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### Divorce Intake Form

**Please complete this form, disregarding any question that does not pertain to you or your case. Please return this form to me as soon as possible.**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Has your spouse already filed for divorce? ☐ Yes ☐ No.

If Yes, have you been served? ☐ Yes ☐ No. If Yes, when? \_\_\_\_\_

#### CLIENT

1. Name (first, middle, last): \_\_\_\_\_

2. Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

3. Email: \_\_\_\_\_ Confidential: ☐

4. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

5. Address: \_\_\_\_\_

6. County: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

7. Have you been a resident in the State of Texas for the last 6 months? ☐ Yes ☐ No

8. Have you been a resident in your County for the last 90 days? ☐ Yes ☐ No

9. Employer: \_\_\_\_\_

10. Employer Address: \_\_\_\_\_

11. Position: \_\_\_\_\_

12. Length of Employment: \_\_\_\_\_

13. Annual Gross Income: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

14. Prior military service? ☐ Yes ☐ No

#### OPPOSING SIDE

1. ☐ Husband ☐ Wife ☐ Common Law Partner

2. Name (first, middle, last): \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Cell:\_\_\_\_\_ Work:\_\_\_\_\_ Home:\_\_\_\_\_
5. Date of Birth:\_\_\_\_\_ Age:\_\_\_\_\_
6. Employer:\_\_\_\_\_
7. Employer Address:\_\_\_\_\_
8. Position:\_\_\_\_\_
9. Length of Employment:\_\_\_\_\_
10. Annual Gross Income:\_\_\_\_\_ Hourly Rate:\_\_\_\_\_
11. Prior military service? ☐ Yes ☐ No

### **DETAILS OF MARRIAGE**

1. Date of Marriage:\_\_\_\_\_ Date of Separation:\_\_\_\_\_
2. Location of Marriage (City, State):\_\_\_\_\_
3. Current Living Arrangement: ☐ Living in Same Home ☐ Living Separate and Apart
4. If you are the Wife, do you want to be restored to a former name? If so, provide your former name (first, middle, last):\_\_\_\_\_

### **INFORMATION REGARDING CHILDREN**

**Complete this section only if there are minor children born or adopted during this marriage.**

**Provide information for additional children in the "Comments" section at the end.**

#### **Child #1**

1. Name (first, middle, last):\_\_\_\_\_
2. Date of Birth:\_\_\_\_\_ Age:\_\_\_\_\_ Gender: ☐ Female ☐ Male
3. Social Security Number:\_\_\_\_\_
4. Name of School or Daycare:\_\_\_\_\_ Grade Level:\_\_\_\_\_
5. With Whom does the Child Live Primarily:\_\_\_\_\_
6. Was Child Adopted? ☐ I Adopted ☐ Spouse Adopted ☐ Both Adopted

#### **Child #2**

1. Name (first, middle, last):\_\_\_\_\_
2. Date of Birth:\_\_\_\_\_ Age:\_\_\_\_\_ Gender: ☐ Female ☐ Male
3. Social Security Number:\_\_\_\_\_
4. Name of School or Daycare:\_\_\_\_\_ Grade Level:\_\_\_\_\_
5. With Whom does the Child Live Primarily:\_\_\_\_\_
6. Was Child Adopted? ☐ I Adopted ☐ Spouse Adopted ☐ Both Adopted

**Child #3**

1. Name (first, middle, last): \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female ☐ Male
3. Social Security Number: \_\_\_\_\_
4. Name of School or Daycare: \_\_\_\_\_ Grade Level: \_\_\_\_\_
5. With Whom does the Child Live Primarily: \_\_\_\_\_
6. Was Child Adopted? ☐ I Adopted ☐ Spouse Adopted ☐ Both Adopted

