



Stagg and Associates, PLLC

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DIVORCE INFORMATION SHEET

(Informacion de Divorcio)

Please fill out all of the information required to the best of your knowledge. The more information you provide, the more we can help you. Please be very specific in your answers.

Today's Date _____
(Fecha)

How Did You Hear About Us? _____
(Como Se Entero de Nostros?) *(Please include Legal Plan Name & case/reference or member ID)*

YOUR INFORMATION (INFORMACION)

OUR CLIENT: Petitioner; Respondent; Counter-Petitioner; Counter-Respondent

Name

(First, Middle, Last) (Nombre Completo)

Other names that you go by or have used
(Otros nombres que usted a usado)

Maiden Name (If you are a female) (solamente mujeres)

Address

Street (Direccion), City (Cuidad), County (Condado), State(Estado) Zip(Codigo Postal)

Is there another address that you would like us to contact you at? _____
(Tiene otra direccion donde podemos contactar a usted?)

If yes, what is the address? _____
(Que es el otro direccion?)

Home Phone _____
(Numero de Casa)

Other _____
(Otro Numero)

Pager Number _____

Fax Number _____

E-mail address _____

Date of Birth ____/____/____
(Fecha de Nacimiento)

Social Security Number _____
(Numero Social)

Place of Birth: City _____
(Ciudad de Nacimiento)

State _____
(Estado)

Country _____
(Pais)

Race _____
(Raza)

Age _____
(edad)

Driver's License No. _____
(Numero de Licencia)

State _____
(Estado)

Employer _____
(Trabajo)

Your job title: _____
(Titulo de trabajo)

Employer Address _____
(Direccion de Trabajo)

Work Number _____
(Numero de Trabajo)

Work Fax _____
(Fax de Trabajo)

May we call you at work? _____
(Puedes contactar usted a su trabajo?)

Yearly Salary/Income _____ **monthly** _____ **biweekly** _____
twice a month _____

Other sources of income _____

Length of employment: (cuanto tiempo has estado en tu trabajo) _____

Education: (educacion) _____

Have you consulted or retained any other attorneys on this matter before coming to this office? _____

(Has consultado con otros abogados de su caso antes de venir a esta oficina?)

If so, please state who and when: (Cual es el nombre del abogado y cuando fue?)

Who should we contact in the event of an emergency?

(Con quien podemos contactar en caso de un emergencia?)

Name _____ **Phone Number** _____
(nombre) (numero de telefono)

Name _____ **Phone Number** _____
(nombre) (numero de telefono)

YOUR SPOUSE'S INFORMATION

(INFORMACION DE ESPOSO(A))

OTHER PARTY: Petitioner; Respondent; Counter-Petitioner; Counter-Respondent

Spouse's Full Name

(First, Middle, Last) (Nombre Completo de Espos)

Maiden Name (If Female) (solamente mujeres)

Address

Street, (Direccion), City(Cuidad), County(Condado) State(Estado) Zip(CodigoPostal)

Home Phone _____ **Other** _____
(Numero de Casa) (Otro Numero)

Date of Birth ____/____/____ **Social Security Number** _____
(Fecha de nacimiento) (Numero Social)

Place of Birth: City _____ **State** _____ **Country** _____
(Ciudad de nacimiento) (Estado) (Pais)

Race (raza) _____ **Age** _____
(Edad)

Driver's License No. _____ **State** _____

(Numero de Licencia)

(Estado)

Employer _____
(Trabajo)

Job Title: _____
(Titulo de trabajo)

Employer Address _____
(Direccion de Trabajo)

Work Number _____ **Work Fax** _____
(Numero de Trabajo) (Fax de Trabajo)

Yearly Salary/Income: _____ **monthly** _____ **biweekly** _____
twice a month _____

Length of employment: (cuanto tiempo tu esposo/esposa estado en su trabajo)

Other sources of income

Education: (educacion)

Email address: _____

GENERAL INFORMATION

Date of Marriage _____ / _____ / _____
(Fecha de matrimonio)

Place of Marriage: City _____ **State** _____ **Country** _____
(Ciudad) (Estado) (Pais)

Are you now separated from your spouse? _____
(Esta separado de su esposo(a)?)

Date of Separation _____ / _____ / _____
(Fecha de separacion)

Have you seen a marriage counselor? _____

Have you or your spouse lived in Texas for the last six months? _____
(Usted y su esposo(a) han vivido en Texas mas de 6 meses?)

