

ANNULMENT INFORMATION SHEET

Date of Consultation (Today's Date): _____

Referred by: _____

Petitioner:

(If you are filing a new case you are the Petitioner.)

Full Name: _____ Age: _____

Maiden Name: _____ Social Security Number: _____

Birth date / Place: _____

D.L. No. & State _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home) _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

E-mail Address: _____

Salary/Income: _____

RESPONDENT: (If you are responding to a case that was filed against you, you are the Respondent.)

Full Name: _____ Age: _____

Maiden Name: _____ Social Security Number: _____

Birth date / Place: _____ D.L. No. &

State _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Business Address: _____

E-mail Address: _____

Salary/Income: _____

Next of Kin: _____ Phone: _____

MARRIAGE:

Date of Marriage: _____ Separation Date: _____
Place of Marriage: _____

CHILDREN FROM THIS MARRIAGE UNDER 18:

Name	S.S. Number	Sex	Birth date	Birthplace
_____	_____	_____	_____	_____

_____ Temporary Orders Desired?
_____ Extraordinary Relief Desired?

_____ Change of Name Desired? To What? _____
_____ Request Award of Attorney's Fees?
_____ Waiver or Service?
_____ Property Division: _____

Why do you feel you might qualify for an annulment?

PROPERTY

Real Property:

Legal Description: _____

When Acquired: _____ Purchase Price: _____ Present Value: _____

Real Property:

Legal Description: _____

When Acquired: _____ Purchase Price: _____ Present Value: _____

Vehicles:

Make: _____ Year: _____ Model: _____ When Acquired: _____

Make: _____ Year: _____ Model: _____ When Acquired:

Make: _____ Year: _____ Model: _____ When Acquired:

Financial Institutions:

Name of Institution: _____ Acct. # _____

Type of Account: _____ Whose Name: _____

Account Balance: _____

Name of Institution: _____ Acct. # _____

Type of Account: _____ whose name: _____

Account Balance: _____

Name of Institution: _____ Acct. # _____

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Account Balance: _____

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Type of Account: _____ whose name: _____

Account Balance: _____

Name of Institution: _____ Acct. # _____

Type of Account: _____ whose name: _____

Account Balance: _____

Name of Institution: _____ Acct. # _____

Type of Account: _____ whose name: _____

Account Balance: _____

Retirement Accounts:

Type of Account: _____ Whose Name: _____

Account Balance: _____ Opening Date: _____

Type of Account: _____ Whose Name: _____

Account Balance: _____ Opening Date: _____

Type of Account: _____ Whose Name: _____

Account Balance: _____ Opening Date: _____

Type of Account: _____ Whose Name: _____

Account Balance: _____ Opening Date: _____

Type of Account: _____ Whose Name: _____

Account Balance: _____ Opening Date: _____

Type of Account: _____ Whose Name: _____

Account Balance: _____ Opening Date: _____

Type of Account: _____ Whose Name: _____

Account Balance: _____ Opening Date: _____

Debts:

Name of Institution: _____ Acct. # _____

Type of Account: _____ Who's Name: _____

Acct. Balance: _____

Name of Institution: _____ Acct. # _____

Type of Account: _____ Who's Name: _____

Acct. Balance: _____

Who is/are the child(ren) living with now and for what period of time:

Have you been to court before in this matter?

When and Why?

Cause No. (Case No.) and County of case

(Please provide the latest order)

Acknowledgement of Alternative Dispute Resolution

I am aware that it is the policy of the State of Texas to promote the amicable and non-judicial settlement of disputes involving children and families. I am aware of alternative dispute resolution methods including mediation. While I recognize that alternative dispute resolution is an alternative to and not a substitute for a trial, and that this case may be tried if it is not settled, I represent of the court that I will attempt in good faith to

resolve contested issues in this case by alternative dispute resolution without the necessity of Court intervention.

Dated: _____ Signature: _____

(Printed Name)

NO. _____

§ IN THE DISTRICT COURT

§ _____ JUDICIAL DISTRICT

§ _____ COUNTY, TEXAS

FINANCIAL INFORMATION STATEMENT
(Required in All Financial Hearings)

Monthly Expenses	Monthly Expenses
<p>Housing House Mortgage/Rent : Utilities(Gas, water etc): Maintenance and Repair: Other:</p> <p>Transportation Car payment/Lease: Gas, Oil, Maintenance: Parking and Tolls:</p> <p>Insurance Auto: Life: Medical: Other:</p> <p>Groceries Food and Household Supplies:</p> <p>Your Personal Work Expenses: Lunches etc: Dues ,fees etc: Medical expenses: Drugs: Doctors/dentists: Clothing: Cleaning Laundry: Grooming:</p>	

Entertainment: Current Child Support: Other:	
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Name of Institution: _____ Acct. # _____
Type of Account: _____ Who's Name: _____
Acct. Balance: _____

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Type of Account: _____ Who's Name: _____
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