_\_\_

Name of Security: \_\_\_\_\_ Value \$ \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Source of funds: \_\_\_\_\_

Location of securities: \_\_\_\_\_ Do you have access? Y / N

Account Numbers: \_\_\_\_\_

Name of Security: \_\_\_\_\_ Value \$ \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Source of funds: \_\_\_\_\_

Location of securities: \_\_\_\_\_ Do you have access? Y / N

Account Numbers: \_\_\_\_\_

Name of Security: \_\_\_\_\_ Value \$ \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Source of funds: \_\_\_\_\_

Location of securities: \_\_\_\_\_ Do you have access? Y / N

Account Numbers: \_\_\_\_\_

**Life Insurance**

Name of Insurer: \_\_\_\_\_ Type of Policy: term / whole / other: \_\_\_\_\_

Cash value of policy \$ \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_

Owner of policy: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Source of funds to acquire: \_\_\_\_\_

**Other Investments**

Nature of Investment: \_\_\_\_\_

Date made: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Value \$ \_\_\_\_\_ Amount of Encumbrance \$ \_\_\_\_\_

**Retirement**

Type of Benefit: \_\_\_\_\_ Which Spouse: \_\_\_\_\_

Value \$ \_\_\_\_\_ Date Begun: \_\_\_\_\_ Administrator: \_\_\_\_\_

Type of Benefit: \_\_\_\_\_ Which Spouse: \_\_\_\_\_

Value \$ \_\_\_\_\_ Date Begun: \_\_\_\_\_ Administrator: \_\_\_\_\_

Type of Benefit: \_\_\_\_\_ Which Spouse: \_\_\_\_\_

Value \$ \_\_\_\_\_ Date Begun: \_\_\_\_\_ Administrator: \_\_\_\_\_

**Household Goods**

Approximate value of household goods and furniture \$ \_\_\_\_\_

**Items of Value**

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

Item: \_\_\_\_\_ Value \$ \_\_\_\_\_

When acquired: \_\_\_\_\_ Source of funds to purchase: \_\_\_\_\_

**Separate Property**

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

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Property YOUR SPOUSE acquired before this marriage, or property acquired by gift or inheritance after marriage:

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**Time Outside Texas**

State any the dates, places you lived, and property acquired during that time:

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**Debts**

**Joint Debts**

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

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

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

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

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

**Your Sole Debts**

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

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

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

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

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

**Spouse Sole Debts**

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

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

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

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

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

**Community Issues**

Have you made gifts of community property without your spouses consent? Y / N

Gifts: \_\_\_\_\_

Has your spouse made gifts of community property without your consent? Y / N

Gifts: \_\_\_\_\_

Have you filed all tax returns for all previous years? Y / N

Do you expect any tax refunds? Y / N Amount \$ \_\_\_\_\_

Do you have copies of all tax returns? Y / N

Have you been notified of an IRS Audit? Y / N For which years? \_\_\_\_\_

Do you and/or your spouse have a safe deposit box? Y / N

Contents: \_\_\_\_\_

Are you owed any wages, commissions, or accrued pay? Y / N

Amount/Sources: \_\_\_\_\_

Is your spouse owed any wages, commissions, or accrued pay? Y / N

Amount/Sources: \_\_\_\_\_

Any lawsuits pending? Y / N Nature of suit(s): \_\_\_\_\_

\_\_\_\_\_

Any judgments against you or your spouse? Y / N Nature: \_\_\_\_\_

\_\_\_\_\_

During marriage, did you or your spouse receive an award for personal injury? Y / N

If yes, state date and terms of judgment: \_\_\_\_\_

\_\_\_\_\_

Do you have a will? Y / N

Spouse have a will? Y / N

**Income and Expenses (Budget)**

For pay frequency, remember bi-weekly means you are paid every 2 weeks (i.e. every other Friday), whereas semi-monthly means you are paid two times per month (i.e. on the 1<sup>st</sup> and 15<sup>th</sup>)

	<b><u>Single Debtor/Husband</u></b>	<b><u>Wife</u></b>
<u>Pay Frequency</u> (circle)	weekly/bi-weekly/semi-monthly/monthly	weekly/bi-weekly/semi-monthly/monthly
<u>Gross Wages per pay period</u>	_____	_____
<u>Overtime/Bonuses</u>	_____	_____
<u>Deductions</u>		
Federal Tax	_____	_____
Social Security	_____	_____
Medicare	_____	_____
Union Dues	_____	_____
Retirement (Circle: Voluntary / Mandatory)	_____	_____
401K (Circle: Voluntary / Mandatory)	_____	_____
<small>(Do not list child support or insurance deductions here, list them on the budget page)</small>		
<u>Sub Totals</u>	_____	_____
(if paid weekly multiply by 4.333, if bi-weekly by 2.17, semi-monthly by 2 to get monthly total)		
<u>Monthly Totals</u>	_____	_____
<u>Combined Total</u>	_____	_____
<u>Expected Tax Refund ÷ 12</u>	_____	_____

**TOTAL COMBINED MONTHLY INCOME \$ \_\_\_\_\_**

## OTHER MONTHLY INCOME

Do you have any other income sources? If you do, we must know them and their monthly amount.

