

# APPLICATION FOR LEGAL SERVICES DIVORCE

File No.: \_\_\_\_\_ [office use only]

**PLEASE ANSWER ALL QUESTIONS IN THIS APPLICATION. IF YOU FAIL TO ANSWER THE QUESTIONS MARKED IN BOLD, YOUR APPLICATION WILL BE AUTOMATICALLY REJECTED. THE FOLLOWING INFORMATION IS FOR OUR USE ONLY. WE WILL LET YOU KNOW IF YOUR APPLICATION HAS BEEN ACCEPTED WITHIN FOUR WEEKS.**

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Do you have a pending case in court? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," what is the cause number? \_\_\_\_\_

When was the case filed? \_\_\_\_\_ What county is your case filed in? \_\_\_\_\_

Was the case filed by you or your spouse (opponent)? \_\_\_\_\_

If the case was filed by your spouse (or opponent), when were you served? \_\_\_\_\_

If the case was filed by your spouse and you were served, did you file an answer? Yes \_\_\_\_\_ No \_\_\_\_\_

If the case was filed by you, did you have an attorney? \_\_\_\_\_

What date is your next court hearing? \_\_\_\_\_

Are you receiving services from Family Violence Prevention Services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," what services are you receiving? \_\_\_\_\_

PLEASE PROVIDE A COPY OF YOUR PLEADINGS AND COURT ORDERS.

Do you have copies of the following EVIDENCE?

	Yes	No		Yes	No
Pictures?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Police reports?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them with this application?	<input type="checkbox"/>	<input type="checkbox"/>
Medical records?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls/text messages?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Court orders for child support?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>
Witnesses?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide names and contact info?	<input type="checkbox"/>	<input type="checkbox"/>
Screenshots of social media?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, can you provide them?	<input type="checkbox"/>	<input type="checkbox"/>

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4. Below, please provide some information about yourself. If you do not have a Social Security Number or Driver's License, please write "N/A" in the appropriate space(s).

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License:** \_\_\_\_\_ **State of License:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Sex (female/male):** \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City State Country

5. Please record your citizenship or immigration information below. If a category does not apply to you, please write "N/A" in the appropriate space(s).

**Are you a U.S. Citizen? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If not, do you have a VISA? \_\_\_\_\_ Work Pass? \_\_\_\_\_ Other? \_\_\_\_\_**

**Are you a Permanent Resident? \_\_\_\_\_ Are you Undocumented? \_\_\_\_\_**

6. Are you currently in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ Current rank? \_\_\_\_\_ Number of years? \_\_\_\_\_

Active Duty or Reserves? \_\_\_\_\_ Which Base? \_\_\_\_\_

Are you retired or separated from the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, how long ago? \_\_\_\_\_ Were you honorably discharged? \_\_\_\_\_

7. Who are you living with and what is their relationship to you?

\_\_\_\_\_

8. Are you employed? \_\_\_\_\_ Full time or Part time? \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_  
Employer Name Address

9. Below, please list any bad facts (e.g. alcohol/drug abuse, criminal record, mental health issues, family violence) that your spouse may try to use against you in court:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FAMILY VIOLENCE**

- 10. Do you have a Protective Order? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If you answered "yes," please provide a copy to our office.**
  
- 11. If you do not have a Protective Order, do you feel you need one? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- 12. Have you ever filed charges against your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If charges have been filed against your spouse, are you aware of any scheduled court dates?  
If you answered "yes," what are the dates? \_\_\_\_\_
  
- 13. Have you ever been to court before for any reason? Explain \_\_\_\_\_  
\_\_\_\_\_

To assist our agency in assessing the urgency of your case, please state the nature of the violence that happened to you and/or your children. Give the month, day, and year of each incident and explain what the adverse party did. Please note if there are police reports and, if so, give the case numbers. Please include ALL the incidents of violence you experienced, including those that are not very recent and those that did not involve the police. If you do not remember the dates of incidents of violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long period of time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and explain the frequency with which it happened. You can use additional paper, if needed.