**Child #4**

1. Name (first, middle, last): \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female ☐ Male
3. Social Security Number: \_\_\_\_\_
4. Name of School or Daycare: \_\_\_\_\_ Grade Level: \_\_\_\_\_
5. With Whom does the Child Live Primarily: \_\_\_\_\_
6. Was Child Adopted? ☐ I Adopted ☐ Spouse Adopted ☐ Both Adopted

**Child #5**

7. Name (first, middle, last): \_\_\_\_\_
8. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Female ☐ Male
9. Social Security Number: \_\_\_\_\_
10. Name of School or Daycare: \_\_\_\_\_ Grade Level: \_\_\_\_\_
11. With Whom does the Child Live Primarily: \_\_\_\_\_
12. Was Child Adopted? ☐ I Adopted ☐ Spouse Adopted ☐ Both Adopted

1. Was a child born to Wife during the marriage that is not a child of Husband? ☐ Yes ☐ No
2. Have either you or your spouse participated as a party, witness, or in any other capacity, in any type of litigation concerning the custody of your child(ren) in this or any other state? ☐ Yes ☐ No. If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Is there a custody proceeding concerning your child(ren) now pending in any Court of this State, or any other State? ☐ Yes ☐ No. If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

4. Is there any other person or entity who has physical custody of your child(ren) or claims a right to custody or visitation? ☐ Yes ☐ No. If Yes, explain: \_\_\_\_\_

5. List all addresses where you, your spouse and the minor child(ren) have lived for the last five (5) years, in chronological order, with your current address listed first.

Dates (i.e. "December 2013 to May 2015")	Address	Individuals in the Home (i.e. mom, dad, children, step-children, grandparents).

6. Who do you propose have conservatorship (custody)? ☐ Mother ☐ Father ☐ Joint

7. What possession (visitation) arrangement do you propose? \_\_\_\_\_

8. For any child(ren) twelve (12) years of age or older, who do they want to live with primarily? ☐ Mother ☐ Father ☐ Both equally ☐ Unknown

9. Do any of the children have special medical, educational, mental health, or developmental needs? ☐ Yes ☐ No. If Yes, explain: \_\_\_\_\_

### **STATE ASSISTANCE**

**Complete this section only if there are minor children born or adopted during this marriage.**

1. Do your children receive assistance such as TANF, Medicaid, CHIP, or childcare subsidies? ☐ Yes ☐ No. If Yes, what? \_\_\_\_\_
2. Has child support already been established by Court Order? ☐ Yes ☐ No
  - a. If Yes, what is the case number: \_\_\_\_\_

### **INDIAN DESCENT**

**Complete this section only if there are minor children born or adopted during this marriage.**

1. Are you of Indian descent? ☐ Yes ☐ No
  - a. If Yes, name of Tribe: \_\_\_\_\_ On Tribal Rolls? ☐ Yes ☐ No
  - b. Are the children on the Tribal Rolls? ☐ Yes ☐ No. If Yes, Roll Number: \_\_\_\_\_
2. Is your spouse of Indian descent? ☐ Yes ☐ No
  - a. If Yes, name of Tribe: \_\_\_\_\_ On Tribal Rolls? ☐ Yes ☐ No
  - b. Are the children on the Tribal Rolls? ☐ Yes ☐ No. If Yes, Roll Number: \_\_\_\_\_

### **HEALTH INSURANCE**

1. Who provides health insurance coverage for the children? ☐ Self (employer provided) ☐ Spouse (employer provided) ☐ Medicaid ☐ CHIP ☐ None ☐ Other
2. List all individuals covered by the policy: \_\_\_\_\_  
\_\_\_\_\_
3. *If you provide insurance for yourself, your spouse, or your children, provide a copy of the policy.*

### **CHILD CARE**

**Complete this section only if there are minor children born or adopted during this marriage.**

1. Name of Child Care Center: \_\_\_\_\_
2. Which children are in child care? \_\_\_\_\_
3. Weekly cost? \_\_\_\_\_
4. Who currently pays for the child care? ☐ Mother ☐ Father ☐ Both
5. *Provide documentation of child care paid (i.e. statement from child care facility showing payments received).*

