

**The Law Offices of Shelly B. West**

One Meadows Building  
5005 Greenville Ave, Suite 200  
Dallas, Texas 75206  
**214-373-9292**  
www.edallasattorney.com

**ANNULMENT  
INFORMATION SHEET**

Date of Consultation: \_\_\_\_\_ Referred by: \_\_\_\_\_  
(today's date)

**PETITIONER:** (If you are filing a new case you are the Petitioner.)

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate / Place: \_\_\_\_\_ D.L. No. & State \_\_\_\_\_

Home Address & County: \_\_\_\_\_

Telephone Numbers: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Other numbers: (Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

Salary/Income: \_\_\_\_\_

**RESPONDENT:** (If you are responding to a case that was filed against you, you are the Respondent.)

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate / Place: \_\_\_\_\_ D.L. No. & State \_\_\_\_\_

Home Address & County: \_\_\_\_\_

Telephone Numbers: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

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

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

Salary/Income: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

**MARRIAGE:**

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

**CHILDREN FROM THIS MARRIAGE UNDER 18:**

Name	S.S. Number	Sex	Birthdate	Birthplace
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_ Temporary Orders Desired?  
\_\_\_\_\_ Extraordinary Relief Desired? \_\_\_\_\_  
\_\_\_\_\_ Change of Name Desired? To What? \_\_\_\_\_  
\_\_\_\_\_ Request Award of Attorney's Fees?  
\_\_\_\_\_ Waiver or Service?  
\_\_\_\_\_ Property Division: \_\_\_\_\_

Why do you feel you might qualify for an annulment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY**

**REAL PROPERTY:** \_\_\_\_\_

Legal Description: \_\_\_\_\_

When Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Present Value: \_\_\_\_\_

**REAL PROPERTY:** \_\_\_\_\_

Legal Description: \_\_\_\_\_

When Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Present Value: \_\_\_\_\_

**VEHICLES:**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ When Acquired: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ When Acquired: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ When Acquired: \_\_\_\_\_

**FINANCIAL INSTITUTIONS:**

Name of Institution: \_\_\_\_\_ Acct. # \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Whose Name: \_\_\_\_\_

Acct. Balance: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

**RETIREMENT ACCOUNTS:**

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Whose Name: \_\_\_\_\_

Opening Date: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Whose Name: \_\_\_\_\_

Opening Date: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Whose Name: \_\_\_\_\_

Opening Date: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Whose Name: \_\_\_\_\_

Opening Date: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Whose Name: \_\_\_\_\_

Opening Date: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Whose Name: \_\_\_\_\_

Opening Date: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Balance: \_\_\_\_\_

Whose Name: \_\_\_\_\_

Opening Date: \_\_\_\_\_

**DEBTS:**

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_

Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_  
Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_  
Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_  
Whose Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Acct. Balance: \_\_\_\_\_

Acct. # \_\_\_\_\_  
Whose Name: \_\_\_\_\_

Who is/are the child(ren) living with now and for what period of time: \_\_\_\_\_

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

Have you been to court before in this matter? \_\_\_\_\_

When and Why? \_\_\_\_\_

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

Cause No. (Case No.) and County of case \_\_\_\_\_

(Please provide the latest order)

**ACKNOWLEDGEMENT OF ALTERNATIVE DISPUTE RESOLUTION**

I am aware that it is the policy of the State of Texas to promote the amicable and non-judicial settlement of disputes involving children and families. I am aware of alternative dispute resolution methods including mediation. While I recognize that alternative dispute resolution is an alternative to and not a substitute for a trial, and that this case may be tried if it is not settled, I represent of the court that I will attempt in good faith to resolve contested issues in this case by alternative dispute resolution without the necessity of Court intervention.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Printed Name)

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

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IN THE DISTRICT COURT  
 \_\_\_\_\_ JUDICIAL DISTRICT  
 \_\_\_\_\_ COUNTY, TEXAS

**FINANCIAL INFORMATION STATEMENT**  
**(Required in All Financial Hearings)**

MONTHLY EXPENSES PRESENT	MONTHLY EXPENSES (cont.) PRESENT
<u>HOUSING</u>	<u>YOUR CHILDREN</u>
House Mortgage/Rent _____	Child Care _____
Utilities _____	School Tuition, Fees _____
(Gas, water, etc.) _____	Lunches _____
Maintenance & Repair _____	Supplies _____
Other _____	Medical Expenses _____
	(not covered by ins) _____
<u>TRANSPORTATION</u>	Drugs _____
Car Payment/Lease _____	Doctors, Dentists _____
Gas, Oil, Maintenance _____	Grooming _____
Parking & Tolls _____	Entertainment _____
	Sports, Lessons, etc. _____
<u>INSURANCE</u>	Other: _____
Auto _____	_____
Life _____	_____
Medical _____	_____
Other _____	_____
	<u>TOTAL EXPENSES</u> _____
<u>GROCERIES</u>	INCOME: (attach current pay stubs)
Food & Household Supplies _____	[ ] paid monthly [ ] paid semi-monthly
	[ ] paid weekly [ ] paid every two weeks
<u>YOUR PERSONAL</u>	_____
Work Expenses:	GROSS INCOME _____
Lunches, etc. _____	<u>DEDUCTIONS</u> _____
Dues, Fees, etc. _____	Withholding Tax _____
Medical Expenses _____	FICA _____
(not paid by ins):	Mandatory Retirement _____
Drugs _____	Medical Insurance _____
Doctors, Dentists _____	Children _____
Clothing _____	Other Family _____
Cleaning, Laundry _____	Life Insurance _____
Grooming _____	Other _____
Entertainment _____	<u>OTHER</u> _____
Current Child Support _____	<u>LIQUID ASSETS</u> _____
Other: _____	_____
_____	
_____	
<u>CREDIT CARD/DEBTS</u>	
_____	
_____	
<u>Monthly Attorney Fees</u> _____	
	I hereby certify that the answers to the above questions as listed are true and correct.
	_____ Date _____ Signed _____