



THE LAW OFFICES OF
CARROLL & HINOJOSA
P L L C

DIVORCE INFORMATION SHEET

Date: _____

Client Information:

Full Name (Last, First, Middle): _____

Full Current Address: _____, _____, _____

COUNTY OF RESIDENCE: _____

Home Phone: _____ Cell: _____ Pager: _____

Work Phone: _____

How do you prefer we contact you? (circle one) at home, at work, or on cell phone

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Driver's license #: _____ State: _____

Mailing Address (if a different from above): _____

E-Mail: _____

Have you been a resident of this county longer than three months? (select one) Yes No

Have you been a resident of Texas longer than six months? (select one) Yes No

Occupation: _____

Employer: _____

Address of Employment: _____

Length of time at current Employment: _____ Start date of Employment _____

Education: _____

Your gross salary per month or year: \$ _____

How were you referred you to this office? _____

Have you seen a marriage counselor? _____ State name: _____

Have you or your spouse ever filed for divorce? (select one) Yes No

If so, when and where? _____

Does you spouse or ex-spouse have an attorney? (select one) Yes No

State attorney's name: _____

Have you ever been married before? (select one) Yes No How many times? _____

Have you or your spouse ever filed for Bankruptcy? _____ If so, when? _____

State Bankruptcy attorney's name: _____

Full Maiden Name (Last, First, Middle): _____

Will either party be requesting a **name change**? (select one) Yes No

If yes, what will the **new name** be? (Full name) _____

What is your religious preference? _____

If none, are you agnostic or atheist? _____

Spouse Information:

Name (Last, First, Middle): _____, Maiden _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Driver Lic.# & issuing state: _____

Full Current Address: _____, _____, _____

COUNTY OF RESIDENCE: _____

Residence telephone #: _____

Occupation: _____

Employer: _____

Employment address: _____

Employment telephone #: _____

Education: _____

Spouse's gross salary monthly/annual: \$ _____ Length of employment _____

DIVORCE PAPERS CAN NOT BE FILED WITHOUT the following information:

Date of Marriage: ____ / ____ / ____

Place of Marriage: (City): _____ State: _____

Date of Separation: ____ / ____ / ____

What is your spouse's or ex-spouse's religious preference? _____

If none, is your spouse or ex-spouse agnostic or atheist? _____

Check as appropriate if your marital difficulties involve any of the following:

____ drug/alcohol ____ Sexual disappointment ____ infidelity

___ financial dispute ___ physical violence ___ religion
___ Incompatibility ___ other: _____

SEPARATE PROPERTY:

Do **you** own any separate property ? (Separate being - property owned before marriage or property received during marriage by gift or inheritance)? (select one) Yes No

Describe the separate property _____

Does your spouse own any separate property? (select one) Yes No

Describe the separate property _____

Income Tax: Have you filed for all previous years ? (select one) Yes No

INFORMATION REGARDING CHILDREN

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers Lic. #: _____

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers Lic. #: _____

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers Lic. #: _____

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers Lic. #: _____

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers Lic. #: _____

CHILD CUSTODY AND SUPPORT

Who will have **primary custody** of the children? (select one) Father Mother Other

If "Other" please state name and relationship (if any) _____

Will the parties have **joint custody**? (circle one) Yes No

Which parent will be paying **child support**? (circle one) Father Mother

Amount of child support (if agreed) \$ _____ per month

(Note: In an uncontested divorce, the parties can agree on any figure for child support, and the judge will probably approve it. However, the Texas Family Code contains child support guidelines that are generally used. If the parties wish to base support on the guidelines, advise the attorney. He will determine that figure for you, based on the obligor (person paying child support) parent's income and number of other children for which the obligor parent is providing support.)

Parent responsible for the **children's health insurance**? (select one) Father Mother

Are child(ren) presently covered under health insurance? (select one) Yes No

Is this health insurance available through the parent's employment? (select one) Yes No

If, so, which parent's employment? (select one) Father Mother

Will health insurance for child(ren) continue to be provided through the current/same insurance? (select one) Yes No

If not, how will health insurance for the child(ren) be provided? _____

(Note: The parent who pays child support generally is also responsible for maintaining health insurance on the children. The parents usually split medical expenses not paid by insurance.)

