

826 BrooksideAve., 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?

TES 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 hou
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: \_\_\_\_\_ 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 Address Period of Residence Person child lived with (Name & Current Address) Relationship to child Period of Residence Address

Person child lived with (Name & Current Address)

Person child lived with (Name & Current Address)

Period of Residence

Relationship to child

Relationship to child

Address

CHILD 2 Check box if inform	nation is the same	e as child pre	eviously mentioned
Child's Name			
Place of Birth			
Age: D.O.B.		Sex	ζ
Present			
Period of Residence		Address	
Person child lived with (Nan	ne & Current Ad	dress)	Relationship to child
Period of Residence		Address	
Person child lived with (Nam	ne & Current Ad	dress)	Relationship to child
Period of Residence		Address	
Person child lived with (Nam	ne & Current Ad	dress)	Relationship to child
CHILD 3 Check box if inform Child's Name Place of Birth			
Age: D.O.B.		Sex	ζ
- Present			
Period of Residence		Address	
Person child lived with (Nam		dress)	Relationship to child
Period of Residence		Address	
Person child lived with (Nan	ne & Current Ad	dress)	Relationship to child
Period of Residence		Address	
Person child lived with (Nam	ne & Current Ad	dress)	Relationship to child
(If there are addition	al children, plea	se use a sepo	arate sheet of paper.)
Are there any other persons claimi	ng to be the pare	ents of any of	f the before mentioned children or
are there any other cases either ope	en or closed, invo	olving any o	f the listed children ?
Who will have legal custody?	□ Husband	□Wife	□Joint
Who will have physical custody?			
Do you have a visitation schedule	worked out?	YES	NO

If you answered yes, please give a description of your schedule:
Are you going to be requesting child support? YES NO
If YES, how much child support are you requesting be paid per month, per child?
Or you may choose to allow the court to decide; Would you like the court to decide?  YES  NO
Grand total of child support a month
Payment will be made □Beginning of month □Middle □End
Do you need a wage garnishment? YES NO
REMEMBER: CHILD SUPPORT PAYMENTS ARE NOT TAX DEDUCTIBLE!!
TAY INTORICATION
TAX INFORMATION
What tax year did you last file for??
How did you file that tax year? □Single □Head of household □Married
(filing separately) OR
What state do you file taxes   California   Other
List the number of exemptions you include on your taxes (include yourself)
How are you going to be filing taxes in the future?     Jointly   Separately
Additional tax information:
Who will claim the children for TAX purposes? □Husband □Wife □Split  If SPLIT, list who will claim which children?
Does the wife in the marriage wish to have their former name restored? YES NO  If YES, former name
11 120, 101mor muno
MEDICAL COVERAGE
Who will provide medical insurance for the children? (MILITARY: Remember: that the service
member may leave the military and no longer have free medical coverage for the children, but
what you agree to here will continue)
□Husband □Wife □Both

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	e
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 retireme	nt
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	e fill in th	ne blanks.
Cash \$		
Checking, savings, and credit union ac	counts (1	list banks not account numbers):
(1)		
(2)	\$	
(2)(3)	\$	
Cars, other vehicles, and boats (list make year	· foin me	what walne (FMV) and loan belo
each):	, tan ma	irket value (FWIV) and loan baran
<i>,</i>	FMV	Loan Balance
Troperty	. 1V1 V	Loan Balance
Real estate (list address, estimated FMV, and	loan bala	ance)
	FMV	
Below is a list of your monthly expenses, pleathey are only estimates.  (1) Rent or Mortgage		•
If mortgage:	• • • • • • • • • • • • • • • • • • • •	Ψ
(a) average principal \$		
(b) average interest \$		
(2) Real property taxes		\$
(3) Homeowner's or renter's insurance		Ψ
(if not included in the above payment)	1	\$
Healthcare costs not covered by insurance		Φ.
Childcare		\$ \$
Groceries & Household Supplies		Ф
Eating Out.		Φ
Utilities (gas, electric, water, trash)		Ψ <b>\$</b>
Telephone, cell-phone, e-mail		Ф С
I aundry & cleaning	• • • • • • • • • • • • • • • • • • • •	\$
Laundry & cleaning		Ψ
Education		
Entertainment, gifts & vacations		\$
Auto expenses & transportation (ins. Gas, rep		\$
Life insurance (not out of payroll)		\$ \$
	 airs)	\$ \$ \$
Navinos w invesiments	airs)	\$ \$ \$
Savings & investments	airs)	\$ \$ \$
Charitable contributions	airs)	\$ \$ \$

Installment payments (specify purpose & amount)
This might include credit cards, car payments, anything that you may make a payment on

Paid to:	For:	Monthly p	. •	Amount owed	Current or YES	
					YES	NO
					T/E/C	NO
						NO
					MEG	NO
						NO
					TIEG	NO
How much is	s paid by others to cove	er the above expenses		\$		
con	re is already an agreem sider getting your agre this in most cases can Property	ement in writing. If y	ou would l	ike to have a stipu	lated judgment	
	Troperty	1 1V1 V		u owe	сиионет/кезро	naciit
Plea	ase include any and all	additional property tl	hat may be	of concern to you	r case	

information below will be used to type up	your declaration.
ACKNOWLEDGM	ENT AND AUTHORIZATION
n attorney, cannot select forms and DOES Documents Assistant to type and perform of	ent Assistant (LDA) preparing my documents is NO S NOT give legal advice. I hereby direct the Legal certain services as outlined in our discussion(s). I ion which I have provided is, to the best of my
Dated:	
/uiou	Signature