EDWARD A. DAVIS III

ATTORNEY AT LAW

Certified Public Accountant

Board Certified Family Law - Texas Board of Legal Specialization

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Thank you for contacting my office regarding your family law matter. Please complete the following information and return to my office. Please call me if you have any questions. **Please print clearly**.

Your Information

Your full name:	Spouse's Information
Maiden name:	Spouse's full name:
Address:	Maiden name:
City, State, Zip:	Address:
Email Address:	City, State, Zip:
Home Phone :	Email Address:
Approx. Monthly Income:	Home Phone:
Drivers License No.:	Approx. Monthly Income:
Social Security No.:	Drivers License No.:
Employer:	Social Security No.:
Work Address:	Employer:
City, State, Zip:	Work Address:
Work Phone:	City, State, Zip:
Cell Phone:	Work Phone:
Date of Birth:	Cell Phone:
Place of Birth:	Date of Birth:
Age:	Place of Birth:
	Ago

Date of Marriage		Place	of Marriage		
Date of Separation					
Has at least one of the days and the State of	-			y for the last 90	Yes / No
If not, what County? (extra \$	1 00.00 if 0	utside of Ha	arris County)	
Has the Attorney Gen your children? If yes, courts require you to	please p	orovide a co	opy of the or	der. (Some	Yes / No
Does the wife want he	er maide	en name re	stored? (Ext	ra \$40.00 fee)	
Yes / N Is the wife currently expecting a child?					Yes / No
• •			Yes / No		
whom the husband is not the father?			Yes / No		
Are there any children under 18 years of age born to or adopted of the marriage? Yes / No					
Child's Name	Sex	Birth Place	Birth Date	Who will the child live with?	SS# (req. by law)
1.					
2.					
3.					
4.					
5.					
Amount of child support that you expect to pay/receive? \$ Will visitation be according to a standard possession order? Yes / No (Every other weekend, alternating holidays, 30 days in the summer, Thurs. 6-8 p.m.)					
If not, what visitation		nave vou as	greed on?		
Who will provide heal					

Please list any property acquired during the marriage and whom it will be awarded to.				
Before your case is final, we will need the legal description on all real property and the				
vehicle identification numbers for any automobiles. (Extra \$100.00 fee if either party				
owns real estate)				
Will each party be awarded their own pension, profit sharing, retirement plan and other				
Will each party be awarded their own pension, profit sharing, retirement plan and other employee benefits? Yes / No (If not, please explain.)				
employee benefits: Tes / No (II not, please explain.)				
Will each party be responsible for their own debts? Yes / No				
(If not, please explain and include creditor, account, balance, and who will pay.)				
Do you want a Certified Copy of your final Decree of Divorce? (Extra \$40.00) Yes / No				
How did you hear about us?				
Are you interested in receiving information about making a Will? Yes / No				

The cost, including the filing fee, will be \$595.00 with no children or \$695.00 with children, if **UNCONTESTED**. If you requested additional services such as a name change or certified copy, additional charges will apply.

Please complete and sign below. Payment options include:

- Submit credit card information through our website http://eddavislaw.com/pay
- 2. Return by mail a completed copy of this form along with your check or money order for \$195.00 to my office.
- 3. Call my office to schedule an appointment to bring in this form and your payment.
- 4. Print and complete this form and return it by fax with your credit card information.

The balance is due before the Petition can be filed with the court and before your spouse can sign any documents. There is a 60-day waiting period from the date the Petition is filed until the divorce can be finalized. This price assumes that you and your spouse have agreed on all the terms of the divorce, and that you can obtain their signature on the necessary documents. If this is not true, the legal fees can be substantially higher and this fee may not be refundable. Again, thank you for contacting me and please call me if you have any questions.

CLIENT	
	DATE