

**Law Office of Carole Cross**  
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**DIVORCE WORKSHEET**

Who referred you to this office: \_\_\_\_\_

Today's date: \_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

Street Address, City, and Zip Code \_\_\_\_\_

County: \_\_\_\_\_

How long have you lived in that county? \_\_\_\_\_

How long have you lived in Texas? \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Pager/beeper/cell #: \_\_\_\_\_

All E-Mail addresses: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Name and Number of Someone who can reach you at all times: \_\_\_\_\_

Your Employer: \_\_\_\_\_

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

Your Work Phone Number: \_\_\_\_\_

Can you speak at work?      YES              NO

Position/Title: \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

Approximate monthly salary (circle net or gross): \_\_\_\_\_

Health Insurance:      YES      NO              Carrier: \_\_\_\_\_

Persons Carried: \_\_\_\_\_

Other employment benefits (retirement, stock options, etc.) \_\_\_\_\_

**If spouse lives in another state, please provide the addresses where spouse and/or children have lived for the past five (5) years on the back side of this page.**

**Spouse's full legal name:** \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

County: \_\_\_\_\_ How long in that county: \_\_\_\_\_

How long has s/he lived in Texas? \_\_\_\_\_

Physical Description: Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color/style: \_\_\_\_\_ Race: \_\_\_\_\_

Glasses: \_\_\_\_\_ Facial Hair: \_\_\_\_\_ Scars/birthmarks: \_\_\_\_\_ Other: \_\_\_\_\_

What kind of car do they drive?: \_\_\_\_\_ Hours home: \_\_\_\_\_ Hours work: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Their Employer: \_\_\_\_\_

Their Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Position/Title: \_\_\_\_\_

How long has s/he been employed there? \_\_\_\_\_

Approximate monthly salary (circle net or gross) \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Persons Carried: \_\_\_\_\_

Other benefits (retirement, stocks, 401(k), etc.) \_\_\_\_\_

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Date of Marriage \_\_\_\_\_

Place of Marriage (include county): \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Is this the first separation? YES NO

Wife's maiden name: \_\_\_\_\_ Does wife want maiden name restored? YES NO

**Children Born or Adopted to This Marriage**

1. Full legal name: \_\_\_\_\_ MALE OR FEMALE  
Current residence: \_\_\_\_\_ with mother \_\_\_\_\_ with father \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (include county): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Does the child own any property or have any income: YES NO  
If yes, \_\_\_\_\_  
Any special medical or educational needs: YES NO  
If yes, \_\_\_\_\_

2. Full legal name: \_\_\_\_\_ MALE OR FEMALE  
Current residence: \_\_\_\_\_ with mother \_\_\_\_\_ with father \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (include county): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Does the child own any property or have any income: YES NO  
If yes, \_\_\_\_\_  
Any special medical or educational needs: YES NO  
If yes, \_\_\_\_\_

3. Full legal name: \_\_\_\_\_ MALE OR FEMALE  
Current residence: \_\_\_\_\_ with mother \_\_\_\_\_ with father \_\_\_\_\_  
Date of birth (include county): \_\_\_\_\_  
Place of Birth (include county): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Does the child own any property or have any income: YES NO  
If yes, \_\_\_\_\_  
Any special medical or educational needs: YES NO

4. Full legal name: \_\_\_\_\_ MALE OR FEMALE  
Current residence: \_\_\_\_\_ with mother \_\_\_\_\_ with father \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (include county): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Does the child own any property or have any income? YES NO  
If yes, \_\_\_\_\_  
Any special medical or educational needs? YES NO  
If yes, \_\_\_\_\_

Who will have primary care and custody of the children? \_\_\_\_\_

Sole Managing Conservator or Joint Conservator? \_\_\_\_\_

Amount of Child Support:\$ \_\_\_\_\_ / week      every 2 weeks      month

Any other children for whom you are currently paying support?      YES      NO

Any other children for whom s/he is currently paying support?      YES      NO

In Texas, the residence of the party having primary custody is usually restricted to the county of residence. Is there a reason why this does not work in your case? If so explain: \_\_\_\_\_

Do you expect any change in circumstances regarding child support or visitation in the foreseeable future? \_\_\_\_\_

Is there any reason why standard, unsupervised visitation should not be allowed?      YES      NO

If yes, \_\_\_\_\_

**Describe all real property (houses, land) to be divided:** \_\_\_\_\_

Name of Mortgage Company \_\_\_\_\_

**Personal Property**

Car/Truck #1(year and model): \_\_\_\_\_ VIN# \_\_\_\_\_

Name of noteholder (i.e. Ford Motor Credit, etc.) \_\_\_\_\_

Car/Truck #2(year and model): \_\_\_\_\_ VIN# \_\_\_\_\_

Name of noteholder (i.e. Ford Motor Credit, etc.) \_\_\_\_\_

Other (motorcycle, jet ski, trailer, etc.): \_\_\_\_\_

Bank Accounts: (checking, savings, money market) \_\_\_\_\_

**Investments: (stocks, bonds, IRAs, brokerage accounts, etc.** \_\_\_\_\_

**Debts**

List all debts, including credit cards, loans, car payments, etc. regardless of whose name the account is in:

Credit Card #1 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #2 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #3 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #4 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #5 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #6 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #7 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #8 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #9 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Credit Card #10 \_\_\_\_\_ Acc't # \_\_\_\_\_ Am't owed: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Concerns:**

Premarital, Postmarital or Separation Agreements? YES NO Date: \_\_\_\_\_

Bankruptcy? YES NO Date filed: \_\_\_\_\_

IRS Audit or Judgment: \_\_\_\_\_

Military? YES NO Grade: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Restraining order needed: YES NO (if yes, check one or more)

\_\_\_ Harassing and Harming \_\_\_ Exclusive use of residence \_\_\_ Exclusive use of car

\_\_\_ Selling Community Property \_\_\_ Withdrawing funds \_\_\_ Coming into home

\_\_\_ Inventory \_\_\_ Interfering with children \_\_\_ Destroying Property

History of violence: Husband YES NO Wife YES NO

If yes, describe : \_\_\_\_\_

Date: \_\_\_\_\_ City/County: \_\_\_\_\_

