

CLIENT PERSONAL INFORMATION	SPOUSE PERSONAL INFORMATION
DOB: _____ Age: _____	DOB: _____ Age: _____
SSN: _____ CDL# _____	SSN: _____ CDL # _____
Are you currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is he/she currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT EMPLOYMENT INFORMATION	SPOUSE EMPLOYMENT INFORMATION
Name & address of your employer: _____	Name & address of your Spouse's employer: _____
Work phone: _____	Work phone: _____
Occupation: _____	Occupation: _____
Hire Date: _____	If not working, last date worked: _____
Last Date Worked: _____	Gross Income \$ _____
GROSS Monthly Earnings: \$ _____	Other income receive (Circle all applicable)
Other income receive (Circle all applicable)	AID: AFDC, SSI, SSA, Disability, Pension, VA
AID: AFDC, SSI, SSA, Disability, Pension, VA	Compensation, Workers Comp., Retirement,
Compensation, Workers Comp., Retirement,	Unemployment.
Unemployment.	Total Monthly amount received - \$ _____
Total Monthly amount received- \$ _____	Highest year of education: _____
Highest year of education: _____	Total of other minor children (other than from this
Total of minor children (other than from this	relationship) they legally support: _____
relationship) you legally support: _____	=====
=====	<u>Physically describe your spouse:</u>
Do you want to return to your former name?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what name: _____	

List all other persons living in your home and their income:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Gross Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 2 – Complete this section only if you have minor children of THIS Marriage. If no minor children, skip to SECTION 3.

<u>Minor Children's Names</u>	<u>Birth Date</u>	<u>Birth Place</u>	<u>Age</u>	<u>Sex</u>	<u>SSN</u>
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____

CUSTODY ISSUES: (Decide how you wish to split custody of your minor children with your spouse.)

Legal (legal decisions) Petitioner Respondent Joint Other _____

NOTE: Legal custody – “Sole” (one) or “Joint” (both) parents have the right and responsibility to make decisions relating to the child’s health, education and welfare.

Physical (residence) Petitioner Respondent Joint Other _____

NOTE: Physical custody – “Sole” - child will live with and be under the supervision of one parent, subject to the power of the court to order visitation for the other parent. A parent with “Sole Physical” may have an advantage when it comes to moving away over the objection of the other parent. “Joint” means both parents will have significant periods of physical custody arranged to assure the child has frequent and continuing contact with both parents and need not be 50/50 or even

Primary Caretaker Petitioner Respondent Joint Other _____

NOTE: Primary caretaker is often used instead of using the term “Sole Physical Custody” as it has a similar legal meaning but doesn’t have the harsh implication that only one parent has the child. The other parent can think of himself/herself as having less time rather than no custody.

LOCATION OF YOUR CHILDREN FOR THE LAST 5 YEARS:

<u>From - To</u>	<u>Person's Name</u>	<u>Address</u>	<u>Lived w/</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

➤ **Have you participated as a “party” or a “witness,” or in some other capacity in another litigation or custody action in CA or elsewhere, about custody of a child in this legal action?** No Yes

If yes, Name of child: _____
 Capacity of declaring person: party witness other _____
 Court name, location: _____ Case No. _____. Court judgment date: _____

➤ **Do you have information about a custody action pending in CA or any other court about a child in this legal action, other than the above?** No Yes

If yes, Name of child: _____
 Kind of proceeding: Legal Separation guardianship adoption other: _____ Case # _____
 Court name, location: _____ Status _____

➤ **Do you know of any person who is NOT a party to this legal action who has physical custody, claims to have custody of or visitation rights with any child of this legal action?** No Yes

If yes, Name/address of person who has physical custody claims custody rights claims visitation rights of child:
 #1. _____
 #2. _____

VISITATION TERMS: (Which times, days, weeks, weekends, holidays, other such times as agreed between the parties. Be specific.) (*If no visitation to the other party, explain in detail as to why and be prepared to submit valid written documentation. If you want the other party to have Supervised Visitation, explain in detail as to why and be prepared to submit valid written documentation.)

