



JOINT PETITION 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

CHILDREN INFO:

Children? YES | NO

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 _____