### **PRIOR CHILDREN**

**Complete this section only if there are minor children born or adopted during this marriage.**

1. Do you have children from a prior relationship? ☐ Yes ☐ No
  - a. If Yes, who has custody of those children? \_\_\_\_\_
  - b. Do you pay or receive child support? ☐ Pay ☐ Receive ☐ Neither
    - i. If child support is paid or received, how much each month? \_\_\_\_\_
    - ii. *Provide a copy of that Court Order.*
2. Does your spouse have children from a prior relationship? ☐ Yes ☐ No
  - a. If Yes, who has custody of those children? \_\_\_\_\_
  - b. Does your spouse pay or receive child support? ☐ Pay ☐ Receive ☐ Neither
    - i. If child support is paid or received, how much each month? \_\_\_\_\_
    - ii. *Provide a copy of that Court Order, if you have it.*

### **CRIMINAL HISTORY**

1. Is there drug use by either parent? ☐ Yes ☐ No. If Yes, by whom? \_\_\_\_\_
2. Is there a history of domestic or child abuse in the home? ☐ Yes ☐ No. If Yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
3. Is there a Protective Order in place against either you or your spouse? ☐ Yes ☐ No. If Yes, please provide the county, case number, and reason for the VPO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you have any criminal convictions (including deferred sentences) or any pending criminal cases? ☐ Yes ☐ No. If Yes, please provide the county, case number, and charge(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does your spouse have any criminal convictions (including deferred sentences) or any pending criminal cases? ☐ Yes ☐ No. If Yes, please provide the county, case number, and charge(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Does any individual living in either home have any criminal convictions (including deferred sentences) or any pending criminal cases? ☐ Yes ☐ No. If Yes, please provide the county, case number, and charge(s): \_\_\_\_\_
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**INCOME INFORMATION**

1. *Provide copies of all personal and business Federal Income Tax Returns for the last two (2) years.*
2. *Provide paystubs from your employer(s) for the last two (2) months.*
3. Provide the following information:

Monthly Income Information	Husband	Wife
1. Gross income from salary and wages, including commissions, bonuses, allowances and overtime		
2. Income is paid weekly, bi-weekly, or monthly		
3. Income from Pensions or Retirement		
4. Income from Social Security		
5. Income from Disability or Unemployment Insurance		
6. Income from Public Assistance (i.e. welfare, AFDC payments)		
7. Child Support received for prior children		
8. Other (please specify)		

### **SEPARATE PROPERTY**

1. List all property that was acquired by either you or your spouse (1) prior to marriage, (2) by inheritance, or (3) since the date of separation.

Asset	Date Acquired	Current Possession	Who's Separate Property?

### **COMMUNITY ASSETS**

1. Automobiles

Year, Make and Model	How is Title Held	Current Retail Value	Balance of Loan	Monthly Payment

*Provide copies of all titles.*

2. Securities (i.e. stocks, bonds)

Name of Company	Policy Number	Face Amount	Cash Value Accumulated

*Provide Copies.*



3. Check and Deposit Accounts (bank accounts – checking and savings, savings & loans, credit unions)

Bank Name	Account Number	Type of Account	Balance on Date of Separation	Balance on Date of Petition

*Provide statements for the past six (6) months for all bank accounts, regardless if they are in your individual name or held jointly, even if you had the account prior to marriage.*

4. Life Insurance

Name of Company	Policy Number	Owner and Beneficiary	Face Amount	Cash Value

*Provide copies.*

5. Profit Sharing, 401K, Retirement

Name of Account	Owner	Balance on Date of Marriage	Balance on Date of Separation

*Provide copies.*

6. Real Estate

Address	
Type of Property	
Date of Purchase	
Name(s) on Deed	
Present Value	
Mortgage Holder	
Mortgage Balance	
Monthly Mortgage Payment	
Liens on the Property	

