

# THE BRYANT LAW FIRM

8866 GULF FREEWAY, SUITE 410 — HOUSTON, TX 77017  
TELEPHONE (713) 944-5200 — FACSIMILE (713) 944-5202

## **DIVORCE - NO KIDS - NO PROPERTY INFORMATION SHEET**

### **PETITIONER'S INFORMATION**

FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_ RACE/ETHNICITY \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
RESIDENCE, INCLUDING ZIP CODE: \_\_\_\_\_  
\_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_  
PETITIONER (PERSON FILING FOR DIVORCE) IS HUSBAND \_\_\_\_\_ ? WIFE \_\_\_\_\_ ?  
MAIDEN NAME, IF WIFE: \_\_\_\_\_  
CHANGE WIFE LAST NAME? \_\_\_ YES \_\_\_ NO. IF YES CHANGE TO \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_ YEARLY SALARY \$ \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
WORK PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

### **RESPONDENT'S INFORMATION**

FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_ RACE/ETHNICITY \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
RESIDENCE, INCLUDING ZIP CODE: \_\_\_\_\_  
\_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_  
MAIDEN NAME, IF WIFE: \_\_\_\_\_  
CHANGE WIFE LAST NAME? \_\_\_ YES \_\_\_ NO. IF YES CHANGE TO \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_ YEARLY SALARY \$ \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
WORK PHONE NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

### **MARRIAGE INFORMATION**

DATE OF MARRIAGE: \_\_\_\_\_  
PLACE OF MARRIAGE (I.E., CITY, STATE): \_\_\_\_\_  
DATE OF SEPARATION: \_\_\_\_\_

### **REFERRAL INFORMATION**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
WHO REFERRED YOU TO THIS OFFICE: \_\_\_\_\_