

PLEASE CIRCLE SPOUSE PAY PERIODS: Monthly Semi-monthly Bi-weekly Weekly

PLEASE STATE SPOUSE'S NET INCOME PER PAY PERIOD: \$ _____

IS HEALTH COVERAGE AVAILABLE THROUGH SPOUSE'S EMPLOYER? YES NO
(PLEASE CIRCLE ONE)

WILL SPOUSE BE RESPONSIBLE FOR PROVIDING HEALTH COVERAGE? YES NO

AMOUNT OF CHILD SUPPORT REQUESTED: _____

Note: Child Support is required to be paid through the Texas State Disbursement Office.

YOUR EMPLOYMENT INFORMATION:

EMPLOYER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SPOUSE'S EMPLOYMENT INFORMATION:

EMPLOYER: _____ **TELEPHONE NO:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WILL SPOUSE SIGN A WAIVER OF SERVICE OF PROCESS? YES NO

IF NO, ADDRESS WHERE SPOUSE CAN BE SERVED: _____

ARE YOU PURCHASING A HOME? _____ **IF YES, WHO IS REQUESTING THE REAL PROPERTY?** _____

(You will need to provide us with a copy of the Deed or other document which provides a legal description of the real property, as well as the recording information)

PERSONAL PROPERTY INFORMATION:

If personal property (i.e., vehicles, furniture) has not been agreed on, you will need to provide a list of which party is to be awarded the items.

INDEBTEDNESS INCURRED DURING THE MARRIAGE:

If indebtedness has not been agreed on, you will need to provide a listing of which party is to pay which debts.

ARE THERE ANY PROTECTIVE ORDERS IN EFFECT? YES NO

NAME/ADDRESS & TELEPHONE NUMBER OF NEAREST RELATIVE OR FRIEND WE CAN CONTACT TO REACH IN THE EVENT YOU ARE NOT AT WORK OR HOME:

_____ Telephone () _____
(Name)

(Address)

_____ Zip code
(city) (State)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

(DATE)

(SIGNATURE)