

A GOLDEN DOCUMENT PREPARATION SERVICE

FAMILY LAW QUESTIONNAIRE

DIVORCE (DISSOLUTION) QUESTIONNAIRE	
Your Name: _____ Phone: (____) _____ Fax: (____) _____ E-Mail: _____	Request Date: _____ Date Needed: _____
I. MARITAL BACKGROUND INFORMATION	
1. What action are you seeking?	<input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <i>If seeking an Amendment or Response, please specify Case No.</i> <input type="checkbox"/> Amendment <input type="checkbox"/> Response <input type="checkbox"/> Case No. _____
2. Are <u>both</u> parties agreeable to action you are seeking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If <i>Unsure</i> , please specify: _____
3. Have either spouse retained an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If <i>Yes</i> , please specify: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If <i>Unsure</i> , please specify: _____
4. Which spouse will be the petitioner?	<input type="checkbox"/> Husband <input type="checkbox"/> Wife
5. Date and Place of Marriage:	Month: _____ Date: _____ Year: _____ City: _____ State: _____ County: _____
6. Date of Separation:	Month: _____ Date: _____ Year: _____ Time from date of marriage to date of separation: Years: _____ Months: _____
7. Petitioner's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Petitioner has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months Petitioner has resided in this County: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
8. Petitioner's Employer Name and Business Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
9. Respondent's Name and Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Respondent has resided in this State: _____ <input type="checkbox"/> Years <input type="checkbox"/> Months Respondent has resided in this County? _____ <input type="checkbox"/> Years <input type="checkbox"/> Months
10. Respondent's Employer Name and Business Address:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____

**A GOLDEN DOCUMENT PREPARATION SERVICE
FAMILY LAW QUESTIONNAIRE**

I. MARITAL BACKGROUND INFORMATION (Cont'd)																															
11. Is either spouse in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , please specify: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent																														
12. Are there children from this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, skip Section II</i>																														
II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE																															
1. Specify children born or adopted from the marriage (<i>include middle initial</i>):	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;"><u>Full Name</u></th> <th style="width: 25%; text-align: center;"><u>Place of Birth</u></th> <th style="width: 15%; text-align: center;"><u>Birthdate</u></th> <th style="width: 10%; text-align: center;"><u>Age</u></th> <th style="width: 10%; text-align: center;"><u>Sex</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(1)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>___</td> <td>___</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>___</td> <td>___</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>___</td> <td>___</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>___</td> <td>___</td> </tr> </tbody> </table>		<u>Full Name</u>	<u>Place of Birth</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>	(1)	_____	_____	_____	___	___	(2)	_____	_____	_____	___	___	(3)	_____	_____	_____	___	___	(4)	_____	_____	_____	___	___
	<u>Full Name</u>	<u>Place of Birth</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>																										
(1)	_____	_____	_____	___	___																										
(2)	_____	_____	_____	___	___																										
(3)	_____	_____	_____	___	___																										
(4)	_____	_____	_____	___	___																										
2. Specify residence of each child for last 5 years:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 30%; text-align: center;"><u>Child's Name</u></th> <th style="width: 30%; text-align: center;"><u>Residence Address</u></th> <th colspan="2" style="width: 15%; text-align: center;"><u>Currently Residing With</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(1)</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/> Petitioner</td> <td style="text-align: center;"><input type="checkbox"/> Respondent</td> </tr> <tr> <td style="text-align: center;">(2)</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/> Petitioner</td> <td style="text-align: center;"><input type="checkbox"/> Respondent</td> </tr> <tr> <td style="text-align: center;">(3)</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/> Petitioner</td> <td style="text-align: center;"><input type="checkbox"/> Respondent</td> </tr> <tr> <td style="text-align: center;">(4)</td> <td>_____</td> <td>_____</td> <td style="text-align: center;"><input type="checkbox"/> Petitioner</td> <td style="text-align: center;"><input type="checkbox"/> Respondent</td> </tr> </tbody> </table>		<u>Child's Name</u>	<u>Residence Address</u>	<u>Currently Residing With</u>		(1)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	(2)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	(3)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent	(4)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent					
	<u>Child's Name</u>	<u>Residence Address</u>	<u>Currently Residing With</u>																												
(1)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent																											
(2)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent																											
(3)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent																											
(4)	_____	_____	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Respondent																											
3. What custody or visitation orders are you seeking?	Legal Custody of children to: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint <input type="checkbox"/> Other Physical Custody of children to: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint <input type="checkbox"/> Other Child visitation be granted to: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Joint <input type="checkbox"/> Other If <i>Joint</i> , please specify custody time: ___ % with Petitioner ___ % with Respondent If <i>Other</i> , please specify terms or attach agreement: _____ _____																														

