



DISSOLUTION OF MARRIAGE QUESTIONNAIRE

Type of Service: _____ Date: _____

SELF:

Date of Birth: _____
Full Name: _____
Maiden Name (if applicable): _____
Do you want your Maiden Name Restored? YES | NO
Home Address: _____
County of Home Address: _____ Date lived at address since: _____
Work Address: _____ E-Mail: _____
Home Phone: _____ Work Phone: _____ Cellular Phone: _____
Please indicate your request to communicate and send documentation via mail, electronically or other means: _____

SPOUSE:

Date of Birth: _____
Full Name: _____
Maiden Name (if applicable): _____
Home Address: _____
Work Address: _____ E-Mail: _____
Home Phone: _____ Work Phone: _____ Cellular Phone: _____
Employer Name: _____
Employer Address: _____
Occupation: _____ Hire Date: _____ Last Date Worked: _____
Gross monthly earnings: \$ _____ Other income received \$ _____

MARRIAGE INFO:

Date of Marriage: ____/____/____ Date of Separation: ____/____/____
Are you and your spouse living together now? YES | NO
Is the wife currently pregnant? YES | NO

SPOUSAL SUPPORT:

Do you want Spousal Support? YES | NO

If YES, Spousal Support paid to Husband (___) Wife (___). in the amount of \$_____ | CA Guideline

If NO, Spousal Support is Reserved | Terminated for Husband (___) Wife (___) Both (___)

CHILDREN INFO:

Children? YES | NO

Children not of this marriage? YES | NO

Are there any children born before marriage? YES | NO

If YES, has a Voluntary Declaration of Paternity been signed? YES | NO If YES, please provide a copy.

Full Name	Date of Birth	Resides with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child(rens) resident history for the **PAST 5 years** and who they lived with. (start with current address):

___/___/___ to Current Lives with Mother | Father | Other: _____

Address: _____

___/___/___ thru ___/___/___ Lives with Mother | Father | Other: _____

Address: _____

___/___/___ thru ___/___/___ Lives with Mother | Father | Other: _____

Address: _____

___/___/___ thru ___/___/___ Lives with Mother | Father | Other: _____

Address: _____

___/___/___ thru ___/___/___ Lives with Mother | Father | Other: _____

Address: _____

Do any of your children have any physical or other special needs or care? If YES explain: _____

If there are any children from prior marriage(s) of you and/or your spouse, please list the names and ages of any children and state with whom such children live: _____

PRIOR PROCEEDINGS:

Have there been any legal or other proceedings between you and the opposing party? YES | NO

If YES, please describe: _____

CHID CUSTODY:

Who will have **Legal** Custody? Mother (___) Father (___) Joint (___) Other _____

Who will have **Physical** Custody? Mother (___) Father (___) Joint (___) Other _____

CHILD VISITATION:

Child visitation (parenting time) to: Mother (___) Father (___) Joint (___)

Visitation schedule (be specific, days, weeks, hours, holidays breaks): _____

Reason for visitation requested? _____

When was the last visit? Date: _____ How frequent are the visits? _____

CHILD SUPPORT:

Do you want Child Support? YES | NO, RESERVED

If YES, Child Support paid to Husband (___) Wife (___). in the amount of \$_____ | CA Guideline

What percentage of time are child(ren) living with Father ____% and Mother ____%.

CHILDREN'S HEALTH INSURANCE:

Who will provide Health Insurance for the Chid(ren)? Mother (___) Father (___)

Uninsured health insurance care should be paid by? Mother (___) Father (___) Shared 50/50 (___)

TAXES:

What is your tax filing status? H/H | MFS | Single | MFJ with: _____

How many people do you claim including yourself? _____ Last tax year filed? _____

PROPERTY INFO:

Do you have **Community** property? (Property acquired during date of marriage) **YES | NO**
If **YES** fill out attached Property Declaration.

Do you have **Separate** property? (Property acquired before or after date of marriage) **YES | NO**
If **YES** fill out attached Property Declaration.

INCOME AND EXPENSES:

Income and expense fill out on attached Income and Expense Declaration.

REQUEST ATTORNEY FEES AND COST:

YES | NO

If "YES", payable by: () Petitioner () Respondent

OTHER REQUEST:

Court Run () Process Serving () Other: _____

HOW DID YOU HEAR ABOUT US:

Where did you first hear about us? Referral () name: _____ Search engine ()
Flyer () Business Card () Other (): _____

All information provide is true to my own personal knowledge and proved to be used by LDA Help Inc.

Signature: _____ Date: _____

Number of attachments _____