

CLIENT INFORMATION FORM

Date: _____

Fee Quote

\$ _____ / \$ _____
Down / MNF Client

Information:

Full Name: _____
(First) (Middle) (Last) (Maiden)

Home Address: _____
(Street) (City) (State) (Zip)

Home Telephone Number: _____ Cell Phone Number _____
(Please include area code)

Employer: _____ Hours: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Salary/Income: _____ Social Security No. _____

Drivers License No. _____ E-Mail Address _____

Birth Date: _____ Race: _____
(Month, Day, Year)

Birth Place: _____
(City) (County) (State)

Next of Kin for Emergency: _____
(Full Name) (Telephone No.)

Address: _____
(Street) (City) (State) (Zip)

I authorize information to be released to the following person(s):

(Full Name) (Telephone No.) Relationship: _____

(Full Name) (Telephone No.) Relationship: _____

I do not authorize any information to be released.

How did you choose us to represent you? _____ If referred, by who? _____

Respondent/Spouse/or Opposing Party:

Full Name: _____
(First) (Middle) (Last) (Maiden)

Home Address: _____
(Street) (City) (State) (Zip)

Home Telephone Number: _____ Cell Phone Number _____
(Please include area code)

Employer: _____ Hours: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Salary/Income: _____ Social Security No. _____

Drivers License No. _____ E-Mail Address _____

Birth Date: _____ Race: _____
(Month, Day, Year)

Birth Place: _____
(City) (County) (State)

Marriage Information:

If this matter involves a divorce/annulment proceeding complete the following:

Date of Marriage: _____ Date Separated: _____

Place of Marriage: _____
(City) (County) (State)

If this matter involves a post-decree issue complete the following. We will be needing a copy of your Decree and any relevant modifying orders.

(Decree Date) (County) (State)

(Modified)

Have you been to Court since Decree? If so, state when and for what: _____

Residency Information:

A. Have you been a resident of this county for the preceding six (6) months or longer? If "No", how long? _____ Yes _____ No _____

B. Has the adverse party been a resident of this county for the preceding six (6) months or longer? If "No", how long? _____ Yes _____ No _____

C. Have all the children involved in this proceeding (if any) been residents of this county for the preceding six (6) months? Yes _____ No _____

Grounds for Divorce:

If your matter involves the dissolution of a marriage or a divorce, are there any special grounds other than incompatibility? Most divorces in the State of Texas are granted on the grounds of incompatibility or no fault. Fault can be a factor in the division of marital property and possibly in the determination of custody and access to children. If there are matters that we need to be aware of concerning fault, violence, substance abuse, mental illness, or similar matters, please briefly describe them here.

Children involved in this legal proceedings:

(List only if under the age of 18, or over 18 but suffering from mental or physical impairment or not yet graduated from high school)

FULL NAME: _____ DATE OF BIRTH: _____
BIRTHPLACE: _____ SEX: _____
SOCIAL SECURITY NO: _____

FULL NAME: _____ DATE OF BIRTH: _____
BIRTHPLACE: _____ SEX: _____
SOCIAL SECURITY NO: _____

FULL NAME: _____ DATE OF BIRTH: _____
BIRTHPLACE: _____ SEX: _____
SOCIAL SECURITY NO: _____

FULL NAME: _____ DATE OF BIRTH: _____
BIRTHPLACE: _____ SEX: _____
SOCIAL SECURITY NO: _____

Present Residence of Child(ren): _____
Other child(ren) residing in your household or that of the adverse party. List the child(ren)'s names, who they reside with, and their parentage:

FULL NAME: _____ SEX: _____ AGE: _____

RESIDES WITH: _____
PARENTAGE: _____

FULL NAME: _____ SEX: _____ AGE: _____

RESIDES WITH: _____
PARENTAGE: _____

Insurance Information Acknowledgment:

The Client acknowledges receipt of "Notice of Right to Continue Group Insurance Information". Client acknowledges the right to continue such insurance coverage and will notify the appropriate employer accordingly. Attorney shall only make such notifications as are expressly instructed by Client which shall be none except: _____

Will:

Have you made a Will? Yes _____ No _____

Do you wish to review your Will at this time? Yes _____ No _____

Temporary Matters:

_____ Client fears violence, endangerment of minor children or third parties.

_____ Client fears destruction of property or unauthorized creation of debts and liabilities during the pendency of this action.

