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 DENICE GARZA at (407) 834-1660, ext. 101 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. #: Zip Code: State: City: Mailing Address (if different from above) Street/P.O. Box: Apt. #: Zip Code: City: State: Phone Numbers Home: Cell: Emergency: Immigration status: U. S. Citizen Other: II. CLIENT'S SPOUSE **NAME** Middle: First: 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:	Stat	e:	Z	ip Code:	
Phone Numbers					
Home:	Cell:		Emerge	ncy:	
Immigration status:	U. S. Citizen	Other:			
When can your spouse us	ually be found at l	nis/her place of re	esidence (specifi	c days and	times)?
When can your spouse us	ually be found at l	nis/her workplace	e (specific days a	and times)?	
Is your spouse in the Mili	tary? Yes	No			
III. MARRIAGE INFOR	RMATION				
Date when you first move	d to Florida:				
Date when your current D	Priver's License on	· Identification ca	ard was issued:		
Date of Marriage:					
Place of Marriage					
County:	City	/:	S	State:	
Date of Separation:					
Place of Separation					
County:	City	/:	S	State:	
Is your marriage irretrieva	ably broken (no ch	nance to continue	marriage)?	Yes	No
Reason why marriage is in	rretrievably broke	n:			
Do you desire restoration	of your maiden na	ame? Yes	No		
IV. CHILDREN					
Please list all child(ren) bo	rn of the relations	hip with your spo	ouse (full names)):	
Child 1:			Date of	Birth:	
Place of birth:					
Who does child live with?	? Mom	Dad	Other:		
What school does child at	tend?				
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	1?			
Grade:	Teacher's N	Name:		
Child 3:			Date of Birth:	
Place of birth:				
Who does child live with?	Mom	Dad	Other:	
What school does child attend	1?			
Grade:	Teacher's N	Name:		
Child 4:			Date of Birth:	
Place of birth:				
Who does child live with?	Mom	Dad	Other:	
What school does child attend	1?			
Grade:	Teacher's N	Name:		
Please List all child(ren) from (full names).	a prior marriage	e, prior relationsl	nip, or other child(ren) you have living	g with you
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 PROCE	EDINGS			
Have you or your spouse ever <i>Injunction for Protection; Cha</i>	•		,	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, h	ow much?		
G. If support was ordered, are the	support pa	ayments bei	ing made?	Yes	No	
A. When:						
B. County, State:						
C. Case Number:						
D. Type of Case:						
E. Result of Case:						
F. Was child Support Ordered?G. If support was ordered, are the	Yes support pa	No ayments bei	<u> </u>	how much? Yes	No	
VI. DOMESTIC VIOLENCE						
Has there been a history of domestic v If yes, please describe:	violence ii	n your relat	ionship with	your spouse?	Yes	No
Please describe the <u>last</u> incident of do	mestic vi	olence, incl	ude the date:			
Did you file an Injunction for Protection If yes, please provide a copy of the Has law enforcement filed any reports	Final Juc	•			Yes	No
If yes, provide copies of the report			3 7	N		
Did anyone witness the domestic viole If yes, please state the name of the			Yes	No		
if yes, prease state the name of the	withess a	nd relations	sinp to you.			
VII. EDUCATION						
State the education of the following perschool/college/professional/ technical/				n held (high		
Wife:						
Husband:						

VII. SPOUSE EMPLOYMENT INFORMATION

Employer:						
Address:						
Occupation: Income from employment:	: \$	7	Weekly	Bi-weekly	Monthly	Yearly
Length of time with emplo	oyer:					
Overtime pay available:	Yes	No	Unknown			
Bonus pay available:	Yes	No	Unknown			
Medical Insurance availab	le: Yes	No	Unkn	own		
If yes, how much is pai	d for Medical	/Dental Insu	rance? \$			
If yes, how much is pai	d for Medical	/Dental Insu	rance for Depe	ndents? \$		
Use of company car?	Yes	No	Unknown			
Use of housing as employi	ment benefits	? Yes	No	Unknown		
Second Job? Yes	No	Unk	known			
If yes, please state nam	e of employer	, address and	d salary:			
Employer:						
Address:						
Salary: \$						
If self-employed, state the	nature of the	business, nu	mber of emplo	yees, and busines	ss income:	
Nature of Business:						
Number of employees:						
Business income: \$						
If unemployed, state reaso	n:					
1		No	Unknown			
If yes, how much? \$						
State las two employers an	nd salary recei	ved from em	ployer:			
Employer:						
Salary: \$						
Employer:						
Salary: \$						

XVII. CLIENT FINANCIAL INFORMATION

Incurred during marriage?