Visitation to Petitioner Respondent Joint None (provide explanation below)
 Check here if visitation is to be open and unspecified

CHILDREN’S HEALTH INSURANCE:

Medical insurance for minor children, if any, is provided: Wife’s Husband’s employer Healthy Families
Name & address of the insurance company _____

Policy No. _____

Dental insurance for minor children, if any, is provided: Wife’s Husband’s employer Healthy Families
Name & address of the insurance company _____

Policy No. _____

If you do NOT receive State aid, do you want your spouse to share the medical/dental costs of the minor(s)?
Yes No What percentage? 50/50 Other _____

Do you have extraordinary health care expenses or unusual health care costs? Yes No
How much: \$ _____ Describe: _____

➤ **TRANSPORTATION COSTS:**

Do you want your spouse to share 50% of transportation costs between visitation/custody periods? Yes No

➤ **CHILD/FAMILY/SUPPORT:** [If you **ARE** receiving State Aid, support is mandatory thru the DA.]

Are there any existing orders in other proceedings regarding child support? Yes No

If yes, please explain terms of order: _____

If there have been no previous orders and you are NOT receiving State Aid:

1. Do you want **child support**? Yes No

Support is to be based upon: Guideline Support Agreed amount \$ _____

Children living with: Father _____% Mother _____% Other _____%

Which county? _____ Pmt once per mo. Twice per mo.

2. Do you want **family support** (combined child/spousal support) ? Yes No Reserve

Support is to be based upon: Guideline Support Agreed amount \$ _____

Pmt once per mo. Twice per mo.

SECTION 3 – JOINT/COMMUNITY/QUASI-COMMUNITY PROPERTY

- Our real property should be divided as indicated on this page (COMPLETE THIS PAGE)
- There is no real property to divide but there are other assets to divide (skip to top of NEXT PAGE)
- There is no real or personal property to divide (skip to SECTION 4)

➤ **REAL PROPERTY:** Answer ALL the following questions concerning real property in their entirety below:

List all REAL PROPERTY (Real Estate = LAND, HOUSES, MOBILE HOMES, RENTALS, ETC.):

Property No. 1: In whose name(s) is the Title: _____

Address: _____

Current Debt: \$ _____ Present Value: \$ _____ House to be sold? Yes No

Which party will live in property until close of escrow? _____

Is this a rental? Yes No Rental amount: \$ _____

What is the agreement regarding debt servicing (who will pay the mortgage, etc.), maintenance and upkeep prior to sale of property? _____

List the conditions concerning the disbursement of the property: _____

Do you want this office to prepare an **INTER-SPOUSAL TRANSFER GRANT DEED** for this property?
Yes No **This service carries an additional charge per Deed, plus the Notary fee.** If so, it is necessary to present a copy of the last recorded Deed in your name. Current identification will be necessary at the signing of the new Deed.

Property No. 2 : In whose name(s) is the Title: _____

Address: _____

Current Debt: \$ _____ Present Value: \$ _____ House to be sold? Yes No

Which party will live in property until close of escrow? _____

Is this a rental? Yes No Rental amount: \$ _____

What is the agreement regarding debt servicing (who will pay the mortgage, etc.), maintenance and upkeep prior to sale of property? _____

List the conditions concerning the disbursement of the property: _____

Do you want this office to prepare an **INTER-SPOUSAL TRANSFER GRANT DEED** for this property?
Yes No **This service carries an additional charge per Deed, plus the Notary fee.** If so, it is necessary to present a copy of the last recorded Deed in your name. Current identification will be necessary at the signing of the new Deed.

If additional real property, please attach a separate piece of paper and provide the information requested above for each property.

SECTION 5 – DIVISION OF COMMUNITY PROPERTY DEBTS

There are no debts to divide (skip to SECTION 6, this page)

CREDIT CARD, LOANS AND ALL OTHER DEBTS:

<u>Creditor's Name</u>	<u>Type</u>	<u>Mo. Pmt.</u>	<u>Balance</u>	<u>Date</u> <u>Acquired</u>	<u>Whose responsibility</u>
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____
_____		\$ _____	\$ _____	_____	_____

SECTION 6 – MISCELLANEOUS

➤ **WAIVER OF COURT FEES:** Do you qualify for a waiver of the court filing fee [refer to the schedule contained in the Information Sheet on Waiver of Court Fees and Costs, Form 982(a)(17)] Yes No
 If yes, do you want this office to prepare a Fee Waiver Application and Order? Yes (please complete the attached Financial Statement form)