_____ Client seeks temporary custody and Respondent to pay temporary support.

_____ Client seeks temporary visitation rights.

Preference for Final Orders regarding Children:

- _____ No property owned or possessed by child.
- _____ Client expects to be visitation parent.
- _____ Client expects to be custodian with adverse party to pay support.
- _____ Client would like to consider joint or split custody.
- _____ Agreement on all matters related to the children is anticipated between the parties except: _____

Property:

- _____ Personal effects only which client believes the parties can divide by agreement.
- _____ Division by Court required due to expected dispute between the parties as to the following items: _____
- _____ Agreement anticipated on all property and debt division matters.
- _____ Dispute anticipated on all items of debt and property.

Client would like to secure from the property and debt division the following items of property at the values listed below together with the indebtedness indicated. This would leave to be allocated to the adverse party the amounts listed under the adverse party below.

Client:

Adverse Party:

_____	_____
_____	_____
_____	_____

Name Change:

Do you wish to change your name after the final hearing? _____

If "yes", to what name? _____

Service Information:

- _____ Home
- _____ Work
- _____ Other

Service Address (Please give a physical location, Sheriff cannot serve a route or box number):

Description:

Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Mustache/Beard? _____

Other Distinguishing Features or Marks: _____

Automobile: _____
(Make) (Model) (Year) (Color)

License No.: _____
Any additional information you can provide to help locate the Respondent for service:

Will Respondent try to avoid service? Yes _____ No _____

Is Respondent likely to be violent? Yes _____ No _____

If yes, please specify: _____

Please provide a recent photograph if available

(Complete for Divorce/Annulment ONLY)

INVENTORY OF EXISTING MARITAL PROPERTIES AND DEBTS

(Exclude any items of separate property or separate debt which you have earlier listed and note in the blank at the left hand margin with a "C" items which you would propose be awarded to you and with an "A" items you would propose be allocated to the adverse party.)

Current Market Value	Outstanding Debt	Net Value
-----	-----	-----

Real Property:

Address: _____ \$ _____ \$ _____ \$ _____

(Please provide a copy of the legal description)

Current Market Value	Outstanding Debt	Net Value
-----	-----	-----

Address: _____ \$ _____ \$ _____ \$ _____

(Please provide a copy of the legal description)

Vehicles:

Year: _____ Make: _____ \$ _____ \$ _____ \$ _____

Model: _____

VIN #: _____

Mileage: _____

Year: _____ Make: _____ \$ _____ \$ _____ \$ _____

Model: _____

VIN #: _____

Mileage: _____

Boats, Motors, Trailers:

_____ \$ _____ \$ _____ \$ _____

_____ \$ _____ \$ _____ \$ _____

_____ \$ _____ \$ _____ \$ _____

Household Furniture and Furnishings

(Do not list or value household furniture and furnishings if you believe that you and your spouse will be able to fairly divide in kind, with shares approximately equal in value including consideration for debt. The Courts are generally very reluctant to enter into an extensive dispute of the division of household items as to their valuation and entitlement. The parties generally can divide these properties by agreement more appropriately and if such is possible should physically separate the items as soon as such an agreement is made to avoid unnecessary further confrontation or confusion over such.)

	Current Market Value	Outstanding Debt	Net Value
	-----	-----	-----
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<u>Other Assets</u>			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Life Insurance:

Name of Insured: _____

Face Value of Insurance: _____

Estimated Cash Value, if any: _____

(Generally life insurance is awarded to the person on whose life the policy is payable. The cash value of policies is an important item to consider in property division. If there are policies which you seek to be considered, request for verification of the cash value should be initiated by you or the adverse party as soon as possible. Unless otherwise specifically provided, divorce decrees typically will award to each person all life insurance payable on their life. List any further or different instructions you may have in this regard.)

Retirement and Employment Benefits:

Client's estimated employment benefit plans accruing during the marriage (all or part) including all stock plans, Coda plans, pension/profit sharing/retirement plans, but excluding life insurance, credit unions, and IRAs.

	<u>Type of Plan</u>	<u>\$ Value</u>
1.	_____	_____
2.	_____	_____

Spouse's estimated employment benefit plans accruing during the marriage (all or part) including all stock plans, Coda plans, pension/profit sharing/retirement plans, but excluding life insurance, credit unions, and IRAs:

<u>Type of Plan</u>	<u>\$ Value</u>
1. _____	_____
2. _____	_____

(Written verification from the employer of all employment benefits accruing during the marriage should be initiated immediately to verify the valuations.)

