

# INFORMATION FOR FILING A DIVORCE "PRO SE", DELTA COUNTY DISTRICT CLERK

THE DISTRICT CLERK'S OFFICE DOES NOT SUPPLY FORMS NECESSARY TO FILE FOR DIVORCE.  
WE ARE NOT ATTORNEY'S AND ARE LEGALLY PROHIBITED FROM GIVING ANY LEGAL ADVICE.

If you intend to represent yourself "Pro Se" (without the assistance of an attorney) you must have knowledge of the law to prepare and file the necessary pleadings and present your cause to the Court, the same as an attorney is required to do so. The Clerk is prohibited from checking your documents to see if they are in compliance.

The only suggestion or advice the clerk's office can offer is for you to: check bookstores for information on filing your own divorce, go to the Law Library and research the Texas Family Code; Chapter 6 for information, research on the internet or see an attorney or you can contact The Lawyer Referral Service of the State Bar of Texas at 800-252-9690 or 877-9TEXBAR or get lawyer referral online at [www.texasbar.com/lris](http://www.texasbar.com/lris). (This service is certified as a lawyer referral services as required by the State of Texas under Chapter 952, Occupations Code, Certificate #9301) You may also go to the website [www.texaslawhelp.org](http://www.texaslawhelp.org) to locate forms.

## PROCEDURES FOR FILING YOUR OWN DIVORCE.

1. Bring your original petition for divorce and 2 copies to the District Clerk's office to be filed. The rules require a Case Information Sheet to be filed at the time you file your petition. This is a state mandated form and will be provided by the Clerk's office at the time of filing or can be located on [www.co.delta.tx.us](http://www.co.delta.tx.us).
2. The filing fees are: Divorce where spouse signs a waiver \$268.00 and Divorce with Citation \$276.00. If served by Constable, service is \$80.00. All fees are due at the time of filing. Fees for service of the citation are separate and the costs depends on other factors. Please note you may need to check and make sure the filing fees have not increased. Payment is accepted in the form of cash, money order, cashier's check or credit/debit card (there is a processing fee for using a credit card).
3. Your petition will be file stamped with the date and time of filing, assigned a cause number and court. Please make sure you have this information available when you contact our office concerning the case. The District Clerk's phone number is 903-395-4400 x 222 during the hours of 8:00 a.m. to 5:00 p.m.
4. In most cases, the petition must be on file for at least 60 days before you can go before the judge for the final hearing; please refer to the rules for information.
5. After the waiting period has expired (if required) and your paperwork is in order, if the spouse signed a waiver, you may come to the Courthouse and go to the District courtroom to present your case to the judge, you will need to bring the Final Decree of Divorce, the Original and 2 copies.

6. Court begins at 9:00 a.m. so please make sure to arrive early.
7. If a citation was served and an answer was filed, you will need to schedule a hearing date with the court administrator for your assigned court and notify the other party of the hearing.
8. When you come to the courthouse for your final hearing, you will go to the District courtroom and you will need to bring the Final Decree; the original and 2 copies.
9. If the Judge sign's the order, bring the original order and copies to the District Clerk's office to be file marked and certified.
10. Please note the courtroom has a dress code. The judge cannot assist you with your divorce. You must know how to present your case to the judge.
11. If you or your spouse will be receiving your child support, you must provide the District Clerk's office with the required information to set up your child support account.

Please note all child support payments are federally mandated to be sent through the State Disbursement Unit (SDU) P. O. BOX 659791, San Antonio, Tx 78265-9941 and this must be specified in your Final Decree and the Order Withholding.

12. Vital Statistic Form must be completed and filed when you are filing the final order. This is a state mandated form and can be located on the website or obtained from the Clerk.

WE ARE SORRY. WE CAN NOT LEGALLY ASSIST YOU WITH ANY ADDITIONAL INFORMATION, BUT PLEASE CALL OUR OFFICE AT 903-395-4400 X 222.

THANK YOU, JANE JONES, DELTA COUNTY DISTRICT CLERK.

# CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): \_\_\_\_\_ COURT (FOR CLERK USE ONLY): \_\_\_\_\_

STYLED \_\_\_\_\_

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

<b>1. Contact information for person completing case information sheet:</b>		Names of parties in case:	Person or entity completing sheet is:
Name: _____	Email: _____	Plaintiff(s)/Petitioner(s): _____	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
Address: _____	Telephone: _____	Defendant(s)/Respondent(s): _____	
City/State/Zip: _____	Fax: _____	_____	Additional Parties in Child Support Case:
Signature: _____	State Bar No: _____	_____	Custodial Parent: _____
			Non-Custodial Parent: _____
			Presumed Father: _____

[Attach additional page as necessary to list all parties]

**2. Indicate case type, or identify the most important issue in the case (select only 1):**

Civil			Family Law	
<b>Contract</b> <i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____  <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<b>Injury or Damage</b> <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____  <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____  <input type="checkbox"/> Other Injury or Damage: _____	<b>Real Property</b> <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____  <b>Related to Criminal Matters</b> <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<b>Marriage Relationship</b> <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children  <b>Other Family Law</b> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<b>Post-judgment Actions (non-Title IV-D)</b> <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other  <b>Title IV-D</b> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocal (UIFSA) <input type="checkbox"/> Support Order  <b>Parent-Child Relationship</b> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
<b>Employment</b> <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<b>Other Civil</b> <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property  <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____			
<b>Tax</b> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax: _____	<b>Probate &amp; Mental Health</b> <i>Probate/Wills/Intestate Administration</i> <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings  <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____			

**3. Indicate procedure or remedy, if applicable (may select more than 1):**

<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover
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**4. Indicate damages sought (do not select if it is a family law case):**

Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees  
 Less than \$100,000 and non-monetary relief  
 Over \$100,000 but not more than \$200,000  
 Over \$200,000 but not more than \$1,000,000  
 Over \$1,000,000

CAUSE NUMBER: \_\_\_\_\_

CHECK ONE:

       DISTRICT COURT  
       COUNTY COURT;        PROBATE COURT

**AFFIDAVIT OF INABILITY TO PAY COSTS AND/OR FILING FEES**

NOTICE: ALL INFORMATION MUST BE COMPLETE FOR ALL PARTIES TO THIS ACTION, MUST BE CURRENT, ACCURATE AND TRUE. TO INTENTIONALLY OR KNOWINGLY GIVE FALSE INFORMATION MAY RESULT IN PROSECUTION FOR THE FELONY OFFENSE OF AGGRAVATED PERJURY. THE PUNISHMENT FOR AGGRAVATED PERJURY INCLUDES IMPRISONMENT NOT TO EXCEED TEN (10) YEARS AND A FINE NOT TO EXCEED TEN THOUSAND DOLLARS (\$10,000.). YOU MUST ANSWER ALL QUESTIONS. IF THE QUESTION DOES NOT APPLY TO YOU, INDICATE WITH "N/A" (NOT APPLICABLE).

**APPLICANTS PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
HOME TELEPHONE NUMBER: \_\_\_\_\_  
CELL TELEPHONE NUMBER: \_\_\_\_\_  
WORK TELEPHONE NUMBER: \_\_\_\_\_  
ALTERNATE CONTACT TELEPHONE NUMBER: \_\_\_\_\_  
NAME OF ALTERNATE CONTACT: \_\_\_\_\_  
APPLICANT'S STREET ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, & ZIP: \_\_\_\_\_  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_

<u>DEPENDENTS:</u>	<u>AGE:</u>	<u>RELATIONSHIP:</u>	<u>LIVES WITH:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT'S EMPLOYMENT INFORMATION:**

EMPLOYER: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
SUPERVISOR'S TELEPHONE NUMBER: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, & ZIP: \_\_\_\_\_  
HOURS WORKED: \_\_\_\_\_ PER WEEK: \_\_\_\_\_ PER MONTH: \_\_\_\_\_  
PAY RATE: \_\_\_\_\_ PER HOUR: \_\_\_\_\_

