APPLICATION FOR LEGAL SERVICES DIVORCE

File No.: _____ [office use only]

PLEASE ANSWER ALL QUESTIONS IN THIS APPLICATION. <u>IF YOU FAIL TO ANSWER</u> <u>THE QUESTIONS MARKED IN BOLD, YOUR APPLICATION WILL BE AUTOMATICALLY</u> <u>REJECTED</u>. 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	s: No:		
If you answered "yes," what is t	he cau	se nu	mber?		
When was the case filed?			What county is your case filed in?		
Was the case filed by you or you	ır spou	ise (oj	pponent)?		
If the case was filed by your spo	ouse (o	r oppo	onent), when were you served?		
If the case was filed by your spo	ouse an	id you	were served, did you file an answer? Yes N	o	
If the case was filed by you, did	you ha	ave ar	attorney?		
What date is your next court hea	ring?_				
Are you receiving services from	Famil	y Vio	lence Prevention Services? Yes:No:		
If you answered "yes," what ser	vices a	ire yo	u receiving?		
PLEASE PROVIDE A COPY C	OF YO	UR P	LEADINGS AND COURT ORDERS.		
Do you have copies of the follow	ving E	VIDE	ENCE?		
	Yes	No		Yes	No
Pictures?			If yes, can you provide them?		
Police reports?			If yes, can you provide them with this application?		
Medical records?			If yes, can you provide them?		
Phone calls/text messages?			If yes, can you provide them?		
Court orders for child support?			If yes, can you provide them?		
Witnesses?			If yes, can you provide names and contact info?		
Screenshots of social media?			If yes, can you provide them?		

YOUR INFORMATION

First Name	Middle Name	Last N	lame
	Do you want	your maiden name rest	ored? Yes: No:
Maiden Name			
Your Address:	Street		Apartment/Building
			F
	City	State	Zip code
Is it safe to rece	eive mail at the above address?		
Alternate Safe I	Mailing Address (in the event you 1	nove from your current	address):
	Street		Apartment/Building
	City	State	Zip code
	-		•
County of Resi	idence:		
How long have	e you lived in your county of resid	lence?	
How long have	e you lived in Texas?		
Does your spou	se know where you are residing?	Yes: No:	
If you answered	l "no," do you want your address k	ept confidential? Yes:	No:
Please record the	contact information where our age	ncy can reach you in the	e spaces below.
Home Phone:	I	s this number safe? Y	es No
Work Phone:	I	s this number safe? Y	es No
Cell Phone: _	I	s this number safe? Y	es No
Email Address	:: ldress safe? Yes No_		
Is this email ac	ldress safe? YesNo_		
Person to conta	ct in case of emergency:		
Relationship:		Phone:	

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).

	Driver's	License:	State of	of License:
	Age:	Date of Birth:	Race	:
	Sex (fema	ale/male):		
	Place of b	irth:		
		City	State	Country
5.		d your citizenship or immi "N/A" in the appropriate s	•	If a category does not apply to you,
	Are you a	u U.S. Citizen? Yes:	No:	
	If not, do	you have a VISA?	Work Pass?	Other?
	Are you a	Permanent Resident? _	Are you Undocu	mented?
	Are you c	urrently in the military?	Yes: No:	
	If yes, wh	at branch?	Current rank?	Number of years?
	Active Du	ity or Reserves?	Which Base?	
	Are you re	etired or separated from the	e military? Yes: I	No:
	If yes,	how long ago?	Were you ho	onorably discharged?
	Who are y	ou living with and what is	their relationship to you?	
	Are you e	mployed? Full tim	e or Part time?	How long?
	Employer	Name	Address	
			. alcohol/drug abuse, crimin ay try to use against you in a	al record, mental health issues, court:

FAMILY VIOLENCE

10.	Do you have a Protective Order? Yes No If you answered "yes," please provide a copy to our office.
11.	If you do not have a Protective Order, do you feel you need one? Yes No
12.	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?
13.	Have you ever been to court before for any reason? Explain

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 can use additional paper, if needed.

Date of Incident:	or Frequency of Abuse	:
Location of Violence:		
Description of Violence:		
Were the police contacted? Yes		
If the police were contacted, was you	Ir 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

	of Frequency	v of Abuse:
Location of Violence:		
-		
Were the police contacted?	YesNo	
If the police were contacted		Yes No
	SPOUSE INFORM	<u>IATION</u>
 First Name	Middle Name	Last Name
Address:		
Street		Apartment/Building
City	State	e Zip Code
erved?		not, at what address can your spous
erved?		Place of Birth:
Date of Birth:		Place of Birth:
Date of Birth: Social Security Number:	Age:	Place of Birth:
Date of Birth: Social Security Number: Driver's License:	Age: 	Place of Birth:
Date of Birth: Social Security Number: Driver's License: Race: H	Age: 	Place of Birth:
Date of Birth: Social Security Number: Driver's License: Race: Hair Color:	Age: State of Lic Height: Weight: Eye Color:	Place of Birth:
Date of Birth: Social Security Number: Driver's License: Race: H Hair Color: Home Phone:	Age: State of Lic Height: Weight: Eye Color:	Place of Birth: cense: Sex (male/female) : Skin Color:
Date of Birth: Social Security Number: Driver's License: Race: H Hair Color: Home Phone: Is your spouse currently in t	Age: State of Lic Height: State of Lic Eye Color: Eye Color: Work Pho the military? Yes:	Place of Birth: cense: Sex (male/female) : Skin Color:
Date of Birth: Social Security Number: Driver's License: Race: H Hair Color: Home Phone: Is your spouse currently in the If yes, what branch?	Age: State of Lic Height: State of Lic Eye Color: Eye Color: Work Pho the military? Yes: Current ra	Place of Birth: cense: Sex (male/female) : Skin Color: one: No:
Date of Birth: Date of Birth: Social Security Number: Driver's License: Race: H Hair Color: H Hair Color: Home Phone: Is your spouse currently in the If yes, what branch? Active Duty or Reserves? _	Age: State of Lic Height: State of Lic Eye Color: Eye Color: Work Pho the military? Yes: Current ra	Place of Birth: :ense: :ense: Sex (male/female) : Skin Color: one:Skin Color: No: No: ank?Number of year Base?
Date of Birth: Date of Birth: Social Security Number: Driver's License: Race: H Hair Color: Home Phone: Home Phone: Is your spouse currently in the If yes, what branch? Active Duty or Reserves? Is your spouse retired or sep	Age: State of Lic Height:State of Lic Height:Weight: Eye Color: Work Pho the military? Yes: Current ra Current ra Which H parated from the military? Y	Place of Birth: :ense: :ense: Sex (male/female) : Skin Color: one:Skin Color: No: No: ank?Number of Base?

