

Retirement, Pensions, Other Company Benefits:

1. Do you participate in any retirement plan? _____
Does your spouse participate in any plan? _____
2. Do you participate in any company savings plan? _____
If so, how much do you have in that savings plan? \$ _____
3. Does your spouse participate in any company savings plan? _____
If so, how much does your spouse have in that savings plan? \$ _____

Debts:

(Other than house and/or automobiles)

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____
6. _____ \$ _____
7. _____ \$ _____
8. _____ \$ _____

Separate Property:

Property owned before marriage or property received during marriage by gift or inheritance.

1. Do you own any separate property? _____ If so, detail your separate property:

2. Does your spouse own any separate property? _____ If so, detail the separate property:

Other Property/Issues

Temporary Orders/Restraining Orders

Relief Requested

CHILD(REN)'S HEALTH AND DENTAL INSURANCE DISCLOSURE

Health and dental insurance for the child(ren) the subject of this suit required by sections 154.181(b) and 154.1815(c) of the Texas Family Code is as follows:

1. Beside the name of (the/each) child is checked all types of health insurance or benefits currently covering that child:

Employer	Private	Medicaid	CHIP	None	Name	DOB	SSN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

If "none" is checked above, is health insurance available for that child from any other source?

No Yes

2. Beside the name of (the/each) child is checked all types of dental insurance or benefits currently covering that child:

Employer	Private	Medicaid	CHIP	None	Name	DOB	SSN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

If "none" is checked above, is dental insurance available for that child from any other source?

No Yes

3. If insurance is in effect or insurance is available for the child(ren), that information is as follows:

Name of insurance company: _____

Group Policy ID Number: _____

Policyholder Name and ID number: _____

Cost of premium to policyholder: \$ _____

4. Does the other party (besides the policyholder named above) have the child(ren) covered under a health insurance plan?

No Yes for medical insurance

No Yes for dental insurance

EMPLOYMENT AGREEMENT

STATE OF TEXAS
COUNTY OF TOM GREEN

I, _____, hereby employ SHAWNTELL MCKILLOP of San Angelo, Texas, to represent me in performing certain legal services pertaining to my family law case and all related matters. The services will consist of court appearances, telephone conferences, travel, investigative work, legal research, review of material received from all sources, drafting of pleadings and incidental correspondence, participation in settlement conferences, and other necessary preparation. *This agreement does not include presentation of this case to any appellate court or preparation of motions ancillary to this representation. If appeal is necessary, client and attorney will consider the appeal as a separate and distinct cause of action requiring a new fee arrangement.*

IT IS UNDERSTOOD AND AGREED that my attorney will be compensated for her time and effort required to properly perform such legal services. The amount of attorney's fees is understood to be \$ _____, or \$300.00 per hour for attorney's time, whichever is greater. It is understood that failure to pay fees and expenses as required under this Agreement shall give attorney the right to withdraw from representation.

IT IS FURTHER UNDERSTOOD AND AGREED that I will reimburse said attorney for all expenses incurred in performance of such work, including but not limited to court costs, travel expenses, long-distance telephone calls, postage, retaining the services of a private investigative firm if necessary, depositions, filing and recording fees, photocopies, telecopier transmissions, and any other expenses that are incident and necessary to research, preparation, investigation, prosecution, negotiation, and/or settlement of the case. The reimbursement of said expenses shall be in addition to the above-described attorney's fees.

I represent to SHAWNTELL MCKILLOP that this case is currently UNCONTESTED / CONTESTED. If this case is currently uncontested, and subsequently changes to being contested, it is UNDERSTOOD AND AGREED that additional fees and expenses will be added to my balance. **IT IS FURTHER UNDERSTOOD AND AGREED that SHAWNTELL MCKILLOP will not request a final hearing until all the required fees described in this employment agreement are paid in full.**

IT IS FURTHER UNDERSTOOD AND AGREED that certain discovery matters will, in all probability, require additional time and attention by both the attorney and her staff. If such discovery matters are served to me over the course of this litigation, I UNDERSTAND AND AGREE to fully cooperate with attorney and her staff in promptly responding to any and all discovery matters. I UNDERSTAND AND AGREE that additional fees will be added to my balance for discovery matters in an amount of no less than \$1,500.00. IT IS FURTHER UNDERSTOOD AND AGREED that my failure to cooperate with attorney and her staff in completing discovery matters, or in paying the added fees for discovery, will give attorney the right to withdraw from representation.

IT IS FURTHER UNDERSTOOD AND AGREED that mediation may be ordered or agreed by attorneys to assist in resolving contested issues in my case. I UNDERSTAND AND AGREE that additional fees will be added to my balance for attorney's time spent in mediation in an amount of no less than \$1,500.00. I UNDERSTAND AND AGREE that additional fees will

be charged and payable directly to the mediator, which are totally separate from my fees payable to attorney. IT IS FURTHER UNDERSTOOD AND AGREED that my failure to cooperate with attorney and her staff in scheduling mediation, or in paying the added fees for mediation, will give attorney the right to withdraw from representation.

I further AGREE that the attorney reserves the right to terminate the attorney-client relationship and withdraw from further representation for any of the following reasons:

1. My failure to cooperate and comply fully with any reasonable request of the attorney about my case, including but not limited to promptly and timely responding to discovery requests and cooperating in scheduling mediation;
2. My engaging in conduct or making statements that render it unreasonably difficult for this attorney to carry out the purposes of her employment;
3. My insisting that this attorney engage in conduct that is contrary to her judgment and advice; or
4. My failure to pay fees and costs as provided in this agreement.

I am herewith paying the sum of \$ _____ as a *non-refundable* retainer. This retainer includes employment of SHAWNTELL MCKILLOP as my attorney and the initial attorney's fees in this legal matter. Attorney's fees will be billed at the hourly rate as stated. If the attorney's fees exceed the amount of the initial retainer, I may be required to make an additional deposit as the case proceeds.

The remaining balance of the attorney's fees and expenses will be due and payable in accordance with the following monthly payment plan:

Month _____	Amount Due \$ _____	Due Date ____/____/____
Month _____	Amount Due \$ _____	Due Date ____/____/____
Month _____	Amount Due \$ _____	Due Date ____/____/____
Month _____	Amount Due \$ _____	Due Date ____/____/____
Month _____	Amount Due \$ _____	Due Date ____/____/____
Month _____	Amount Due \$ _____	Due Date ____/____/____
Month _____	Amount Due \$ _____	Due Date ____/____/____
Month _____	Amount Due \$ _____	Due Date ____/____/____

SIGNED on _____ day of _____, 20_____.

X _____
CLIENT SIGNATURE
Printed Name of Client: _____