Do you pay/receive child support? _____ If so, how much? \$ _____ per _____

Does your spouse or ex-spouse pay/receive child support? _____

If so, how much? _____ per _____

Do you or your spouse or ex-spouse have any other children for which a duty of support is owed? _____ If so, please state the following information:

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers lic. # / Issuing state: _____

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers lic. # / Issuing state: _____

Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Social Security #: _____ Drivers lic. # / Issuing state: _____

PROPERTY

In an uncontested divorce, the parties must determine how to divide the community assets and debts. If

there is a question as to whether a particular asset of debt is community or separate, ask your attorney.

Real Estate:

Please provide unavailable information at a later date as it is important in the completing your paperwork.

1. Address: _____

Mortgage company: _____ Date purchased: _____

Estimate fair market value: \$_____ Original mortgage amount: \$ _____

Mortgage balance: \$ _____ Monthly payments: \$ _____

LEGAL DESCRIPTION of property:

Final disposition of property: (who will keep) Please ✓ one

1) Property and Mortgage to husband _____

2) Property and Mortgage to wife _____

3) Property sold and net proceeds divided _____

4) Other (explain) _____

2. Address: _____

Mortgage company: _____ Date purchased: _____

Estimate fair market value: \$_____ Original mortgage amount: \$ _____

Mortgage balance: \$ _____ Monthly payments: \$ _____

LEGAL DESCRIPTION of property:

Final disposition of property: (who will keep) Please ✓ one

1) Property and Mortgage to husband _____

2) Property and Mortgage to wife _____

- 3) Property sold and net proceeds divided _____
- 4) Other (explain) _____

Motor Vehicles, Boats, Cycles, Trailers:

1. Year: _____ Model: _____ VIN# _____
 Name of creditor: _____ Acct.# _____
 Vehicle and debt thereon (if any) awarded to (select one): Husband Wife
2. Year: _____ Model: _____ VIN# _____
 Name of creditor: _____ Acct.# _____
 Vehicle and debt thereon (if any) awarded to (select one): Husband Wife
3. Year: _____ Model: _____ VIN# _____
 Name of creditor: _____ Acct.# _____
 Vehicle and debt thereon (if any) awarded to (select one): Husband Wife

Bank Accounts, Saving Accounts, C.D.'s, Credit Union, Savings Bonds:

1. Name of bank: _____
 Acct. # _____ Type of account: _____
 Current balance: \$ _____ Names on withdrawal card: _____
 Disposition upon divorce (select one): All to husband All to wife
 Other(explain): _____
2. Name of bank: _____
 Acct. # _____ Type of account: _____
 Current balance: \$ _____ Names on withdrawal card: _____
 Disposition upon divorce (select one): All to husband All to wife
 Other(explain): _____
3. Name of bank: _____
 Acct. # _____ Type of account: _____
 Current balance: \$ _____ Names on withdrawal card: _____
 Disposition upon divorce (select one): All to husband All to wife
 Other(explain): _____

Miscellaneous Assets: Please list any assets not covered above. Include the description and value of the asset, whether any debt is owed on it, and how it is to be disposed of upon divorce.

<u>Description of Asset</u>	<u>Value</u>	<u>Debt / Disposition</u>
1. _____	\$ _____	\$ _____ Husband / Wife

- 2. _____ \$ _____ \$ _____ Husband / Wife
- 3. _____ \$ _____ \$ _____ Husband / Wife
- 4. _____ \$ _____ \$ _____ Husband / Wife
- 5. _____ \$ _____ \$ _____ Husband / Wife

Other Debts:

	<u>Creditor</u>	<u>Balance</u>	<u>Acct. #</u>	<u>Responsible party</u>
1.	_____	\$ _____	_____	Husband / Wife
2.	_____	\$ _____	_____	Husband / Wife
3.	_____	\$ _____	_____	Husband / Wife
4.	_____	\$ _____	_____	Husband / Wife
5.	_____	\$ _____	_____	Husband / Wife
6.	_____	\$ _____	_____	Husband / Wife
7.	_____	\$ _____	_____	Husband / Wife
8.	_____	\$ _____	_____	Husband / Wife

Retirement, Pensions, Other Company Benefits:

How will the community interest in the retirement benefits of either party be disposed?

- 1) Each keeps Own (select one) Yes No
- 2) Other (explain): _____
- 3) None

Retirement:

Military: (select one) Yes No If yes, date of entry: _____

Branch of Service: _____

Rank: _____

Status:

Active duty _____

Reservist _____

Retired _____ Date of retirement: _____

PENSION

COMPANY BENEFITS

QUADRO