



826 Brookside Ave., Suite C • Redlands • California • 92373 • (909) 335-0155

**DIVORCE- WORKSHEET**

Have you or your spouse lived in the state of CA for the last six months? YES NO

Have you or your spouse resided in San Bernardino County for the last three months?

YES NO

Date you were married? \_\_\_\_\_

Date you were separated with the intent to divorce? \_\_\_\_\_

My spouse and I want a (circle one)

DISSOLUTION      LEGAL SEPARATION      ANNULMENT

**PETITIONER (You or the filing party)**

Full name \_\_\_\_\_ Race: \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Date you started your job \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

If unemployed, please name the last job that you had and the date the job ended.

\_\_\_\_\_

How many hours do you usually work per week? \_\_\_\_\_

You get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour

Have you completed high school or the equivalent? YES NO

If NO, what is the highest grade that you completed? \_\_\_\_\_

Number of years of college completed \_\_\_\_\_

Degrees obtained? \_\_\_\_\_

Number of years of graduate school completed? \_\_\_\_\_

Degrees obtained? \_\_\_\_\_

I have:  professional/occupational licence(s) (specify): \_\_\_\_\_

vocational training (specify): \_\_\_\_\_

**RESPONDENT (Other party) Please fill out as much information as you can.**

Full name \_\_\_\_\_ Race: \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

SS# \_\_\_\_\_ and/or D.O.B. \_\_\_\_\_

Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Estimated gross monthly income? \_\_\_\_\_

Does your spouse have an attorney? YES NO

If YES, please provide their name and phone # \_\_\_\_\_

**CHILDREN FROM THIS MARRIAGE If no children, skip to next section.**

Give the following information for each child from this marriage. You MUST provide a list of where each child has lived for the last five years. Begin with there the child lives now and go back from there. Include the names and relationships of the person with whom the child lived.

**CHILD 1**

Child's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Please give the address and period of residence of this child for the last 5 years.

\_\_\_\_\_ - Present \_\_\_\_\_

Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Person child lived with (Name & Current Address) \_\_\_\_\_ Relationship to child \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Person child lived with (Name & Current Address) \_\_\_\_\_ Relationship to child \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_  
Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Person child lived with (Name & Current Address) \_\_\_\_\_ Relationship to child \_\_\_\_\_

CHILD 2  Check box if information is the same as child previously mentioned

Child's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_- Present \_\_\_\_\_

Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_- \_\_\_\_\_  
Person child lived with (Name & Current Address) Relationship to child

\_\_\_\_\_- \_\_\_\_\_  
Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_- \_\_\_\_\_  
Person child lived with (Name & Current Address) Relationship to child

\_\_\_\_\_- \_\_\_\_\_  
Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_- \_\_\_\_\_  
Person child lived with (Name & Current Address) Relationship to child

CHILD 3  Check box if information is the same as child previously mentioned

Child's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_- Present \_\_\_\_\_

Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_- \_\_\_\_\_  
Person child lived with (Name & Current Address) Relationship to child

\_\_\_\_\_- \_\_\_\_\_  
Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_- \_\_\_\_\_  
Person child lived with (Name & Current Address) Relationship to child

\_\_\_\_\_- \_\_\_\_\_  
Period of Residence \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_- \_\_\_\_\_  
Person child lived with (Name & Current Address) Relationship to child

*(If there are additional children, please use a separate sheet of paper.)*

Are there any other persons claiming to be the parents of any of the before mentioned children or are there any other cases either open or closed, involving any of the listed children ?

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

Who will have legal custody?  Husband  Wife  Joint

Who will have physical custody?  Husband  Wife  Joint

Do you have a visitation schedule worked out? YES NO



Who will pay the co-payment, cost of prescriptions or other fees not covered by insurance for the children?

Husband      Wife      50/50      Other

Do you cover medical insurance for your spouse or do they provide medical insurance to you?

YES      NO

If yes, who has coverage for whom? \_\_\_\_\_

Name of insurance provider \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Group # \_\_\_\_\_

Will the other party continue to provide you with health insurance as well?

YES      NO

For how long? \_\_\_\_\_

### **SPOUSAL SUPPORT**

a.) Is there any spousal support being requested?    YES      NO

If you answered NO to a.), do both parties wish to forever waive support or do you suggest the other party never be eligible to receive spousal support?    YES      NO

If YES to a.), how much a month for spousal support? \_\_\_\_\_

How long will this last? \_\_\_\_\_

If unknown, would you like to leave this up to the court?    YES      NO

How often do you suggest a payment be made? \_\_\_\_\_

### **RETIREMENT BENEFITS**

Do you believe that either party is entitled to a portion of the other party's retirement benefits?

YES      NO

If no, do you request that both parties forever waive any and all rights to each others retirement benefits?    YES      NO

If yes, do you know what type of retirement the other party has?

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

### **FINANCIAL INFORMATION**

Number of persons currently living in your home: \_\_\_\_\_

Name	Age	Relationship	Gross Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____


Do you have any of the following, if so please fill in the blanks.

Cash \$ \_\_\_\_\_

Checking, savings, and credit union accounts (list banks not account numbers):

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

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

Property	FMV	Loan Balance

Real estate (list address, estimated FMV, and loan balance)

Property	FMV	Loan Balance

Please list any other personal property – jewelry, furniture, furs, stocks, bonds, etc.

Below is a list of your monthly expenses, please fill them out as best as you can. Remember that they are only estimates.

- (1)  Rent or  Mortgage ..... \$ \_\_\_\_\_  
 If mortgage:  
 (a) average principal \$ \_\_\_\_\_  
 (b) average interest \$ \_\_\_\_\_
- (2) Real property taxes ..... \$ \_\_\_\_\_
- (3) Homeowner’s or renter’s insurance  
 (if not included in the above payment)..... \$ \_\_\_\_\_
- Healthcare costs not covered by insurance..... \$ \_\_\_\_\_
- Childcare..... \$ \_\_\_\_\_
- Groceries & Household Supplies..... \$ \_\_\_\_\_
- Eating Out..... \$ \_\_\_\_\_
- Utilities (gas, electric, water, trash)..... \$ \_\_\_\_\_
- Telephone, cell-phone, e-mail..... \$ \_\_\_\_\_
- Laundry & cleaning..... \$ \_\_\_\_\_
- Clothes ..... \$ \_\_\_\_\_
- Education..... \$ \_\_\_\_\_
- Entertainment, gifts & vacations..... \$ \_\_\_\_\_
- Auto expenses & transportation (ins. Gas, repairs)... \$ \_\_\_\_\_
- Life insurance (not out of payroll)..... \$ \_\_\_\_\_
- Savings & investments..... \$ \_\_\_\_\_
- Charitable contributions..... \$ \_\_\_\_\_
- Other ..... \$ \_\_\_\_\_

Installment payments (specify purpose & amount)

This might include credit cards, car payments, anything that you may make a payment on

Paid to:	For:	Monthly payment	Amount owed	Current on Pmts?	
				YES	NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How much is paid by others to cover the above expenses ..... \$ \_\_\_\_\_

If there is any property, please list it below. Include anything that you might dispute over. If there is already an agreement you do not have to fill out this section, but you might want to consider getting your agreement in writing. If you would like to have a stipulated judgment typed up, this in most cases can eliminate you going to court.

Property	FMV	How much do you owe	Petitioner/Respondent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include any and all additional property that may be of concern to your case

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

