**DISSOLUTION OF MARRIAGE INFORMATION WORKSHEET**

**Please complete the following questions. This information is necessary in order to prepare the proper court documents for you. Please do not leave blank spaces. If you are unable to answer a question or a question does not apply, please write “unknown” or “not applicable”.**

**YOUR FIRST APPOINTMENT WILL BE RESCHEDULED OR CANCELLED IF YOU FAIL TO PROVIDE THIS WORKSHEET PROPERLY COMPLETED 24 HOURS PRIOR TO YOUR FIRST APPOINTMENT. ONCE COMPLETED, PLEASE RETURN VIA EMAIL TO RENEE MARTINEZ AT** [**RMARTINEZ@SCBALAS.COM**](mailto:RMARTINEZ@SCBALAS.COM)**. IF YOU HAVE ANY QUESTIONS REGARDING THIS WORKSHEET PLEASE CONTACT OUR OFFICE AT 407-834-1660, x111. THANK YOU FOR YOUR COOPERATION.**

1. **Client:**

Name (*As it appears on your Driver’s License or Identification Card****)***:

First: Middle: Last:

Date of Birth:

Address:

Street/P.O. Box: Apartment #:

City: State: Zip Code:

Mailing address *(if different than above)*:

Street/P.O. Box: Apartment#:

City: State: Zip Code:

Social Security Number:

Phone Numbers:

Home: Cell: Emergency: Work:

Immigration Status: *(check one)* U.S. Citizen Other:

1. **Client’s Spouse:**

Name

First: Middle: Last:

Date of Birth:

Address:

Street/P.O. Box: Apartment #:

City: State: Zip Code:

Mailing address *(if different than above)*:

Street/P.O. Box: Apartment#:

City: State: Zip Code:

Social Security Number:

Phone Numbers:

Home: Cell: Emergency: Work:

Immigration Status: *(check one)* U.S. Citizen Other:

When can your spouse usually be found at his/her place of residence? *(Be specific of days and times so that we can obtain service of process)*

When can your spouse usually be found at his/her work place? *(Be specific of days and times so that we can obtain service of process)*

Is your Spouse in the military? Yes No

1. **Marriage Information:**

Date when you first moved to Florida:

Date your current Florida Driver’s License or Identification Card was issued:

Date of Marriage:

Place of Marriage:

County: City: State:

Date of Separation:

Place of Separation:

County: City: State:

Is your marriage irretrievably broken (no chance to continue marriage)? Yes No

Reason why marriage is irretrievably broken:

Do you desire the restoration of your maiden name? YesNo

If yes, state the maiden name?

1. **Children**

Please list all child(ren) born of the relationship with your spouse. Include the last name of the child(ren).

Child 1: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Child 2: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Child 3: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Child 4: Birth date:

Where born:

Who does the child live with *(check one)*? Mom Dad Other:

Are you pregnant? YesNo

If yes, list name of father of child:

Please list all child(ren) from a prior marriage, prior relationship or other child(ren) you have residing with you. Include the last name of the child(ren).

Child 1: Birth Date:

Where born:

Child 2: Birth Date:

Where born:

Child 3: Birth Date:

Where born:

Child 4: Birth Date:

Where born:

What school does each child attend and what is their present grade and state the name of the teacher of any child in elementary school?

Child 1:

Name: School: Teacher:

Child 2:

Name: School: Teacher:

Child 3:

Name: School: Teacher:

Child 4:

Name: School: Teacher:

1. **PRIOR COURT PROCCEDINGS:**

Have you or your spouse ever filed any court proceedings against each other *(such as an Injunction for Protection; Child Support Case; Divorce Proceedings)*? YesNo

If yes, state the following:

1. When:
2. County, State:
3. Case Number:
4. Type of Case:
5. Result of Case:
6. Was child support ordered?YesNo If yes, how much?
7. If support was ordered, are the support payments being paid?YesNo
8. Did the Judge award majority timesharing of the child(ren) to you or your spouse?YesNo
9. When:
10. County, State:
11. Case Number:
12. Type of Case:
13. Result of Case:
14. Was child support ordered?YesNo If yes, how much?
15. If support was ordered, are the support payments being paid?YesNo
16. Did the Judge award majority timesharing of the child(ren) to you or your spouse?YesNo

1. **DOMESTIC VIOLENCE**

Has there been a history of domestic violence in your relationship with your spouse?YesNo

If yes, please describe:

Please describe the last incident of domestic violence, include the date:

Did you file an Injunction for Protection?YesNo

If yes, please provide copies of the Final Injunction for Protection.