Cash on Hand in Savings, Checking, Credit Union Accounts and IRAs:

<u>Institution</u>	<u>Name Held In</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Estimated Balance on Hand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Debts not otherwise listed:

<u>Creditor</u>	<u>Balance</u>	<u>Monthly Payment</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

DIVORCE PROCEEDING WILL NOT REMOVE LIABILITY FOR DEBTS.

Unless a creditor is made a party to the divorce proceeding or in writing releases a party to the divorce from their liability under community property laws for community debts incurred during a marriage, neither an agreement of the parties nor an order from the divorce Court will remove either party from potential liability for debts incurred during the marriage even though not incurred in the name of a particular spouse or with that spouse's knowledge or consent.

Separate Property and Separate Debt:

By law, Texas Courts cannot divide or allocate between the marital parties separate property or separate debts. Such properties or debts can be divided between the parties by agreement. An item is considered "separate" if it now exists (or is traceable to a prior existing separate item) and such "separate item" preexisted the marriage or was accumulated during the marriage by gift or inheritance. Under certain circumstances, there can be separate property created by transactions between the marital parties including marital property agreements or gifts. If you believe that there are possibly separate items in the properties involved in this case (other than clothing, jewelry, household items, or personal effects) list the property item (asset or debt). If indebtedness was brought into the marriage which has been paid off during the marriage and such can be established with records, it should be listed.

<u>Item</u>	<u>Whose Separate Item</u>	<u>Why</u>	<u>Estimated Value</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

STATEMENT ON ALTERNATIVE DISPUTE RESOLUTION

I AM AWARE THAT IT IS THE POLICY OF THE STATE OF TEXAS TO PROMOTE THE AMICABLE AND NONJUDICIAL 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 TO THE COURT THAT I WILL ATTEMPT IN GOOD FAITH TO RESOLVE BEFORE FINAL TRIAL CONTESTED ISSUES IN THIS CASE BY ALTERNATIVE DISPUTE RESOLUTION WITHOUT THE NECESSITY OF COURT INTERVENTION.

Signed on _____, 2006

Munson, Munson, Cardwell & Keese
A Professional Corporation
ATTORNEYS AT LAW
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Sherman, Texas 75091-1949
(903) 893-8161
Telefax (903) 893-1345

PETER K. MUNSON
Board Certified - Family Law
Texas Board of Legal Specialization
CHRISTINA A. TILLET

TO BE GIVEN TO ALL FAMILY LAW CASE APPLICANTS

Dear Family Law Client:

Group health insurance coverage for employees, spouses, and dependents has become an important item of individual security.

Under Federal and State Laws, spouses and dependents have a right to continued group health insurance coverage on an individual policy basis following certain qualifying events which may be any one of the following:

- A. Divorce or legal separation of the covered employee from the employee's spouse;
- B. Death of the covered employee;
- C. Termination for other than good cause;
- D. The employee becoming entitled to MediCare benefits;
- E. Or, a dependent child ceasing to be a dependent child under the plan requirements.

Depending upon the qualifying event, employers must offer continuous coverage to the non-employee spouse or dependent for from 18 through 36 months with the cost of such continued coverage not to exceed 102% of the premium otherwise related to such coverage in a group setting

The non-employee qualified beneficiary (spouse or dependent) must elect the continuation coverage within a specified election period. The Texas Insurance Code requires that the effected beneficiary spouse or dependent must notify the employer within 15 days of any severance of the family relationship that might activate the continuance of insurance option.

In the typical divorce or separation situation, if you desire to continue insurance protection which you are currently receiving through the employer of your spouse or parent and you desire to continue such insurance coverage, or at least maintain the option to continue such insurance, you must notify the employer of your separation or severance of family relationship which activates your rights to continue such insurance within fifteen (15) days of any severance of the family relationship (separation, removal of disabilities, termination of parent-child relationship, marriage by a minor, etc.).

The purpose of this memorandum is to inform you of your right to continue such medical insurance benefits and to make sure that you understand the requirements of notice to the employer. As your attorney, at your request we will provide the necessary notices to the employers to maintain your options for such insurance coverage if such is your desire. In the event you give us no specific instructions concerning such notices, after having given you this information, we will assume you do not wish us to take any action in your behalf concerning such a notice. Please do not hesitate to discuss this matter in detail with your counseling attorney.


ORDER

IT IS HEREBY ORDERED BY THIS COURT that all parties to this suit affecting the parent-child relationship are required to successfully complete a court-approved seminar that addresses the issues confronting children that are the subject of divorce, custody, and support litigation. Each party is responsible for and ordered to make payment of the appropriate fee. Information concerning the seminar the subject of this order is attached hereto and incorporated herein as EXHIBIT "A."