If not, where have you lived? _____

(Y si no, donde han vivido antes?)

What county have you lived in for the last 90 days? _____

(Cual condado has estado viviendo durante los ultimos 3 meses?)

Are both you and your spouse a United State Resident or Citizen?

(Usted y su esposo(a) son residents o ciudadanos?)

Have your or your spouse ever filed for divorce? _____

(Usted y su esposo(a) han estado divorciados antes?)

If so, when and where? _____

(Donde y cuando)

Does your spouse or ex-spouse have an attorney? _____

(Su esposo(a) tiene representante legal?)

If so, who (name and phone)?

(Cual es el nombre y numero de telephone?)

Have you ever been married before? _____

(Has estado casado antes?)

If so, how many times? _____

(Cuantas veces?)

Are you or your spouse currently pregnant? _____

(Estas/o esta tu esposa embarazada?)

Do you or your spouse have any other children (other than children between you and your spouse) **for whom a duty of support is owed?** (Tu or tu esposo(a) tiene hijos al los cuales tiene que pagar child support?)

If so, please provide the following information:

Name: (nombre)

Sex _____ **Date of Birth** _____ **Age** _____

(Sexo) (Fecha de nacimiento)

(Edad)

Place of Birth _____

(Donde nacio)

Social Security Number: _____

(Numero Social)

Name: (Nombre)

Sex _____ **Date of Birth** _____ **Age** _____
(Sexo) (Fecha de nacimiento) (Edad)

Place of Birth _____
(Donde nacio)

Social Security Number: _____
(Numero social)

Name: (Nombre)

Sex _____ **Date of Birth** _____ **Age** _____
(Sexo) (Fecha de Nacimiento) (Edad)

Place of Birth _____
(Donde Nacio)

Social Security Number: _____
(Numero Social)

Where and with whom do these children live? _____
(Donde y con quien viven?)

Do you pay/receive child support? _____
(Usted paga o recibe child support?)

If so, how much? \$ _____ **per** _____
(Cuanto recibe por mes?)

Does your spouse pay/receive child support? _____
(Su esposo(a) paga o recibe child support?)

Has there been any child born since the date of marriage which whom the husband is not the father? (Durante el matrimonio han tienedo hijos que tu esposo no sea el padre?)

Provide the biological father's information for any child whom you listed above as born during the marriage, but the child of you current spouse.
(Y se esto es el caso, favor de poner la informacion.)

Name _____ **Age** _____
(Nombre) (Edad)

Date of Birth _____ **Social Security Number** _____
(Fecha de nacimiento) (Numero social)

State, city and county of residence _____
(Cidudad, estado, y condado de residencia)

Driver's License Number _____ **State** _____
(numero de licencia) (Estado)

Race _____
(Raza)

Address _____
(Direccion)

Telephone Number _____
(Numero de telefono)

Is their name on the birth certificate? _____
(Esta el nombre del padre en el certificado de nacimiento?)

Are there child support orders in place? _____
(Esta pagando el child support que le corresponde?)

Did the father sign an Acknowledgement of Paternity? _____

Are there any other children under 18 years of age born to or adopted of the marriage? (Hay otros hijos que hayan sido adoptados durante el matrimonio?)

Do you or do you or your wife want to change your/her last name back to your/her maiden name? (Tu o tu esposa desean cambiar el apellido de casados?)

(This is \$35.00 extra charge)

If so, what is your/her maiden name? (Cual el es apellido?)

Was any community property other than personal effects acquired during this marriage?

Were there any pension plans, retirement benefits, or profits sharing plans acquired during the marriage? Yes or No

If so, give the names of each

Will each party be responsible for their own debts incurred since the date of separation? Yes or No

(Cada uno sera responsable de sus deudas?)

Are you planning on re-marrying within 30 days after your divorce is finalized?

(Estas planeando casarte depues de los treinta dias del divorcio?)

Would you like a thirty (30) day waiting period remarriage?

(This is an extra charge)

Has a Protective Order already been issued? ☐ Yes or ☐ No

Have you are your spouse filed for bankruptcy? _____

(Usted or su esposo(a) se han declarado bancarota?)

If so, when? _____

(Cuando?)

What is the name, number, and address of the bankruptcy attorney? (Cual es el nombre del abogado que llevo el caso de la bancarota?)