**A GOLDEN DOCUMENT PREPARATION SERVICE
FAMILY LAW QUESTIONNAIRE**

II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE (Cont'd)	
4. Is there a likelihood of any disputes about the custody of the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Which child? _____
5. Is there a likelihood of any disputes about the paternity of the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Which child? _____
6. Are you seeking the court to order child support based on state's guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If <i>No</i> , please specify agreed terms or attach agreement for court's approval: _____
7. Are you seeking the court to determine other support orders for the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Child care to be paid by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Health insurance for children paid by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Emergency housing support paid by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If <i>No</i> , please specify agreed terms or attach agreement for court's approval: _____
8. Either party receiving public assistance for the minor children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intend to apply for If <i>Yes</i> , please specify? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If <i>Intend to apply for</i> , please specify? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
9. Are you also seeking the court to issue Emergency Domestic Violence Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , please specify or include attachment explaining history of violence against you, the children or problems that may arise because you are seeking a divorce: _____
III. ASSETS AND DEBTS	
1. Will you divide your assets, debts, support or other orders by signing and notarizing a marital settlement agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , is Agreement? <input type="checkbox"/> Done <input type="checkbox"/> Need one prepared

**A GOLDEN DOCUMENT PREPARATION SERVICE
FAMILY LAW QUESTIONNAIRE**

III. ASSETS AND DEBTS (Cont'd)	
2. Are there any community debts or assets for the court's determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Per attachment If <i>Yes</i> , please specify and for whom: _____ _____ _____
3. Are there any separate debts or assets for the court's determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attachment If <i>Yes</i> , please specify and confirmed to whom: _____ _____ _____
4. Are you seeking the court to determine other support or orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Per attached agreement If <i>Yes</i> , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
IV. FINANCIAL INFORMATION	
1. Petitioner's Income:	Monthly gross income before taxes: \$ _____ Monthly deductions: (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____ Monthly take home pay: \$ _____
2. Petitioner's Household Expenses:	(1) Rent or house payment & maintenance \$ _____ (2) Food and household supplies \$ _____ (3) Utilities and telephone \$ _____ (4) Clothing \$ _____ (5) Laundry and cleaning \$ _____ (6) Medical and dental payments \$ _____ (7) Insurance (life, health, accident, etc.) \$ _____ (8) School and child care, if any \$ _____ (9) Transportation and auto expenses (insurance, gas, etc.) \$ _____ (10) Installment payments (specify): \$ _____ (a) _____ \$ _____ (b) _____ \$ _____ (c) _____ \$ _____ (d) _____ \$ _____ Total Monthly Expenses: \$ _____

**A GOLDEN DOCUMENT PREPARATION SERVICE
FAMILY LAW QUESTIONNAIRE**

IV. FINANCIAL INFORMATION (Cont'd)	
3. Respondent's Income:	Monthly gross income before taxes: \$ _____ Monthly deductions: (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____ Monthly take home pay: \$ _____
4. Respondent's Household Expenses:	(1) Rent or house payment & maintenance \$ _____ (2) Food and household supplies \$ _____ (3) Utilities and telephone \$ _____ (4) Clothing \$ _____ (5) Laundry and cleaning \$ _____ (6) Medical and dental payments \$ _____ (7) Insurance (life, health, accident, etc.) \$ _____ (8) School and child care, if any \$ _____ (9) Transportation and auto expenses (insurance, gas, etc.) \$ _____ (10) Installment payments (specify): \$ _____ (a) _____ \$ _____ (b) _____ \$ _____ (c) _____ \$ _____ (d) _____ \$ _____ Total Monthly Expenses: \$ _____
V. GENERAL INFORMATION	
1. Is spouse willing to sign a court form stating they received the divorce papers via the mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If <i>Unsure</i> , please specify: _____ _____
2. Specify any additional information, pending issues or questions?	_____ _____ _____