Has law enforcement filed any reports regarding any domestic violence Incidents?YesNo

If yes, provide copies of the reports.

Did anyone witness the domestic violence incidents?YesNo

If yes, please state the name of witness and relationship to you:

1. **EDUCATION**

State the education of the following persons. State the level of education held *(high school/college/professional/technical/occupational licenses)*

Wife:

Husband:

1. **SPOUSE EMPLOYMENT INFORMATION**

Employer:

Address:

Occupation (job position):

Income from Employment: $ Weekly Biweekly Monthly Yearly

Length of time with Employer:

Overtime pay available: Yes No Unknown

Bonus pay available: Yes No Unknown

Medical Insurance available: Yes No Unknown

If yes, how much is paid for Medical/Dental Insurance? $

If yes, how much is paid for Medical/Dental Insurance for dependents? $

Use of company car? Yes No Unknown

Use of housing as employment benefits? Yes No Unknown

Second Job? Yes No Unknown

If yes, please state name of employer, address and salary:

Employer:

Address:

Salary: $

If self-employed, state the nature of the business; number of employees, and business income:

Nature of business:

Number of employees:

Business income: $

If unemployed, state reason:

Disability Received? Yes No Unknown

If yes, how much? $

State last two employers and salary received from employer:

Employer:

Salary: $

Employer:

Salary: $

1. **CLIENT FINANCIAL INFORMATION**

Occupation/Job:

If no employment, please explain why not and list efforts to find employment:

Employer:

Address (include city):

Pay period (circle one): DailyWeeklyBiweeklyMonthly

Next Pay Day:

Rate of Pay:

Hours worked per week:

Number of withholding allowances claimed:

Do you claim married or single status:

Amount you pay monthly for medical/dental: $

Amount you pay monthly for insurance for medical/dental for your child(ren): $

Amount you pay for medical or dental for your spouse: $

Amount you pay monthly for daycare: $

Name and address of daycare:

**LIABILITIES:**

Do you and your spouse have debt to divide? YesNo

If yes, please provide the following information:

*Examples of debt include: repossession of car, money judgments, credit cards, hospital bills, mortgage, car loans, etc. If there are additional debts, please provide via email.*

Debt 1

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 2

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 3

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 4

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 5

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 6

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 7

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 8

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 9

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

Debt 10

Who is money owed to:

Total amount due:

Monthly payments being made:

Incurred during marriage: YesNo

How do you wish these debts to be divided and why?

1. **HEALTH**

Describe health of spouse and include names of any prescriptions taken:

Describe your health and include names of any prescriptions taken:

Describe the health of the child(ren) of the marriage and include name of any prescriptions taken:

Do any of your child(ren) have an illness or disability which may require child support extended past 18 years of age? Yes No

Any extra costs incurred as result of child(ren)’s health: Yes No

If yes, please describe:

Are child(ren) receiving disability payments due to their health? Yes No

If yes, how much?

Do child(ren) receive social security/disability payments on behalf of you or yours spouse’s disability?

Yes No

If yes, how much?

1. **ALIMONY/STANDARD OF LIVING**

Do you desire to be awarded alimony (payments from spouse for your support and care)? Yes No

Does your spouse have the financial ability to provide you with alimony? Yes No

To determine alimony considerations, please answer the following questions for the time period you lived as husband and wife:

Were your monthly expenses such as housing and utilities paid on time? Yes No

Were credit cards paid on time? *(Circle One)* Yes No Do Not Have Credit Cards

Has any car(s) been repossessed? Yes No

Average monthly amount spent on gifts:

Average monthly amount spent on religious institution(s), if any?

Did you work? Yes No

If no, state reason why you did not work:

If yes, please state the amount of hours you worked each week:

If yes, please state name, dates of employment and type of work:

Did you work to support your spouse to obtain further education or training? Yes No

If yes, please describe your efforts:

Did your services as a homemaker and care of child(ren) assist your spouse in furthering his career?