**Date of Incident:** \_\_\_\_\_ **or Frequency of Abuse:** \_\_\_\_\_

**Location of Violence:** \_\_\_\_\_

**Description of Violence:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were the police contacted? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If the police were contacted, was your spouse arrested? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Date of Incident: \_\_\_\_\_ or Frequency of Abuse: \_\_\_\_\_

Location of Violence: \_\_\_\_\_

Description of Violence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the police contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

If the police were contacted, was your spouse arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

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Address of Spouse's employer: \_\_\_\_\_

How long has your spouse been employed there? \_\_\_\_\_

Yearly Income \$ \_\_\_\_\_ Per hour \$ \_\_\_\_\_ Per month \$ \_\_\_\_\_

20. Other sources of spouse's income: Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_ Worker's Compensation \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Dates he/she started receiving these benefits: \_\_\_\_\_

21. How long has your spouse lived in his/her COUNTY of residence? \_\_\_\_\_

How long has your spouse lived in his/her STATE of residence? \_\_\_\_\_

Is your spouse a U.S. Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

22. Does your spouse have a mental or physical condition? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "yes," explain the condition and indicate whether he/she has any diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

23. Has your spouse ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes," please provide details of the arrest(s):

**Date of arrest**

**Place of arrest**

**Reason/Charge**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARRIAGE INFORMATION**

24. Date of marriage: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you formally married (married by a court or church)? Yes \_\_\_\_\_ No \_\_\_\_\_

If you **are not** formally married, do you have a common law marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Place of marriage (city and state only): \_\_\_\_\_

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26. Are you and your spouse still living together? \_\_\_\_\_
27. If not, what is the Date of Separation? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- If you and your spouse are separated, has your spouse visited the child/ren? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, describe the circumstances: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

28. **List all of your minor children, even if they have different parents and even if they are not currently living with you:** You can use additional paper, if needed.

**Child #1** Sex: \_\_\_\_\_

**Child #2** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

**Child #3** Sex: \_\_\_\_\_

**Child #4** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

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**Child #5** Sex: \_\_\_\_\_

**Child #6** Sex: \_\_\_\_\_

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Name of Child's Other Parent

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Social Security Number

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Place of Birth

\_\_\_\_\_  
Child's Present Address

\_\_\_\_\_  
Child's Present Address

If any children are NOT living with you, state their names and explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Do the children have medical insurance? \_\_\_\_\_

Which parent provides the insurance? \_\_\_\_\_ Name of insurance company? \_\_\_\_\_

30. Do you want custody of the minor children you have with your spouse? \_\_\_\_\_

Does your spouse want custody of your minor children? \_\_\_\_\_

31. Are you pregnant? \_\_\_\_\_ If yes, when is your due date? \_\_\_\_\_

Who is the father of the child? \_\_\_\_\_

Does your spouse know you are pregnant? \_\_\_\_\_

32. Do all of the children you are seeking custody of have their father's last name on their birth certificate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, name the children \_\_\_\_\_

33. Name of any children with mental/physical disabilities:

_____	_____	\$ _____
Child's Name	Type of Disability	Medical Expenses

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**YOUR FINANCIAL INFORMATION**

The following information will be used to determine financial eligibility and to prepare an affidavit. If we are able to accept your case, you will be required to sign and notarize the affidavit, so that you will not have to pay filing fees. This information **MUST** be accurate.

<b><u>Monthly Income</u></b>	<b><u>Amount</u></b>
a) Gross Income from Employment	\$ _____
b) Child Support	\$ _____
c) Retirement	\$ _____
d) SSI/Social Security	\$ _____
e) TANF	\$ _____
f) Food Stamps	\$ _____
g) Unemployment Benefits	\$ _____
h) Military Housing Allowance	\$ _____
i) Military Food Allowance	\$ _____
j) Other income Source of other income: _____	\$ _____
k) Current Partner's Income (if your current partner is NOT the opponent)	\$ _____

**Number of Dependents:** \_\_\_\_\_  
(Dependents include any children under age 18, including children NOT of the marriage)

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Your email address or phone number:

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How did you access this application for legal services?

Walk-in                       Phone                       Our Website                       Referral

If you were referred to our agency, how did you find out about our services?

<input type="checkbox"/> Battered Women and Children's Shelter	<input type="checkbox"/> Public Library
<input type="checkbox"/> Homeless Shelter _____	<input type="checkbox"/> Counselor _____
<input type="checkbox"/> Family Justice Center	<input type="checkbox"/> Police Department
<input type="checkbox"/> Court	<input type="checkbox"/> Attorney _____
<input type="checkbox"/> County Clerk	<input type="checkbox"/> Sheriff
<input type="checkbox"/> District Clerk	<input type="checkbox"/> St. Mary's University Clinical Programs
<input type="checkbox"/> Flyer	<input type="checkbox"/> Social Worker _____
<input type="checkbox"/> TV Advertisement	<input type="checkbox"/> Texas RioGrande Legal Aid
<input type="checkbox"/> Radio Advertisement	<input type="checkbox"/> Catholic Charities
<input type="checkbox"/> Previous Client	<input type="checkbox"/> Website
<input type="checkbox"/> Health and Human Services	<input type="checkbox"/> Other _____

"The information provided herein is true and correct to the best of my knowledge."

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Signature

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Date

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