The parties are ordered to successfully complete said seminar within sixty (60) days of either (a) the filing of the petition or motion to modify or (b) the receipt of notice of the petition or motion, whichever comes first, or prior to any hearing on temporary orders.

Failure to comply with this order may result in court action including contempt, striking of any pleadings, or any of the sanctions listed in Rule 215 of the Texas Rules of Civil Procedure.


For good cause shown, the Court may waive the requirement of the seminar. This order does not apply to any party or parties to this suit who have heretofore successfully completed and received a certificate of completion for said seminar.



James R. Fry, Judge
15th Judicial District Court



Rayburn M. Nall, Jr., Judge
59th Judicial District Court



Ray F. Grisham, Judge
336th Judicial District Court

FILED FOR RECORD
C. Lynne M. Spencer
97 JUN 31 11:52

Kids Hurt Too

Educational Seminar for Divorcing Parents

2006 Schedule

For more information please call 903-893-7768 M-F 8:30- 5:00 pm

Mail or Deliver payment to Child Guidance Clinic 707 S. Sam Rayburn Freeway, Sherman, TX 75090
or you may pay by phone with a credit card (Visa or Mastercard).

Grayson County

Saturday Classes are held 8:30 am -12:30 pm

Tuesday Classes are held 5:30 - 9:30 pm

Location:

Grayson County Courthouse

100 W. Houston, Sherman, Texas 75090

North Entrance- 2nd Floor West Courtroom

2006

Saturday, January 7	Tuesday, January 10
Saturday, February 4	Tuesday, February 7
Saturday, March 4	Tuesday, March 14
Saturday, April 15	Tuesday, April 18
Saturday, May 6	Tuesday, May 9
Saturday, June 3	Tuesday, June 20
Saturday, July 1	Tuesday, July 11
Saturday, August 5	Tuesday, August 8
Saturday, September 9	Tuesday, September 12
Saturday, October 7	Tuesday, October 10
Saturday, November 4	Tuesday, November 14
Saturday, December 2	Tuesday, December 5

Fannin County

Classes are held 5:30 - 9:30 pm

Location:

Bonham Public Housing Community Center

810 W. 16th

Bonham, Texas 75418

2006

Monday, January 16
Monday, February 20
Monday, March 20
Monday, April 17
Monday, May 15
Monday, June 19
Monday, July 17
Monday, August 21
Monday, September 18
Monday, October 16
Monday, November 20
Monday, December 18

Registration for KIDS HURT TOO Seminar

Please Print

Name: _____ Phone # _____

Address/St./Zip: _____

Seminar Date: _____ Grayson _____ Fannin Name of Attorney: _____

County Divorce Filed in: _____ Grayson _____ Fannin

Methods of Payment: (Any one needing Financial Assistance please call 903-893-7768)

_____ Cash (do not mail cash) _____ Money Order _____ Check (\$20 fee for returned checks)

Payable to: Child Guidance Clinic _____ Driver's License # _____

_____ Mastercard & Visa Accepted for Pre-registration only- Phone Orders Welcomed

Name on Card: _____ MC _____ Visa _____ Exp. Date _____

Credit Card Number: _____

Fee: \$35 Pre-registration \$40 at Seminar (exact amount, change cannot be given)

A Certificate of Completion will be given to each participant. The participant must file the Certificate with the District Clerk's office prior to the divorce hearing date.

REGISTRATION FOR KIDS HURT TOO SEMINAR
please print

Name: _____

Address: _____

Home phone: _____ Work Phone: _____

Divorce _____ Custody _____ Custody Modification _____ Other _____

Selected seminar date(s): _____

Method of payment: Money Order _____ Cash _____ Check _____

Make payable to Child Guidance Clinic of Texoma; **EXACT AMOUNT OF CASH**
NO CHANGE AVAILABLE

Mail to: 707 S. Sam Rayburn Freeway, Sherman, Texas 75090
903-893-7768

To Pre-Register, Please fill out top portion, along with payment and mail to:

Child Guidance Clinic of Texoma
707 S. Sam Rayburn Freeway
Sherman, TX 75090
903-893-7768

(Next to Herald Democrat)

KIDS

HURT

TOO

**Educational seminar for divorcing
parents**

**The judges of Grayson County have
mandated this seminar for all parents
of minor children undergoing a
divorce. Child Guidance Clinic of
Texoma has developed this seminar to
minimize the emotional trauma of
divorce to children.**