*Provide a copy of the deed, any appraisals, and mortgage balance history.*

7. Business Interest

Name of Business	Share	Type of Business	Current Value	Debt

8. Other Assets Not Specified Above

Asset	Date Acquired	Source of Acquisition	Current Possession	Current Value

**SEPARATE DEBTS**

1. List all debts which were acquired by either you or your spouse (1) prior to marriage, or (2) since the date of separation:

Creditor	Whose Debt	Date Acquired	Balance	Monthly Payment

*Provide documentation showing all debt in either you or your spouse's name, showing the most recent balance due and payment terms.*

### **COMMUNITY DEBTS**

1. List all debts that were acquired by either you or your spouse during the marriage, regardless of whether they are held in an individual name, or held jointly.

Creditor	Last 4 Digits of Account/ Card Number	In Whose Name (i.e. self, spouse, both)	Balance	Monthly Payment

*Provide documentation showing all debt in either you or your spouse's name, showing the most recent balance due and payment terms.*

### **TEMPORARY ORDERS**

1. If this is a contested case and you want a temporary order while this case is pending, please indicate the following:
- a. Possession of the marital residence to whom? ☐ Self ☐ Spouse
  - b. Conservatorship (custody) of the minor child(ren)? ☐ Joint ☐ Self ☐ Spouse
  - c. Child support paid by whom? ☐ Neither ☐ Self ☐ Spouse
  - d. What possession (visitation) arrangement are you requesting? \_\_\_\_\_

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

3. Amount of temporary spousal support/alimony? \_\_\_\_\_ or ☐ None
4. Does the cell phone plan need to be split? ☐ Yes ☐ No
5. Temporary possession of vehicles:
- a. Year/Make/Model \_\_\_\_\_ To Whom: \_\_\_\_\_
- b. Year/Make/Model \_\_\_\_\_ To Whom: \_\_\_\_\_
6. Debts temporarily paid by whom?

Creditor/Purpose of Debt i.e. mortgage payment, credit card, vehicle payment, vehicle insurance	Monthly Payment	Who Should Pay

**COMMENTS**

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I have read the above and foregoing document and have provided the information as requested. The information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

## **DOCUMENT CHECKLIST**

**The following is a list of documents and items I will need in regards to your case.**

**Please begin gathering these items now, as many may be time consuming. Please retain this page for your use.**

1. A copy of your driver's license/ID.
2. Copy of all personal and business Federal Income Tax Returns, for the last two (2) years.
3. Paystubs (or other proof of income) from your employer(s) for the last two (2) months.
4. Statements for the last six (6) months for all bank accounts, regardless of if they are in your separate name or held jointly, even if you had the account prior to marriage.
5. Documentation showing all debt in either you or your spouse's name, showing the most recent balance due and payment terms, regardless of whether it is a separate or community debt.
6. Vehicle insurance policies.
7. Copies of all titles for assets, regardless of whether it is separate or community property.
8. Copy of all securities (i.e. stocks, bonds).
9. Copy of all life insurance policies.
10. Copy of all profit sharing, 401K, Pension statements and retirement accounts showing the balance on the date of marriage, and then also the balance on the date of separation.
11. Copy of deeds, any appraisals, and a mortgage balance history for any real estate owned.
12. Any child support order currently in place for the children of your marriage, or for prior children of either you or your spouse.
13. If you provide insurance for yourself, your spouse, or your children, provide a copy of the policy.
14. Documentation of child care paid (i.e. statement from child care facility showing payments received).
15. Child related costs you have paid since separation, which your spouse has not yet partially reimbursed you for (i.e. out-of-pocket medical expenses for your children, daycare, tuition).
16. Photographs or videos of your family, children, and/or home that you believe will assist you in your case.
17. Copy of any court or police document that pertains to your family and/or children.
18. Copy of any school or medical record that pertains to your family and/or children that you believe will be relevant in your case.
19. Copy of Prenuptial Agreement.