➤ **TAXES:****

- Do you intend to file: Single Head of Household Married, Jointly Married, Separate
- Will you file income tax return jointly for this year? Yes No
- Will there be a refund? Yes No Do you want to split the refund 50/50? Yes No
- If there is money owed, do you want to split the debt 50/50? Yes No
- If there are children involved, how do you want to split the tax exemption? **
 50/50 _____ Parties split exemption every other year? _____ Parties take one child each? _____

**** If in doubt, please contact a tax specialist to answer any questions you may have.**

➤ **ATTORNEYS FEES:** If it becomes necessary to hire an attorney, do you want your spouse to pay for those fees and court costs? Yes No Have you already paid attorneys' fees to date? Yes No
How much: \$ _____

➤ **SPOUSAL SUPPORT:** Do you want **spousal support**? Yes No Reserve Jurisdiction
Support is to be based upon: Guideline Support Agreed amount \$ _____
Pmt once per mo. Twice per mo.

➤ **SERVICE ON OTHER PARTY:**
How to you want the other party served?
Notice of Acknowledgment of Receipt (spouse voluntarily accepts service by signature)
Registered Process Server
 Sheriff
 Friend or Relative (18 years or older and a U.S. Citizen)
 Publication (This service warrants addition paperwork and additional fees would apply)
 Describe ALL efforts made to locate your spouse. Describe why you think publication is necessary rather than personal service? Example: Relatives, friends, work, DMV, police, elections office, internet, private investigator, etc.) _____

➤ **ADDITIONAL INFORMATION OR COMMENTS:**

ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Legal Document Assistant preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: _____

Signature

FINANCIAL INFORMATION

1. My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 2 should be your average for the past 12 months.]**

2. MY MONTHLY INCOME FROM WORK:

a. My gross monthly pay is: _____ \$ _____
 b. **My payroll deductions are (specify purpose/amount per individual item such as FIT, SIT, SDI, etc.):**

- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is (a. minus b.): _____ \$ _____

d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parentat support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

- (1) TANF, SSI or GA/GR _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____

The TOTAL amount of other money is: _____ \$ _____

(check if benefits under (1) are pending)

e. **MY TOTAL MONTHLY INCOME IS** (c. plus d.): _____ \$ _____

f. Number of persons living in my home: _____
 This includes _____ minor children from other relationships and _____ children from this relationship who spend _____% of time with me and others who depend on me in whole or in part for support:

- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____
- (4) _____ \$ _____
- (5) _____ \$ _____

The TOTAL amount of other money is: \$ _____

My new spouse's gross income is reflected in () above (New spouse is not party to this proceeding)

g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** (a. plus d. plus f): _____ \$ _____

3. I own or have an interest in the following property:

- a. Cash _____ \$ _____
- b. Checking, savings, and credit union accounts (list banks):
 - (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
 - (4) _____ \$ _____

4. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

- (1) _____ \$ _____ \$ _____
- (2) _____ \$ _____ \$ _____
- (3) _____ \$ _____ \$ _____

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

- (1) _____ \$ _____ \$ _____
- (2) _____ \$ _____ \$ _____
- (3) _____ \$ _____ \$ _____

e. Other personal property -jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

5. My monthly expenses not already listed in item 2b are the following:

- a. Rent or house payment & maintenance \$ _____
- b. Food and household supplies _____ \$ _____
- c. Utilities and telephone _____ \$ _____
- d. Clothing _____ \$ _____
- e. Laundry and cleaning _____ \$ _____
- f. Medical and dental payments _____ \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. Child care, daycare _____ \$ _____
- i. Child, spousal support (prior marriage) \$ _____
- j. Transportation and auto expenses (insurance, gas, repair) (Amount attributable to visitation \$ _____) \$ _____
- k. Installment payments (specify **purpose and amount**):

- (1) _____ \$ _____
- (2) _____ \$ _____
- (3) _____ \$ _____

The TOTAL amount of monthly installment payments is: _____ \$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

- m. Other expenses (specify):
 - (1) Personal Education \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
 - (4) _____ \$ _____
 - (5) _____ \$ _____

The TOTAL amount of other monthly expenses is: _____ \$ _____

n. **MY TOTAL MONTHLY EXPENSES ARE** (add a. through m.): _____ \$ _____

6. TAX FILING STATUS: Single M/J Head of Household Married filing separately

7. I estimate the other party's gross income to be \$: _____

OTHER INFO: (Sheet attached)

Please provide a copy of your last three pay stubs