	Address of Spouse's en How long has your spo	mployer: ouse been en	nployed there?			
	Yearly Income \$		Per hour \$		Per month \$	
20.	Other sources of spous	e's income:	Social Security	\$	SSI \$	
	TANF \$	_Worker's	Compensation \$_		_	
	Child Support \$	(Other \$			
	Dates he/she started re	ceiving these	e benefits:			
21.	How long has your spo	ouse lived in	his/her COUNTY	f of residenc	e?	
	How long has your spo	ouse lived in	his/her STATE o	f residence?		
	Is your spouse a U.S. C	Citizen? Yes	s: No:			
22.	Does your spouse have	e a mental or	physical condition	on? Yes:	No:	
	If you answered "yes,"				er he/she has any o	C
23.	Has your spouse ever b					
	If you answered "yes,"	please prov	ide details of the	arrest(s):		
Date of	<u>arrest</u>		<u>Place of arrest</u>		Reason/Charg	<u>e</u>
		MAR	RIAGE INFOR	<u>MATION</u>		
24.	Date of marriage: Mor	nth	Day	Year		_
	Are you formally marr	ied (married	by a court or chu	rch)? Yes	No	
	If you are not formall	y married, do	o you have a com	mon law ma	rriage? Yes	No
25.	Place of marriage (city	and state or	ıly):			

6. Are you and your spouse still	living together?
7. If not, what is the Date of Sep	aration? Month Day Year
If you and your spouse are sep	parated, has your spouse visited the child/ren? Yes No
If yes, describe the circumstar	nces:
	en, even if they have different parents and even if they are not ou can use additional paper, if needed.
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 #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 #5	Sex:	Child #6 Sex:	
Child's Fu	ll Name	Child's Full Name	
Name of C	Child's Other Parent	Name of Child's Other Parent	
Child's Sc	cial Security Number	Child's Social Security Number	
Child's Da	te of Birth	Child's Date of Birth	
Child's Pl	ace of Birth	Child's Place of Birth	
Child's Pr	esent Address	Child's Present Address	
If any chil	dren are NOT living with you, state their	r names and explain why:	
29. Do the	children have medical insurance?		
Which	parent provides the insurance?	Name of insurance company?	
30. Do yo	u want custody of the minor children yo	u have with your spouse?	
Does	your spouse want custody of your minor	children?	
31. Are yo	ou pregnant? If yes, when	n is your due date?	
Who i	s the father of the child?		
Does	our spouse know you are pregnant?		
	of the children you are seeking custody rtificate?	of have their father's last name on the	eir birth
Yes _	No If not, name the chi	ldren	
33. Name	e of any children with mental/physical di	isabilities:	
Child's Na	me Type of Disability	/ \$	Medical Expenses

						\$
Cł	nild's Name	Ty	ype of Disability			Medical Expenses
Do	o any of your children	n own prope	erty (such as saving	ngs account, car, la	nd, or anythin	g of value)?
If	yes, please describe a	and list the v	value:			
34.	Has anyone from C	HILD PRO	TECTIVE SERV	VICES ever contacte	ed you? Yes	No
	If you answered "ye	es," please j	provide the case	worker's name, pho	ne number, a	nd the circumstances:
35.	Have you contacte	ed the Attorn	ney General's off	ice for child suppor	rt? Yes	No
36.				ld support? Yes any court orders t		

PROPERTY INFORMATION

If you or your spouse own any of the following property, please check all that applies:

	You	Your Spouse	Joint Ownership	Value
House				\$
Car				\$
Retirement Account				\$
Saving Account				\$
Certificate of Deposit (CD)				\$
Thrift Savings Plan				\$
Rental Property				\$

YOUR FINANCIAL INFORMATION

The following information will be used to determine financial eligibility and to prepare an affidavit. If we are able to accept your case, you will be required to sign and notarize the affidavit, so that you will not have to pay filing fees. This information MUST be accurate.

Monthly Income	<u>Amount</u>
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 opponent)	\$

Number of Dependents: _

(Dependents include any children under age 18, including children NOT of the marriage)

Your email address or phone number:

Walk-in Phone	Our Website Referral
If you were referred to our agency, how d	id you find out about our services?
Battered Women and Children's She	lter 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

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

Signature

Date