**APPLICANT'S SPOUSE'S INFORMATION:**

**(OR ANY PERSON RESIDING WITH THE PETITIONER SHARING ANY DEBTS)**

NAME &/OR ALIAS: \_\_\_\_\_  
HOME TELEPHONE NUMBER: \_\_\_\_\_  
CELL TELEPHONE NUMBER: \_\_\_\_\_  
WORK TELEPHONE NUMBER: \_\_\_\_\_  
ALTERNATE CONTACT TELEPHONE NUMBER: \_\_\_\_\_  
NAME OF ALTERNATE CONTACT: \_\_\_\_\_

**AFFIDAVIT OF INABILITY TO PAY (continued):**

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**SPOUSE'S PERSONAL INFORMATION:**  
**(OR ANY PERSON LIVING WITH THE PETITION SHARING ANY DEBTS)**

FULL NAME &/OR ALIAS: \_\_\_\_\_  
SPOUSE'S MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, & ZIP: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DRIVER'S LICENSE NO.: \_\_\_\_\_ EXPIRES: \_\_\_\_\_ STATE: \_\_\_\_\_  
**SPOUSE'S EMPLOYMENT INFORMATION:**  
EMPLOYER: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
SUPERVISOR'S TELEPHONE NUMBER: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
HOURS WORKED: \_\_\_\_\_ PER WEEK: \_\_\_\_\_ PER MONTH: \_\_\_\_\_  
PAY RATE: \$ \_\_\_\_\_ PER MONTH or PER HOUR: \$ \_\_\_\_\_  
HAS YOUR SPOUSE OFFERED TO GIVE/LOAN YOU MONEY: \_\_\_\_\_  
IF SO, THE AMOUNT AND PURPOSE: \_\_\_\_\_  
IS SPOUSE'S INCOME AVAILABLE TO PAY FEES? \_\_\_\_\_

**FINANCIAL INFORMATION FULL DISCLOSURE**  
**MONTHLY**

<u>EXPENSES:</u>	<u>AMOUNT:</u>	<u>INCOME:</u>	<u>AMOUNT:</u>
RENT OR MORTGAGE:	_____	APPLICANT'S TAKE HOME:	_____
CAR PAYMENT:	_____	SPOUSE'S TAKE HOME:	_____
MAKE & MODEL:	_____	INVESTMENT INCOME:	_____
INSURANCE-LIFE:	_____	(INTEREST & DIVIDENDS:	_____
INSURANCE-HEALTH:	_____	RENTAL INCOME:	_____
INSURANCE-AUTO:	_____	PENSION INCOME:	_____
INSURANCE-HOMEOWNER:	_____	RETIREMENT INCOME:	_____
INSURANCE-OTHER:	_____	UNEMPLOYMENT INCOME:	_____
DESCRIBE:	_____	SOCIAL SECURITY:	_____
CHILD CARE:	_____	CHILD SUPPORT:	_____
UTILITIES:	_____	S.S. DISABILITY:	_____
CLOTHING:	_____	MEDICAID:	_____
MEDICAL (not pd by ins.):	_____	FOOD STAMPS:	_____
CABLE OR SATELLITE TV:	_____	CASH GIFTS:	_____
CELL PHONE:	_____	GIFTS BY CHECK:	_____
CIGARETTES:	_____	FARMING INCOME:	_____
ALCOHOL:	_____	LEASE INCOME:	_____
CHILD SUPPORT:	_____	OTHER INCOME:	_____

LOAN PAYMENTS: (Type of loan & payment  
Amount-List only if not listed above.

