

DISSOLUTION OF MARRIAGE INFORMATION WORKSHEET

Please answer and 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".

ALL INFORMATION ON THIS WORKSHEET IS KEPT CONFIDENTIAL.

PLEASE NOTE: YOUR FIRST APPOINTMENT WILL BE RESCHEDULED OR CANCELLED IF YOU FAIL TO BRING THIS WORKSHEET PROPERLY COMPLETED TO YOUR FIRST APPOINTMENT.

IF YOU HAVE ANY QUESTIONS REGARDING THE WORKSHEET, PLEASE CONTACT LAUREN DULA at (407) 834-1660, ext. 113 BEFORE THE DATE OF YOUR FIRST APPOINTMENT.

I. CLIENT

NAME

First: Middle: Last:

Maiden Name:

Date of birth: Social Security Number:

Address

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Mailing Address (if different from above)

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Phone Numbers

Home: Cell: Emergency:

Immigration status: U. S. Citizen Other:

II. CLIENT'S SPOUSE

NAME

First: Middle: Last:

Date of birth: Social Security Number:

Address

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Mailing Address (if different from above)

Street/P.O. Box: Apt. #:

City: State: Zip Code:

Phone Numbers

Home: Cell: Emergency:

Immigration status: U. S. Citizen Other:

When can your spouse usually be found at his/her place of residence (specific days and times)?

When can your spouse usually be found at his/her workplace (specific days and times)?

Is your spouse in the Military? Yes No

III. MARRIAGE INFORMATION

Date when you first moved to Florida:

Date when your current 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 restoration of your maiden name? Yes No

IV. CHILDREN

Please list all child(ren) born of the relationship with your spouse (full names):

Child 1: Date of Birth:

Place of birth:

Who does child live with? Mom Dad Other:

What school does child attend?

Grade: Teacher's Name:

Child 2: Date of Birth:
Place of birth:
Who does child live with? Mom Dad Other:
What school does child attend?
Grade: Teacher's Name:

Child 3: Date of Birth:
Place of birth:
Who does child live with? Mom Dad Other:
What school does child attend?
Grade: Teacher's Name:

Child 4: Date of Birth:
Place of birth:
Who does child live with? Mom Dad Other:
What school does child attend?
Grade: Teacher's Name:

Please List all child(ren) from a prior marriage, prior relationship, or other child(ren) you have living with you (full names).

Child 1: Date of Birth:
Place of birth:
Child 2: Date of Birth:
Place of birth:
Child 3: Date of Birth:
Place of birth:
Child 4: Date of Birth:
Place of birth:

V. PRIOR COURT PROCEEDINGS

Have you or your spouse ever filed any court proceedings against each other (*such as an Injunction for Protection; Child Support Case; Divorce Proceedings*)? Yes No

If yes, state the following:

- A. When:
- B. County, State:
- C. Case Number:
- D. Type of Case:

E. Result of Case:

F. Was child Support Ordered? Yes No If yes, how much?

G. If support was ordered, are the support payments being made? Yes No

A. When:

B. County, State:

C. Case Number:

D. Type of Case:

E. Result of Case:

F. Was child Support Ordered? Yes No If yes, how much?

G. If support was ordered, are the support payments being made? Yes No

VI. DOMESTIC VIOLENCE

Has there been a history of domestic violence in your relationship with your spouse? Yes No

If yes, please describe:

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

Did you file an Injunction for Protection? Yes No

If yes, please provide a copy of the Final Judgment of Injunction for Protection.

Has law enforcement filed any reports regarding any domestic violence incidents? Yes No

If yes, provide copies of the reports.

Did anyone witness the domestic violence incidents? Yes No

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

VII. EDUCATION

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

Wife:

Husband:

VII. SPOUSE EMPLOYMENT INFORMATION

Employer:

Address:

Occupation:

Income from employment: \$ Weekly Bi-weekly 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 las two employers and salary received from employer:

Employer:

Salary: \$

Employer:

Salary: \$

XVII. CLIENT FINANCIAL INFORMATION

Occupation/Job:

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

Employer:

Address (include city):

Pay period: Daily Weekly Bi-weekly Monthly

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 expenses: \$

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

Amount you pay for medical/dental for your spouse: \$

Amount you pay monthly for daycare: \$

Name and address of daycare:

IX. LIABILITIES

Do you and your spouse have debt to divide? Yes No

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 vial email).*

Debt 1

Debt 7

Who is money owed to:

Who is money owed to:

Total amount due: \$

Total amount due: \$

Amount of monthly payment: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Incurred during marriage? Yes No

Debt 2

Debt 8

Who is money owed to:

Who is money owed to:

Total amount due: \$

Total amount due: \$

Amount of monthly payment: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Incurred during marriage? Yes No

Debt 3

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Debt 4

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Debt 5

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Debt 6

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Debt 9

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Debt 10

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Debt 11

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

Debt 12

Who is money owed to:

Total amount due: \$

Amount of monthly payment: \$

Incurred during marriage? Yes No

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

X. 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 a 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 your spouse's disability?

Yes No

If yes, how much? \$

XI. 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? Yes No

Has any car(s) been repossessed? Yes No

Average monthly amount spent of 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 number 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 the 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:

XII. 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 are 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 was 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 payment: \$

Are monthly mortgage payments current? Yes No

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

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):

Do you own any other homes or land? Yes No

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

XIII. PERSONAL PROPERTY

CLIENT

Provide the following information for the vehicle you drive:

Year: Make:

Model: Trim:

Color: Miles:

How is the car titled?

Loan holder of the car:

Balance owed on the car: \$

Monthly payment amount: \$

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

Provide the following information for the vehicle your spouse drives:

Year: Make:

Model: Trim:

Color: Miles:

How is the car titled?

Loan holder of the car:

Balance owed on the car: \$

Monthly payment amount: \$

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, type of car, title of car, value of car, and debt on car, if any, balance of loan, and amount of 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 the 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 the personal property? Yes No

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

XIV. CHILD SUPPORT

Is your spouse currently paying you child support? Yes No

If yes, how much is your spouse paying and frequency of payments (weekly, bi-weekly, monthly)?

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 voluntary or by court order? Voluntary 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, are payments current? Yes No

If no, state amount past due: \$

Are you receiving any public benefits (food stamps, Medicaid, etc.)? Yes No

If yes, name type of assistance and the amount you receive:

Are you paying child support for any other child(ren)? Yes No

If yes, how much? \$

Are you receiving child support for any other child(ren)? Yes No

If yes, how much? \$

Is it court ordered? Yes No

XV. TIMESHARING

Do you desire the majority of timesharing with your child(ren)? Yes No

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

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

What religious institution do you and your child(ren) attend, if any?

Is your spouse spending time with the children? Yes No

If yes, please 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 or controlled substances, supervision, no overnight, neutral location for exchange of children, etc.):

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 timesharing with 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:

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 move?