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DECREE/ORDER INFORMATION FORM

HUSBAND:

FULL LEGAL NAME: _____

ADDRESS: _____ APT # _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

BIRTH DATE: _____ AGE: _____ RACE: _____

PLACE OF BIRTH (CITY & STATE): _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

EMPLOYER: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WIFE:

FULL LEGAL NAME: _____

MAIDEN NAME: _____

ADDRESS: _____ APT # _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

BIRTH DATE: _____ AGE: _____ RACE: _____

PLACE OF BIRTH (CITY & STATE): _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE _____

EMPLOYER: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONSERVATORSHIP:

Please complete the attached Rights and Duties from.

VISITATION: _____ STANDARD

[1ST, 3RD & 5TH WEEKENDS - beginning Friday at 6:00 PM and ending Sunday at 6:00 PM, THURSDAYS DURING THE SCHOOL TERM - beginning 6:00 PM and ending at 8:00 PM]

_____ EXTENDED STANDARD

[1ST, 3RD & 5TH WEEKENDS - beginning Friday at the time the child's school is dismissed and ending at the time the child's school resumes after the weekend, THURSDAYS DURING THE SCHOOL TERM - at the time the child's school is dismissed and ending at the time the child's school resumes on Friday]

OR

_____ OTHER VISITATION SCHEDULE

PLEASE SPECIFY: _____

EXCHANGE OF CHILD: [who picks up and who returns child?]

PLEASE SPECIFY: _____

CHILD SUPPORT: Who Pays? _____ How Much? _____

Please see Child Support Info. Sheet attached for an explanation of the Employer's Wage Withholding Order.

Employer's Wage Withholding Order suspended ? _____
[Yes or No]

You MUST notify me if you and your spouse have an agreement that payments shall be made directly to the obligee (person who receives child support) and not through the Texas Child Support Disbursement Unit.

HEALTH INSURANCE: Who Provides? _____
(Uninsured Expenses are shared equally unless agreed otherwise)

DO YOU OR THE OTHER PARTY HAVE CHILDREN FROM A PREVIOUS MARRIAGE? IF SO, HOW MANY AND ARE YOU OR THE OTHER PARTY OBLIGATED TO PAY SUPPORT? _____

INFORMATION ON CHILDREN:

FULL LEGAL NAME: _____ SEX: _____ FEMALE _____ MALE

BIRTHDATE: _____ DRIVER'S LICENSE NUMBER: _____

PLACE OF BIRTH: _____ CITY, STATE _____ COUNTY

SOCIAL SECURITY NUMBER: _____

WHERE DOES HE/SHE LIVE NOW? (ADDRESS) _____

DOES THIS CHILD HAVE A DISABILITY? IF SO, EXPLAIN: _____

FULL LEGAL NAME: _____ SEX: _____ FEMALE _____ MALE

BIRTHDATE: _____ DRIVER'S LICENSE #: _____

PLACE OF BIRTH: _____ CITY _____ STATE _____ COUNTY

SOCIAL SECURITY NUMBER: _____

WHERE DOES HE/SHE LIVE NOW? (ADDRESS) _____

DOES THIS CHILD HAVE A DISABILITY? IF SO, EXPLAIN: _____

FULL LEGAL NAME: _____ SEX: _____ FEMALE _____ MALE

BIRTHDATE: _____ DRIVER'S LICENSE NUMBER: _____

PLACE OF BIRTH: _____ CITY, STATE _____ COUNTY

SOCIAL SECURITY NUMBER: _____

WHERE DOES HE/SHE LIVE NOW? (ADDRESS) _____

DOES THIS CHILD HAVE A DISABILITY? IF SO, EXPLAIN: _____

FULL LEGAL NAME: _____ SEX: _____ FEMALE _____ MALE

BIRTHDATE: _____ DRIVER'S LICENSE #: _____

PLACE OF BIRTH: _____ CITY _____ STATE _____ COUNTY

SOCIAL SECURITY NUMBER: _____

WHERE DOES HE/SHE LIVE NOW? (ADDRESS) _____

DOES THIS CHILD HAVE A DISABILITY? IF SO, EXPLAIN: _____

PROPERTY BOUGHT DURING MARRIAGE

LAND: (PLEASE SUPPLY LEGAL DESCRIPTION AND STREET ADDRESS BELOW AND TELL US WHO WILL BE AWARDED THE PROPERTY OR IF IT WILL BE PUT UP FOR SALE. YOU MUST SUPPLY US WITH A COPY OF YOUR DEED OF TRUST FOR EACH PROPERTY.)

1. _____

2. _____

LIFE INSURANCE: Each Keep Own Policy ? _____ Yes or No

BUSINESS INTERESTS: (If any, please give full name of business and type of business, i.e. Corp., Sole Proprietorship, Partnership, etc.) - Who shall retain business?

1. _____

2. _____

CARS AND TRUCKS: (YEAR, MODEL, MAKE, VIN AND WHO GETS CAR/TRUCK)

1. _____

2. _____

3. _____

4. _____

RETIREMENT/PENSION: (DESCRIPTION, CURRENT BALANCE, IN WHOSE NAME AND IS RETIREMENT/PENSION TO BE SPLIT WITH SPOUSE)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I will need copies of any and all plan booklets, recent account statements.

BANK ACCOUNTS: (BANK, TYPE OF ACCOUNT, ACCOUNT #, WHOSE NAME)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

SEPARATE PROPERTY: (ALL GIFTS, INHERITANCES AND ANYTHING YOU OWNED PRIOR TO THE MARRIAGE)

YOURS: _____

SPOUSES: _____

BILLS TO BE PAID:

NAME OF ACCOUNT: _____ ACCT NO: _____

WHO WILL BE RESPONSIBLE? _____ YOU _____ SPOUSE

NAME OF ACCOUNT: _____ ACCT NO: _____

WHO WILL BE RESPONSIBLE? _____ YOU _____ SPOUSE

NAME OF ACCOUNT: _____ ACCT NO: _____

WHO WILL BE RESPONSIBLE? _____ YOU _____ SPOUSE

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WHO WILL BE RESPONSIBLE? _____ YOU _____ SPOUSE