	<u><b>You</b></u>	<u><b>Spouse</b></u>
Do you have income from any of the following sources?	Yes / No	Yes / No
Regular income from business, profession or farm (after expenses and taxes) .....	\$ _____	\$ _____
Income from real property .....	\$ _____	\$ _____
Social Security Explain: _____	\$ _____	\$ _____
Child Support .....	\$ _____	\$ _____
Disability .....	\$ _____	\$ _____
Interest and dividends .....	\$ _____	\$ _____
Pension or retirement income .....	\$ _____	\$ _____
Alimony received .....	\$ _____	\$ _____
Gifts from relatives and friends .....	\$ _____	\$ _____
Sales commissions .....	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

# MONTHLY EXPENSES

Fill out completely, estimate your bills realistically, because these amounts are what you must be able to live on. If you have a bill that is abnormally high, please use the blank space to explain why it is high and bring copies of the bills. Do not leave any blank, use N/A or \$0 instead. If you list an amount next to "other" please describe the expense in the blank space.

TYPE OF EXPENSE	Amount
<b>House Payment/Rent</b> Does it Include: Property Taxes Y / N ? Insurance? Y / N	\$
<b>Electricity</b> (remember to average this one)	\$
<b>Water, Sewer, Garbage</b>	\$
<b>Home Telephone</b>	\$
<b>Other/Cable TV</b> (describe):	\$
<b>Home Maintenance &amp; Repair</b>	\$
<b>Food &amp; Groceries</b>	\$
<b>Clothing</b>	\$
<b>Laundry &amp; Dry Cleaning</b>	\$
<b>Medical and Dental Expenses</b> (include over the counter medicine & co-pays)	\$
<b>Transportation</b> (gas, car repairs & maintenance, bus fare)	\$
<b>Recreation/Reading</b>	\$
<b>Charitable Contributions</b> (may have to provide proof)	\$
<b>Insurance: Home/Renters</b>	\$
<b>Life and Disability</b>	\$
<b>Auto</b>	\$
<b>Health</b>	\$
<b>Other</b> describe:	\$
<b>Installment Payments Auto</b>	\$
<b>Other 1:</b>	\$
<b>Other 2:</b>	\$
<b>Other 3:</b>	\$
<b>Other taxes:</b>	\$
<b>Alimony &amp; Child Support</b>	\$
<b>Support of Dependents not at home</b> explain:	\$
<b>Business Expenses</b> (attached itemized business budget)	\$
<b>Other Expense 1</b> _____ <b>or Day Care</b> (circle)	\$
<b>Other Expense 2</b> _____ <b>or Property Tax</b> (circle)	\$
<b>Other Expense 3</b> _____	\$
<b>Personal Care</b> (Guideline 1=\$31 2=\$55 3=\$59 4+=\$65)	\$
<b>Housekeeping Supplies</b> (Guideline 1=\$28 2=\$66 3=\$61 4+=\$74)	\$
<b>Miscellaneous</b> (Guideline 1=\$87 2=\$165 3=\$197 4+=\$235)	\$
<b>TOTAL:</b>	\$

Do you expect any of these expenses to change (ie: new child on the way, moving, etc.)? Yes / No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

### Conservatorship of Children

On this page list all children, their age, who has custody, for how long, their address, telephone number, and if the child is in school, which school, grade, teacher name, and principal name.

Child Name	Age	Person who has custody	Length of Custody	Address	Telephone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

School	Grade	Teacher	Principal
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Children's Doctor: \_\_\_\_\_ May attorney contact? Y / N

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

Persons with special knowledge who can testify:

	Name	Address	Phone
Relatives:			
Neighbors:			
Friends:			
Government:			
Other:			

Any child who has special problems (emotional/physical/educational):

Child	Problem	Doctor/Specialist	Address/Phone

Special Attachments any child has to any person(s): \_\_\_\_\_

Do you intend to move? Y / N Outside County? Y / N Outside State? Y / N

Does your spouse intend to move? Y / N Outside County? Y / N Outside State? Y / N

Is remarriage planned... by you? Y / N by your spouse? Y / N

Your plan for custody and reasons: \_\_\_\_\_

\_\_\_\_\_

Spouses plan for custody and reasons: \_\_\_\_\_

\_\_\_\_\_

Do the children have a preference for custody? Y / N

If so, what? \_\_\_\_\_

\_\_\_\_\_

**Visitation Rights**

Assuming that custody is resolved, specify actual times and places of desired visitation rights.

	Your Desire	Spouse's Desire
Weekends		
Weekdays		
Summer		
Easter		
Christmas		
Thanksgiving		
New Year's Day		
Other Holidays		
Birthdays of Children		
Birthday of Parent		
Other periods		

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