

# 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: _____

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<b>I. MARITAL BACKGROUND INFORMATION (Cont'd)</b>																										
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>																									
<b>II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE</b>																										
1. Specify children born or adopted from the marriage (include middle initial):	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <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>(1) _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>(2) _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>(3) _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>(4) _____</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) _____	_____	_____	_____	_____
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(4) _____	_____	_____	_____	_____																						
2. Specify residence of each child for last 5 years:	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <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="text-align: center;"><u>Currently Residing With</u></th> </tr> </thead> <tbody> <tr> <td>(1) _____</td> <td>_____</td> <td><input type="checkbox"/> Petitioner</td> <td><input type="checkbox"/> Respondent</td> </tr> <tr> <td>(2) _____</td> <td>_____</td> <td><input type="checkbox"/> Petitioner</td> <td><input type="checkbox"/> Respondent</td> </tr> <tr> <td>(3) _____</td> <td>_____</td> <td><input type="checkbox"/> Petitioner</td> <td><input type="checkbox"/> Respondent</td> </tr> <tr> <td>(4) _____</td> <td>_____</td> <td><input type="checkbox"/> Petitioner</td> <td><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					
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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: _____ _____																									

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<b>II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE (Cont'd)</b>	
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: _____ _____
<b>III. ASSETS AND DEBTS</b>	
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



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<b>IV. FINANCIAL INFORMATION (Cont'd)</b>																																														
3. Respondent's Income:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Monthly gross income before taxes:</td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 35%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Monthly deductions: (1)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 100px;">(2)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 100px;">(3)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 100px;">(4)</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><b>Monthly take home pay:</b></td> <td style="text-align: center;"><b>\$</b></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Monthly gross income before taxes:	\$		Monthly deductions: (1)	\$		(2)	\$		(3)	\$		(4)	\$		<b>Monthly take home pay:</b>	<b>\$</b>																												
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4. Respondent's Household Expenses:	<table style="width: 100%; border-collapse: collapse;"> <tr><td>(1) Rent or house payment &amp; maintenance</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(2) Food and household supplies</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(3) Utilities and telephone</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(4) Clothing</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(5) Laundry and cleaning</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(6) Medical and dental payments</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(7) Insurance (life, health, accident, etc.)</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(8) School and child care, if any</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(9) Transportation and auto expenses (insurance, gas, etc.)</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(10) Installment payments (specify):</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(a) _____</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(b) _____</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(c) _____</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(d) _____</td><td style="text-align: center;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td><b>Total Monthly Expenses:</b></td><td style="text-align: center;"><b>\$</b></td><td style="border-bottom: 1px solid black;"></td></tr> </table>	(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) _____	\$		<b>Total Monthly Expenses:</b>	<b>\$</b>	
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<b>V. GENERAL INFORMATION</b>																																														
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?	_____ _____ _____																																													