

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: _____

Paid: Weekly / Bi-weekly (every 2 weeks) / Semi-monthly (twice per month) / Monthly

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: _____

Paid: Weekly / Bi-weekly (every 2 weeks) / Semi-monthly (twice per month) / Monthly

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 you were married:_____ by: Church Judge/JP Common Law

Common law: you agreed to be married, held yourselves out as husband & wife, and cohabitated

Place of wedding/common law(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:_____

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:_____

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 / you only / spouse only / split ___% you, ___%sp

Other/explain:_____

Health & Dental Insurance Information

Health Insurance Company Name: _____ Policy # _____

Provided by (circle): Your work / Spouse’s work / CHIP / Medicaid / Other: _____

Monthly Premium \$ _____ Cost for the *Child(ren)*’s part \$ _____

Dental Insurance Company Name: _____ Policy # _____

Provided by (circle): Your work / Spouse’s work / CHIP / Medicaid / Other: _____

Monthly Premium \$ _____ Cost for the *Child(ren)*’s part \$ _____

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

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

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: _____

The standard child order is joint managing conservators with one parent having the children on the 1st, 3rd, and 5th 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 you / sp

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 dating/intimate/sexual visitors 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

Your arrests:

<u>Date:</u>	<u>Offense:</u>	<u>Disposition (what happened, sentence):</u>

Opposing Party arrests:

<u>Date:</u>	<u>Offense:</u>	<u>Disposition (what happened, sentence):</u>

Drug usage? By you? Y / N By opposing party? Y / N

Property Division

Real Estate to go to YOU

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: Me / Spouse / Together Paid off? Y / N	

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: Me / Spouse / Together Paid off? Y / N	

check if separate property

Real Estate to go to YOUR SPOUSE

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: Me / Spouse / Together Paid off? Y / N	

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: Me / Spouse / Together Paid off? Y / N	

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 YOU

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

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

Motor Vehicles, Boats, RV's, Airplanes to go to YOUR SPOUSE

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

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

Retirement Accounts to go to YOU

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 YOUR SPOUSE

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 YOU

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

Bank Accounts to go to YOUR SPOUSE

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

Other Property to go to YOU

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Other Property to go to YOUR SPOUSE

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Property: _____ Value \$ _____

Separate Property

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

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

Debts that YOU will pay

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Creditor: _____ Acct# _____ Balance \$ _____

Debts that SPOUSE 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.

Spouse should pay me \$ _____/mo maintenance for ___ years due to:

- family violence by them
- my disability
- need + 10 yr marriage
- disability of child

I should pay my spouse \$ _____/mo maintenance for ___ years due to:

- family violence by me
- their 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)
- health & dental insurance (statement showing breakdown of cost for children’s portion)
- 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: copy of your and your spouse’s criminal history
- 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. We must review 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(ren)'s present address is _____.

"For the past five years immediately preceding the date of this affidavit, the child(ren) has/have 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(ren) or claims rights of legal custody or physical custody of, or visitation with, the child(ren)."

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: _____