

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

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

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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)

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

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