Yes No

If yes, please describe your efforts:

Do you require training or education to enable you to find appropriate employment? Yes No

If yes, what specifically do you want to go to school for/ have training:

Did child(ren) attend private school? Yes No

If yes, state name and cost of school:

Describe activities the child(ren) participated in and the cost associated with activity such as ballet, karate, sports, and after school activities and who paid:

Activity:

Who Paid:

Costs:$

Activity:

Who Paid:

Costs:$

Activity:

Who Paid:

Costs:$

Are the child(ren) currently enrolled in any of these activities: Yes No

If yes, please list what activity:

1. **HOUSING**

If you pay rent:

Whose name is on the lease?

Date Lease commenced:

Name of Landlord:

Is the rent current? Yes No

Amount of Monthly Rent: $

If you own or buying your home:

Please state how the title of the home is held (individually or the name of you and your spouse):

Address of Property:

Date Property Purchased:

Purchase price:

Down payment:

Who paid the down payment:

Who provided the funds to purchase the home:

What is the approximate amount of the balance of the mortgage debt?

Name of Mortgage Holder:

Whose name is on the mortgage:

Amount of monthly mortgage:

Are monthly mortgage payments current? Yes No

How much could you sell the home for if sold today? $

Do you own any other home or land? Yes No

If yes, state the names listed on title, information on mortgage, and location of property and value of property:

Do you desire to stay in the home? Yes No

Do you desire the home to be sold? Yes No

Who lives in your home(s):

1. **PERSONAL PROPERTY**

CLIENT:

Year, Make, Model and Trim of car you drive:

Mileage:

How is the car titled:

Loan holder of the car:

Balance owed on car: $

Monthly Payments: $

Are monthly payments current? Yes No

Was the car purchased during the marriage? Yes No

Do you want to keep possession of the car? Yes No

Value of the Car: $

SPOUSE:

Year, Make, Model and Trim of car your spouse drives:

Mileage:

How is the car titled:

Loan holder of the car:

Balance owed on car: $

Monthly Payments: $

Are monthly payments current? Yes No

Was the car purchased during the marriage? Yes No

Do you want to keep possession of the car? Yes No

Value of the Car: $

Do you and your spouse own any other car(s)? Yes No

If yes, state year, make and type of car, title of the car, value of the car and debt on car, if any, and amount of balance of debt and monthly payments:

Was the above car purchased during the marriage? Yes No

Do you or your spouse own a boat or motorcycle? Yes No

Was the boat or motorcycle purchased during marriage? Yes No

If yes, please describe:

Is there any personal property in possession of your spouse that you desire to be returned? Yes No

If yes, describe the personal property:

Do you and your spouse need to divide personal property? Yes No

If yes, describe personal property that needs to be divided:

1. **CHILD SUPPORT**

Is your spouse currently paying you child support? Yes No

If yes, how much is spouse paying and frequency of payment (weekly, biweekly, month)?

How much total child support has your spouse paid you from date of separation to the date completing this worksheet?

Was the child support paid by your spouse to you voluntarily or pursuant to court order?

If child support is court ordered, please state the following:

When:

County, State:

Case Number:

Type of Case:

Result of Case:

If spouse was court ordered to pay child support, is spouse current on his support?Yes No

If no, state amount past due:

Are you receiving any public benefits (Food Stamps/Medicaid/Temporary Cash Assistance/Social Security/Disability): Yes No

If yes, state what you receive and amount received:

Are you paying child support for any other child? Yes No

If yes, how much? $

Are you receiving child support for any other child? Yes No

If yes, how much? $

Is it court ordered? Yes No

1. **TIME SHARING**

Do you desire the majority of Time Sharing of your child(ren)? Yes No

Do the child(ren) currently live with you? Yes No

Have the child(ren) been living with you since your separation? Yes No

If no, please provide details and reason why child(ren) not living with you:

What religious institution do you and your children attend, if any?:

Is your spouse spending time with the child(ren)? Yes No

If yes, describe the contact (timesharing) spouse has with the child(ren):

What contact do you desire that your spouse have with the child(ren)? (i.e. every other weekend, every week, holiday contact, birthday contact, telephone contact):