OTHER SOURCES OF INCOME:  
(List source & monthly amount)

1. \_\_\_\_\_  
2. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_

**AFFIDAVIT OF INABILITY TO PAY (continued):**

**PAGE 3**

3. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 5. \_\_\_\_\_

**TOTAL PAYMENT:** \_\_\_\_\_ **TOTAL INCOME:** \_\_\_\_\_

**CREDIT CARD DEBT: (list name on card, current balance, & payment amount):**

<u>COMPANY</u>	<u>MO. AMT.</u>	<u>BALANCE:</u>	<u>NAME ON CARD:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**OTHER MONTHLY EXPENSES: (Describe in detail and list payment amount and balance due):**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**IF UNEMPLOYED, LIST THE FOLLOWING:**

**LENGTH OF TIME UNEMPLOYED:** \_\_\_\_\_

**NAME OF PREVIOUS EMPLOYER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP:** \_\_\_\_\_

**I AM CURRENTLY UNEMPLOYED BECAUSE: JOB ENDED \_\_\_\_; I QUIT \_\_\_\_;**

**TERMINATION FOR OTHER REASON: \_\_\_\_ PLEASE EXPLAIN:**

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

**PUBLIC ASSISTANCE:**

**ARE YOU CURRENTLY RECEIVING: (CHECK ALL THAT APPLY)**

**FOOD STAMPS:** \_\_\_\_\_

**MEDICAID:** \_\_\_\_\_

**PUBLIC HOUSING:** \_\_\_\_\_

**S.S.I.:** \_\_\_\_\_

**AFDC:** \_\_\_\_\_

**WIC:** \_\_\_\_\_

**ASSETS:**

<u>DESCRIPTION</u>	<u>VALUE</u>
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**Residence:**

**Address:** \_\_\_\_\_ **Own:** \_\_\_\_\_ **Rent:** \_\_\_\_\_

**If own or purchasing name on Deed:** \_\_\_\_\_

**AFFIDAVIT OF INABILITY TO PAY (continued):**

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**Other Real Property:**

Address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Other: \_\_\_\_\_

Name or Names on Deed: \_\_\_\_\_

**DESCRIPTION:**

**VALUE**

Address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Name or Names on Deed: \_\_\_\_\_

**Vehicles:**

**Including all automobiles, motorcycles, motor homes, boats, campers, R.V.'s, Water Craft, Trailers, Tractors, Farm Equipment, Yard Equipment:**

1. Make: _____	Model: _____	Year: _____	Value: _____
2. Make: _____	Model: _____	Year: _____	Value: _____
3. Make: _____	Model: _____	Year: _____	Value: _____
4. Make: _____	Model: _____	Year: _____	Value: _____
5. Make: _____	Model: _____	Year: _____	Value: _____
6. Make: _____	Model: _____	Year: _____	Value: _____

**Stocks, Bonds, Investments (Describe)**

**Value:**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Personal Property:**

**Including jewelry, household furniture, appliances, tools, clothing, etc:**

**Describe:**

**Value:**

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

**Bank Accounts: (Any Accounts On Which You Are Named:**

**Including: Checking, Savings, Money Market, Certificates of Deposit or Cash on Hand:**

**Bank Name:**

**Type of Account:**

**Value:**

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**AFFIDAVIT OF INABILITY TO PAY**  
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Cash on Hand:

VALUE: \_\_\_\_\_

Any and All Other Assets Not Listed Above  
Describe:

VALUE:

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

**TOTAL ASSETS:**

\_\_\_\_\_

I, the undersigned, first being duly sworn, upon oath, depose and state the following:

I have / have not (circle one) attempted to hire a private attorney or an attorney through any source of legal aid. If you have attempted to hire an attorney, their name, address, telephone numbers and amount quoted to represent you in this case:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I, further swear, under oath, that I have fully and completely disclosed all information in response to the foregoing questions and that I have not withheld any information whatsoever. I further swear, under oath, the information provided is current, accurate, true and correct. I understand that, if approved, this Affidavit of Inability to Pay Costs and/or Filing Fees applies to initial filing fees and initial costs only in this cause.

Done and signed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me, the undersigned authority, this the \_\_\_\_ of \_\_\_\_\_, 201\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Deputy County Clerk  
DELTA COUNTY (OR)

\_\_\_\_\_  
Notary Public