

## DIVORCE QUESTIONNAIRE

CTS No.: \_\_\_\_\_ [office use only]

**PLEASE ANSWER ALL QUESTIONS IN THIS APPLICATION. IF YOU FAIL TO ANSWER THE QUESTIONS MARKED IN BOLD, YOUR APPLICATION WILL BE AUTOMATICALLY REJECTED. THE FOLLOWING INFORMATION IS FOR OUR USE ONLY. WE WILL LET YOU KNOW IF YOUR APPLICATION HAS BEEN ACCEPTED WITHIN FOUR WEEKS.**

**Applicant Name:** \_\_\_\_\_  
  **First Name**  **Middle Name**  **Last Name**

**Do you have a pending case in court?** **Yes:**\_\_\_\_\_ **No:**\_\_\_\_\_

If you answered “yes,” what is the cause number? \_\_\_\_\_

When was the case filed? \_\_\_\_\_

Was the case filed by you or your spouse? \_\_\_\_\_

If the case was filed by your spouse, when were you served? \_\_\_\_\_

If the case was filed by your spouse and you were served, did you file an answer? Yes \_\_\_\_\_ No \_\_\_\_\_

If the case was filed by you, did you have an attorney? \_\_\_\_\_

What date is your next court hearing? \_\_\_\_\_

Are you receiving services from Family Violence Prevention Services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered “yes,” what services are you receiving? \_\_\_\_\_

How did you access this application for legal services?

\_\_\_ Walk-in                                   \_\_\_ Phone                                   \_\_\_ Our Website                           \_\_\_ Referral

If you were referred to our agency, how did you find out about our services?

- |   |   |
|---|---|
| ___ Battered Women and Children’s Shelter | ___ Public Library                          |
| ___ Homeless Shelter _____                | ___ Counselor _____                         |
| ___ Family Justice Center                 | ___ Police Department                       |
| ___ Court                                 | ___ Attorney _____                          |
| ___ County Clerk                          | ___ Sheriff                                 |
| ___ District Clerk                        | ___ St. Mary’s University Clinical Programs |
| ___ Flyer                                 | ___ Social Worker _____                     |
| ___ TV Advertisement                      | ___ Texas RioGrande Legal Aid               |
| ___ Radio Advertisement                   | ___ Catholic Charities                      |
| ___ Previous Client                       | ___ Website                                 |
| ___ Health and Human Services             | ___ Other _____                             |

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7911 Broadway, San Antonio, Texas 78209, Fax: (210) 314-1016*

**YOUR INFORMATION**

1. \_\_\_\_\_  
**First Name**                                  **Middle Name**                                  **Last Name**

\_\_\_\_\_ Do you want your maiden name restored? Yes: \_\_\_ No: \_\_\_

**Maiden Name**

2. **Your Address:** \_\_\_\_\_  
**Street**    **Apartment/Building**

\_\_\_\_\_

**City**    **State**                                  **Zip code**

Is it safe to receive mail at the above address? \_\_\_\_\_

Alternate Safe Mailing Address (in the event you move from your current address):

\_\_\_\_\_

**Street**    **Apartment/Building**

\_\_\_\_\_

**City**    **State**                                  **Zip code**

**County of Residence:** \_\_\_\_\_

**How long have you lived in your county of residence?** \_\_\_\_\_

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

Does your spouse know where you are residing? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "no," do you want your address kept confidential? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Please record the contact information where our agency can reach you in the spaces below.

**Home Phone:** \_\_\_\_\_ **Is this number safe?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Is this number safe?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Is this number safe?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Is this email address safe?** Yes \_\_\_\_\_ No \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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4. Below, please provide some information about yourself. If you do not have a Social Security Number or Driver's License, please write "N/A" in the appropriate space(s).

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License:** \_\_\_\_\_ **State of License:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Sex (female/male):** \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City State Country

5. Please record your citizenship or immigration information below. If a category does not apply to you, please write "N/A" in the appropriate space(s).

**Are you a U.S. Citizen? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If not, do you have a VISA? \_\_\_\_\_ Work Pass? \_\_\_\_\_ Other? \_\_\_\_\_**

**Are you a Permanent Resident? \_\_\_\_\_ Are you Undocumented? \_\_\_\_\_**

6. Are you currently in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Current rank? \_\_\_\_\_ Number of years? \_\_\_\_\_

Active Duty or Reserves? \_\_\_\_\_ Which Base? \_\_\_\_\_

Are you retired or separated from the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ Were you honorably discharged? \_\_\_\_\_

7. Are you living by yourself? \_\_\_ with your spouse? \_\_\_ with relatives? \_\_\_ with a friend? \_\_\_

Name(s): \_\_\_\_\_

Relationship(s): \_\_\_\_\_

8. \_\_\_\_\_

Employer Name Address

How long have you been employed there? \_\_\_\_\_

Are you full-time or part-time? \_\_\_\_\_

**If you are not currently employed, please answer the following:**

**Have you ever been employed? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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**If you answered “no,” please explain below why you have never been employed:**

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**If you answered “yes,” please provide the following information:**

**Dates of last employment:** \_\_\_\_\_

**Name of last employer:** \_\_\_\_\_

**Why are you not currently employed?** \_\_\_\_\_

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Below, please list any bad facts (e.g. alcohol/drug abuse, criminal record, mental health issues, family violence) that your spouse may try to use against you in court:

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**FAMILY VIOLENCE**

Family or domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic, and psychological actions or threats of actions that influence another person. It includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone. Domestic violence may result in emotional trauma and physical injury and may include the abuse of children and other family members, as well as intimate partners.