Do you desire any restrictions in timesharing? Yes No

If yes, please describe restriction(s) (i.e. not under influence of alcohol, not under influence of controlled substances, supervision, no overnight, meet at neutral location for exchange of children) and provide reason for proposed restriction:

Have you or your spouse ever been investigated by the Department of Children and Families regarding abuse, neglect or abandonment allegations? Yes No

If yes, please provide details include information regarding any court case filed by the Department of Children and Families:

Does your spouse desire majority of the Time Sharing of your child(ren)? Yes No

Please state any significant negative or unfavorable comment that your spouse may bring against you in any majority timesharing dispute:

Have you ever been arrested for a crime? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please describe the crime and sentence for the crime:

Are you currently on probation? Yes No

Has your spouse ever been arrested for a crime? Yes No

Has your spouse ever been convicted of a crime? Yes No

If yes, please describe the crime and sentence for the crime:

Is your spouse currently on probation? Yes No

Please state any significant problem that your spouse has that prevents him from properly caring for the child(ren) or sharing in the decision making regarding the child(ren):

Please describe how the child(ren) is/are performing in school:

Provide any other relevant information that you believe is important in any contested majority timesharing dispute:

Are you considering relocating your child(ren)’s residence to another county, state or country? Yes No

If yes, where do you plan to move, when do you anticipate moving and why do you want to moving?

1. **MANDATORY DISCLOSURE**

**PLEASE NOTE**: The following is a list of documents required by Rule 12.285, Florida Family Law Rules of Procedure. You need to go through the list and bring with you to the first appointment any and all of the documents listed. Please put a check mark in the space provided next to the documents that you are bringing with you to the first appointment.

**THESE DOCUMENTS ARE REQUIRED IN ORDER TO FILE FOR A DIVORCE OR CUSTODY. ATTORNEY ALONSO WILL NOT FILE ANY PAPERWORK ON YOUR BEHALF UNTIL YOU HAVE PROVIDED THE FOLLOWING DOCUMENTS TO OUR OFFICE.**

Any Injunction for Protection(s)

Any Law Enforcement Reports regarding your case

Any Child Support Orders involving you, your spouse or child(ren)

Any Court Papers that you have filed involving your, your spouse of child(ren)

Any Court Papers that you have received from your Spouse

Proof of any daycare that you pay for your child(ren)

Documentation showing how much you pay for Medical/Dental Insurance for you

Documentation showing how much you pay for Medical/Dental Insurance for your spouse

Documentation showing how much you pay for Medical/Dental Insurance for your child(ren)

All personal (1040) federal tax, gift tax, and intangible personal property tax returns for the preceding three (3) years; or IRS forms W-2, 1099, and K-1 for the past year if the income tax return for the past year has not been prepared.

Pay stubs or other evidence of earned income for the past 3 months.

A statement identifying the source and amount of all income for the past 3 months, if not reflected on the pay stubs produced.

All loan applications and financial statements prepared for any purpose or used for any purpose within the past 12 months.

All deeds to real estate in which you presently own or owned an interest within the past 3 years. All promissory notes in which you presently own or owned an interest within the last 12 months. All present leases in which you own an interest.

All periodic statements for the last 3 months for all checking accounts and for the last year for all savings accounts, money market funds, certificates of deposit, etc.

All brokerage account statements for the last 12 months.

Most recent statement for any pension, profit sharing, deferred compensation, or retirement plan (for example, IRA, 401(k), 403(b), SEP, KEOGH, etc.) and summary plan description for any such plan in which you are a participant or alternate payee.

The declarations page, the last periodic statement, and the certificate for any group insurance for all life insurance policies insuring your life or the life of your spouse.

All health and dental insurance cards covering either you or your spouse and/or dependent children.

Corporate, partnership, and trust tax returns for the last 3 tax years, in which you have an ownership or interest greater than or equal to 30%.

All credit card and charge account statements and other records showing your current indebtedness and for the prior 3 months. All promissory notes on which you presently owe or owed within the past year. All lease agreements you presently owe.

All premarital and marital agreements between you and your spouse.

All documents and tangible evidence relating to claims for special equity or nonmarital status of an asset or debt.

Any court order directing that you either pay or receive child or spousal support.