



# Duane L. Coker & Associates, P. C.

Attorneys at Law

## Spouse Information (Continued)

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

Can he/she be served there? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, then where? \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Does your spouse have an attorney? \_\_\_\_\_ Name? \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

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

## Child Information

### Children: (Yours with your spouse.)

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

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City County State

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Drivers License No. & State: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Child lives with: \_\_\_\_\_

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

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City County State

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Is there a dispute over custody? \_\_\_\_\_

Are these children covered by health insurance? Please list the Company, who pays, and the premium (kids only).

\_\_\_\_\_

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## Other Children: (Yours or hers from other relationships, please specify.)

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

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City County State

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_

Current Residence: \_\_\_\_\_

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

Sex (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City County State

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Who has Duty of Support? \_\_\_\_\_ Amount of Support = \$ \_\_\_\_\_ monthly \_\_\_\_\_

With whom do these children live? \_\_\_\_\_

## Marital Information

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
City County State

Separation Date: \_\_\_\_\_

How long have you lived in Texas? \_\_\_\_\_ Current County? \_\_\_\_\_

How long has your spouse lived in Texas? \_\_\_\_\_ Current County? \_\_\_\_\_

Have you sought marriage counseling? \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Dates of your prior Marriages: \_\_\_\_\_

Dates of Spouse's Prior Marriages: \_\_\_\_\_

Marital Difficulties: (Current Marriage)

Circle all that apply, and abbreviate H if Husband W if Wife.

Drugs/alcohol  
Sexual disappointment  
Other: \_\_\_\_\_

Financial dispute  
religion

Incompatibility  
Physical violence

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**Marital Information (Continued)**

Your religious Preference: \_\_\_\_\_

Spouse's Religious Preference: \_\_\_\_\_

If the divorce is granted, should the wife's maiden name be restored? \_\_\_\_\_

What name should be used? \_\_\_\_\_

Please provide any information you feel is important in the space below.

**Additional Information**

Family Violence Issues:

Mental Health Issues:

Goals:

Urgent Concerns: (Such as interaction with spouse, visitation, and financial emergencies.)

Attach Property (Inventory and Appraisalment)



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## Alleged Information (Continued)

If you or your spouse have a relationship with a person whom the children see frequently and that person would answer yes to one or more of the preceding litigation questions, describe the situation.

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Do you or your spouse suffer from any physical or mental disability that would interfere with being able to care for the children? Please describe.

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Have you or your spouse made any photographs, audio, or visual recordings of the other party? If so, describe the content.

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## Prior Offense Information (Specify H for Husband W for Wife)

Type of Offense

Date of Offense

Outcome

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## List Assets & Liabilities $\geq$ \$1000

Include house, autos, savings, retirement, debt (inc. credit card debt) Indicate if any were acquired prior to marriage, by gift, or by inheritance.

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## Certification

I certify that the above information is correct to the best of my knowledge.

Name: \_\_\_\_\_ Date: \_\_\_\_\_