A protective order is a civil court order issued to prevent continuing acts of family violence. It may prohibit the offender from committing further acts of family violence, harassing or threatening the victim directly or indirectly, or going to or near a school or day-care center that a child protected under the order attends.

9. Do you have a Protective Order? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If you answered “yes,” please provide a copy to our office.**

10. If you do not have a Protective Order, do you feel you need one? Yes \_\_\_\_\_ No \_\_\_\_\_

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11. Have you ever filed charges against your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If charges have been filed against your spouse, are you aware of any scheduled court dates?

If you answered "yes," what are the dates? \_\_\_\_\_

To assist our agency in assessing the urgency of your case, please state the nature of the violence that happened to you and/or your children. Give the month, day, and year of each incident and explain what the adverse party did. Please note if there are police reports and, if so, give the case numbers. Please include ALL the incidents of violence you experienced, including those that are not very recent and those that did not involve the police. If you do not remember the dates of incidents of violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long period of time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and explain the frequency with which it happened. You may copy this page, if needed.

**Date of Incident:** \_\_\_\_\_ **or Frequency of Abuse:** \_\_\_\_\_

**Location of Violence:** \_\_\_\_\_

**Description of Violence:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were the police contacted? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If the police were contacted, was your spouse arrested? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Date of Incident: \_\_\_\_\_ or Frequency of Abuse: \_\_\_\_\_

Location of Violence: \_\_\_\_\_

Description of Violence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the police contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

If the police were contacted, was your spouse arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Incident: \_\_\_\_\_ or Frequency of Abuse: \_\_\_\_\_

Location of Violence: \_\_\_\_\_

Description of Violence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the police contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

If the police were contacted, was your spouse arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

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**SPOUSE INFORMATION**

12. \_\_\_\_\_  
**First Name**                      **Middle Name**                      **Last Name**                      **Maiden Name**

13. **Address:** \_\_\_\_\_  
**Street**    **Apartment/Building**

\_\_\_\_\_ **City**    **State**    **Zip Code**

**If you cannot provide us with an address for your spouse, please state why you cannot:**

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

**If you cannot provide us with an address for your spouse, are you aware of an address where he/she might be found (such as a place of work or a relative’s address)?** Yes \_\_\_\_\_ No \_\_\_\_\_

14. Spouse Lives With: \_\_\_\_\_ Relationship: \_\_\_\_\_

15. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver’s License: \_\_\_\_\_ State of License: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex (male/female) : \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

16. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

17. Is your spouse currently in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Current rank? \_\_\_\_\_ Number of years? \_\_\_\_\_

Active Duty or Reserves? \_\_\_\_\_ Which Base? \_\_\_\_\_

Is your spouse retired or separated from the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ Was he/she honorably discharged? \_\_\_\_\_

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18. Spouse's Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

How long has your spouse been employed there? \_\_\_\_\_

Yearly Income \$ \_\_\_\_\_ Per hour \$ \_\_\_\_\_ Per month \$ \_\_\_\_\_

19. Other sources of spouse's income: Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_ Worker's Compensation \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Dates he/she started receiving these benefits: \_\_\_\_\_

20. How long has your spouse lived in his/her county of residence? \_\_\_\_\_

How long has your spouse lived in his/her state of residence? \_\_\_\_\_

Is your spouse a U.S. Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

21. Does your spouse have a mental or physical condition? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," explain the condition and indicate whether he/she has any diagnosis:

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

22. Where may your spouse be served (other than his/her home address) with divorce papers?

Address: \_\_\_\_\_  
Street City State Zip

Who lives there? \_\_\_\_\_

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23. Has your spouse ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," please provide details of the arrest(s):

<u>Date of arrest</u>	<u>Place of arrest</u>	<u>Reason/Charge</u>

**MARRIAGE INFORMATION**

24. Date of marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you formally married (married by a court or church)? Yes \_\_\_\_\_ No \_\_\_\_\_

If you **are not** formally married, do you have a common law marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Place of marriage (city and state only): \_\_\_\_\_

26. Are you and your spouse still living together? \_\_\_\_\_

27. If not, what is the Date of Separation? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you and your spouse are separated, has your spouse visited the child/ren? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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28. **List all of your minor children, even if they have different parents and even if they are not currently living with you:**

**Child #1** Sex: \_\_\_\_\_

**Child #2** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's School/Daycare

\_\_\_\_\_  
Child's School/Daycare

**Child #3** Sex: \_\_\_\_\_

**Child #4** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's School/Daycare

\_\_\_\_\_  
Child's School/Daycare

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**Child #5** Sex: \_\_\_\_\_

