

Ethiopia Travel, Tax, Immigration, Divorce, Child Support, Notary Services

9304 Forest Lane. South Building, 2nd Floor Suite 231
Dallas, Texas 75243

972-792-0236 - www.ethiopia.com - ethiopiastavel@gmail.com

Please provide information about you and your spouse as accurately as possible

Please note: We do not provide legal advice or legal services regarding divorce or any other issue. If you need legal advice or legal services, please consult a lawyer or a law firm. We only provide services in helping you fill out the right divorce petition forms and filing them with the court of jurisdiction for a reasonable fee for people who do not require legal advice or will not be in a contested divorce case. You will need to represent yourself for any court hearing and we will only assist in translation (if needed) and give you helpful ideas to prepare regarding your case.

COST (SERVICE AND COURT COSTS INCLUDED)

\$925 IF THERE ARE NO CHILDREN UNDER 12 IN THE MARRIAGE

\$975 IF THERE ARE CHILDREN UNDER 12 IN THE MARRIAGE

AGREED DIVORCE - CLIENT INTAKE FORM

DATE: _____

1. STATISTICAL INFORMATION:

APPLICANT/PETITIONER:

Client Name: _____

Client

Address: _____

Date of

Birth: _____

Social Security Number: _____

Telephone # : _____

Email: _____

Driver's License #: _____

Place of Birth:(City and Country) _____

Race: _____

Employment:

Address of Employment: _____
Occupation: _____

RESPONDER/SPOUSE:

Spouse's Name: _____
Spouse's Address: _____
Date of Birth: _____
Social Security Number: _____
Telephone # : _____
Email: _____
Driver's License #: _____
Place of Birth:(City and
Country) _____
Race: _____
Employment: _____
Address of
Employment: _____
Occupation: _____

MARRIAGE INFORMATION:

Date of Marriage: _____
City and State Where Married: _____
Date of Seperation: _____
Is the wife Pregnant? _____
Do you or your spouse have any protective
order? _____
Have you or your spouse lived in the County for 90
days? _____
Have you or your spouse lived in Texas for six months? _____

CHILDREN:

Do you have Children together? _____

NAME D.O.B. SOCIAL SECURITY NO.

ADDRESSES: (LIVED WITH CHILDREN FOR THE LAST 5 YEARS)

Are child/ children covered by Medicaid/ CHIP/ or any other dental or medical insurance--please explain