What type of bankruptcy was filed, i.e. chapter 7 or chapter 13? _____

Is the bankruptcy currently pending? _____

IMPORTANT ISSUES:

1. **Will you or a child suffer harassment, abuse, serious harm, harm to health, or injury if information about your address (or the address of your child), your telephone numbers, the name of your employer, the address where you work, or your driver's license number and social security number were to be released to the opposing party? (§§ 85.007, 105.006, 152.209(e), TFC)** _____
2. **Has the Office of the Attorney General ever been a party to a suit or an advocate in a suit concerning financial support of one or more of your children?**

3. **Has any child in your family been the recipient of TANF (formerly AFDC) or been covered by Medicaid?** _____

ONLY ANSWER THE FOLLOWING IF YOU HAVE
CHILDREN WITH YOUR SPOUSE
(NADA MAS CONTESTE SI TIENE HIJOS CON SU ESPOSO(A))

Child's Full Name

(Nombre Completo del hijo)

1. _____

Date of Birth _____

(Fecha de nacimiento)

Age _____

(Edad)

Place of Birth of each child _____

(Locacion de nacimiento de cada hijo)

County of Place of Birth: _____

(Condado de nacimiento)

Sex of child: Male or Female _____

(Sexo)

Social Security Number of Child _____

(Numero social)

List whether child is living with the father or mother _____

(Contesta con quien esta viviendo el hijo)

Child's Full Name

(Nombre complete del hijo)

2. _____

Date of Birth _____

(Fecha de Nacimiento)

Age _____

(Edad)

Place of Birth of each child _____

(Locacion de nacimiento)

County of Place of Birth: _____

(Condado de nacimiento)

Sex of child: Male or Female _____

(Sexo)

Social Security Number of Child _____

(Numero Social)

List whether child is living with the father or mother _____

(Contesta con quien esta viviendo el hijo)

Child's Full Name

(Nombre completo de hijo)

3. _____

Date of Birth _____

(Fecha de nacimiento)

Age _____

(Edad)

Place of Birth of each child _____

(Locacion de nacimiento)

County of Place of Birth: _____

(Condado de nacimiento)

Sex of child: Male or Female _____

(Sexo)

Social Security Number of Child _____

(numero social)

List whether child is living with the father or mother _____

(Contesta con quien esta viviendo el hijo)

Child's Full Name

(Nombre completo de hijo)

4. _____

Date of Birth _____

(Fecha de nacimiento)

Age _____

(Edad)

Place of Birth of each child _____

(Locacion de nacimiento)

County of Place of Birth: _____

(Condado de nacimiento)

Sex of child: Male or Female _____

(Sexo)

Social Security Number of Child _____

(numero social)

List whether child is living with the father or mother _____

(Contesta con quien esta viviendo el hijo)

Child's Full Name

(Nombre completo de hijo)

5. _____

Date of Birth _____
(Fecha de nacimiento)

Age _____
(Edad)

Place of Birth of each child _____
(Locacion de nacimiento)

County of Place of Birth: _____
(Condado de nacimiento)

Sex of child: Male or Female _____
(Sexo)

Social Security Number of Child _____
(numero social)

List whether child is living with the father or mother _____
(Contesta con quien esta viviendo el hijo)

Will there be a dispute over the children? _____

If not, with whom will custody be? _____

Where and with whom are the children living now? _____

Spouse's monthly earnings:

Is your spouse willing to pay child support? Yes or No

If so, how much? _____

If not, why not?

Are the children covered by health insurance? _____

Is the insurance provided through the employer? _____

Insurance
Company: _____ **Policy Number:** _____

Which parent covers the children? _____

Monthly premium: _____

Are the children covered by Dental insurance? _____

Is the insurance provided through the employer? _____

Insurance

Company: _____ **PolicyNumber:** _____

Which parent covers the children? _____

Monthly premium: _____

Are the children covered by Vision insurance? _____

Is the insurance provided through the employer? _____

Insurance

Company: _____ **PolicyNumber:** _____

Which parent covers the children? _____

Monthly premium: _____

Have you and your spouse reached on agreement regarding the amount of child support that he/she will pay? _____ **What amount?** _____

Are the children covered by Medicaid or CHIPS? _____

Please provide information as to how you want to divide property.

Please provide information as to how you want the issues regarding the children resolved. (Custody, child support amount, health insurance, and visitation and access)