**Child #6** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's School/Daycare

\_\_\_\_\_  
Child's School/Daycare

29. Are all of your minor children currently living with you? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "No," please state the names of the children, where they are presently living, and explain why they are currently living apart from you:

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

30. Do you want custody of the minor children you have with your spouse? \_\_\_\_\_

Does your spouse want custody of your minor children? \_\_\_\_\_

31. Are you pregnant? \_\_\_\_\_ If yes, when is your due date? \_\_\_\_\_

Who is the father of the child? \_\_\_\_\_

Does your spouse know you are pregnant? \_\_\_\_\_

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32. Do all of the children you are seeking custody of have their father's last name on their birth certificate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, name the children \_\_\_\_\_

33. Name of any children OVER 18 years and still enrolled in school: \_\_\_\_\_

34. Name of any children UNDER 18 years and married:  
\_\_\_\_\_

35. Name of any children with mental/physical disabilities:

Child's Name	Type of Disability	Medical Expenses
_____	_____	\$ _____

Child's Name	Type of Disability	Medical Expenses
_____	_____	\$ _____

36. Does any child own any property, such as a bank savings account, land, car, motorcycle, or anything else of value? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," list the property and its value:

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

37. Has anyone from CHILD PROTECTIVE SERVICES ever contacted you? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," please provide the case worker's name, phone number, and the circumstances:

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

38. Have you contacted the Attorney General's office for child support? Yes \_\_\_\_\_ No \_\_\_\_\_

39. Have you or your spouse been to court for child support? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If you answered "yes," provide copies of any court orders to our office.**

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**PROPERTY INFORMATION**

**REAL PROPERTY**

40. If you own any property, please provide details about it below. If you rent a home or apartment or live in another person's home or apartment, please write "N/A" below.

<b>Street</b>	<b>Apartment/Building</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>

41. List Property Description as it appears on Property Deed: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ New City Block (NCB): \_\_\_\_\_

42. Name & Address of Mortgage Company: \_\_\_\_\_

43. Fair Market Value of Property: \_\_\_\_\_

44. Mortgage Balance: \_\_\_\_\_

45. Monthly Payments: \_\_\_\_\_ Who makes the payments? \_\_\_\_\_

46. Date you and spouse purchased this home? \_\_\_\_\_

47. Do you own any other property? Yes: \_\_\_\_\_ No: \_\_\_\_\_

48. Where is the property and what is it used for? \_\_\_\_\_

49. In whose name is the property? \_\_\_\_\_ When was it purchased? \_\_\_\_\_

50. What is its value? \_\_\_\_\_

**Please provide copies of property documents to our office.**

**AUTOMOBILES**

**51. Do you have any motor vehicles in your possession? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you answered "yes," what are the make, model, year, and vehicle identification number?**

\_\_\_\_\_

52. To whom do you make the payments & how much? \_\_\_\_\_

53. Does your spouse have any motor vehicles in his possession? Yes \_\_\_\_\_ No \_\_\_\_\_

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If you answered "yes," what are the make, model, year, and vehicle identification number?

\_\_\_\_\_

BANK ACCOUNTS

54. Do you have any bank accounts in your name? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," please provide the details below:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

55. Does your spouse have any bank accounts in his/her name only? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," please provide the details below:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

56. Do you have any joint bank accounts with your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," please provide the details below:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

INSURANCE

57. Does your spouse have life insurance on himself or the children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of company and account number: \_\_\_\_\_

58. Do you have medical insurance on yourself and the children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of company and account number: \_\_\_\_\_

59. Do you have a retirement plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," please provide the following details:

Company Name: \_\_\_\_\_

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

Dates of employment: \_\_\_\_\_

Balance on the retirement account: \_\_\_\_\_

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60. Does your spouse have a retirement plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered “yes,” please provide the following details:

Company Name: \_\_\_\_\_

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

Dates of employment: \_\_\_\_\_

If you need additional space for any of the previous questions, please write the question numbers and continue your answers here or attach additional pages if necessary:

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“The information provided herein is true and correct to the best of my knowledge.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**YOUR FINANCIAL INFORMATION**

The following information will be used to determine financial eligibility and compile an affidavit that you will be required to sign and notarize in order to have the filing fees in your case waived if we are able to accept your case. Thus, this information **MUST** be accurate.

<b><u>Monthly Income</u></b>	<b><u>Amount</u></b>
a) Gross Income from Employment	\$ _____
b) Child Support	\$ _____
c) Retirement	\$ _____
d) SSI/Social Security	\$ _____
e) TANF	\$ _____
f) Food Stamps	\$ _____
g) Unemployment Benefits	\$ _____
h) Military Housing Allowance	\$ _____
i) Military Food Allowance	\$ _____
j) Other income Source of other income: _____	\$ _____
k) Current Partner's Income (if your current partner is NOT the adverse party)	\$ _____

Number of Dependents: \_\_\_\_\_  
(Dependents include any children under age 18, including children NOT of the marriage)

Do you have any bank accounts in your name? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered "yes," please list all accounts and balances:

Account Type/ Balance: \_\_\_\_\_

Account Type/Balance: \_\_\_\_\_

Do you have any retirement accounts in your name? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered "yes," please list the account balance:

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

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