

# **DIVORCE INFORMATION SHEET**

Today's Date: \_\_\_\_\_

## **Client Information:**

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

Maiden Name (*if applicable*): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Employer Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, County and State)

Social Security #: \_\_\_\_\_ TX Driver's License #: \_\_\_\_\_

## **Spouse Information:**

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

Maiden Name (*if applicable*): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Employer Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, County and State)

Social Security #: \_\_\_\_\_ TX Driver's License #: \_\_\_\_\_

Name of Attorney for Spouse, if known: \_\_\_\_\_

**Children Information:**

Full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, County and State)

Social Security #: \_\_\_\_\_ TX Driver's License #: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, County and State)

Social Security #: \_\_\_\_\_ TX Driver's License #: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, County and State)

Social Security #: \_\_\_\_\_ TX Driver's License #: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, County and State)

Social Security #: \_\_\_\_\_ TX Driver's License #: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage (*city & state*): \_\_\_\_\_

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

County in which you reside: \_\_\_\_\_ How long in that county? \_\_\_\_\_

County in which spouse resides: \_\_\_\_\_ How long? \_\_\_\_\_

Do you want your name changed? Yes or No

# CITATION SERVICE INFORMATION SHEET

Failure to complete the following information may delay service and could incur additional fees

Name of Respondent/Petitioner: \_\_\_\_\_

Name Resp/Pet goes by: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name of Apartment Complex (if applicable): \_\_\_\_\_

Best hours at home: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Hours/Schedule: \_\_\_\_\_

## Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Race/Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Circle one: short / long                      straight / wavy / curly

Body Build (circle): small / medium / large

Any Noticeable Characteristics (e.g., glasses, beard, mustache, scars, tattoos, etc.):

\_\_\_\_\_  
\_\_\_\_\_

## Automobile Description

Year & Make: \_\_\_\_\_ Model: \_\_\_\_\_

License #: \_\_\_\_\_ Color: \_\_\_\_\_

Describe body damage, tinted windows, bumper stickers, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Will Respondent/Petitioner evade service? Yes or No

Could the Respondent/Petitioner be potentially dangerous to the process server? Yes or No

If yes, explain why: \_\_\_\_\_

\_\_\_\_\_  
Name of person filling out this form (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

***\*\*It is imperative that the possibility of having the Respondent/Petitioner served is NOT discussed as this often intimidates the person into "hiding" and creates unnecessary complications for you, my office, and the official attempting the service\*\****