Yes

No

Incurred during marriage?

Yes

No

Occupation/Job:							
If no employme	ent, please exp	lain why not a	and list ef	fforts to find e	employment:		
Employer:							
Address (include c	•						
Pay period:	Daily	Weekly	Bi-we	ekly	Monthly		
Next pay day:							
Rate of pay: \$							
Hours worked per	week:						
Number of withhol	lding allowand	ces claimed:					
Do you claim marr	ried or single s	status:					
Amount you pay m	nonthly for me	edical/dental ex	xpenses:	\$			
Amount you pay m	nonthly for ins	surance for med	dical/den	tal for your cl	nild(ren): \$		
Amount you pay fo	or medical/der	ntal for your sp	ouse: \$				
Amount you pay m	nonthly for day	ycare: \$					
Name and addre	ess of daycare	:					
IX. LIABILITI	ES						
Do you and your sp	pouse have de	bt to divide?	Yes	ľ	No		
• •	redit cards, ho	_			debt include: reposse . If there are addition	v	•
Debt 1				Debt 7			
Who is money owe	ed to:			Who is mone	ey owed to:		
Total amount due:	\$			Total amoun	t due: \$		
Amount of monthly	y payment: \$			Amount of n	nonthly payment: \$		
Incurred during ma	arriage?	Yes	No	Incurred dur	ing marriage?	Yes	No
Debt 2				Debt 8			
Who is money owe	ed to:			Who is mone	ey owed to:		
Total amount due:	\$			Total amoun	t due: \$		
Amount of monthly	y payment: \$			Amount of m	nonthly payment: \$		

Debt 3 Debt 9

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 4 Debt 10

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 5 Debt 11

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 6 Debt 12

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

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 ex	xtra costs in	curred as a result	of child(ren	n)'s health?	•	Yes	No		
If y	es, please de	escribe:							
Are ch	nild(ren) rece	eiving disability _l	payments du	ue to their h	nealth?	Yes	No		
If y	es, how muc	eh? \$							
Do chi	ild(ren) rece	ive social securit	y/disability	payments of	on behalf	f of you o	r your spouse	's disability	?
Y	Yes	No							
If y	es, how muc	eh? \$							
XI.	ALIMONY	/STANDARD (F LIVING	}					
Do yo	u desire to b	e awarded alimo	ny (paymen	ts from spo	ouse for y	our supp	ort and care)?	Yes	No
Does y	your spouse	have the financia	ıl ability to j	provide you	ı with ali	imony?	Yes	No	
	termine alim	ony consideratio	ns, please a	nswer the fo	ollowing	question	s for the time	period you	lived as
Were y	your monthl	y expenses such	as housing a	and utilities	s paid on	time?	Yes	No	
Were o	credit cards	paid on time?	Yes	N	0				
Has ar	ny car(s) bee	n repossessed?	Y	es	No				
Averag	ge monthly a	amount spent of	gifts: \$						
Avera	ge monthly a	amount spent on	religious in	stitution(s),	, if any:	\$			
Did yo	ou work?	Yes	No						
If	no, state rea	ason why you did	l not work:						
If	yes, please	state the number	of hours yo	ou worked e	each weel	k:			
		state name, dates							
Did yo	ou work to si	apport your spou	se to obtain	further edu	acation o	r training	? Yes	No	
If	yes, please	describe your eff	forts:						
Did yo	our services	as a homemaker	and care of	the child(re	en) assist	your spo	use in further	ring his care	er?
	Yes	No							
If	yes, please d	escribe your effo	orts:						
Do yo	u require tra	ining or educatio	n to enable	you to find	l appropr	iate empl	oyment?	Yes	No
If	yes, what sp	ecifically do you	want to go	to school fe	or/have t	raining?			
Did ch	nild(ren) atte	nd private school	1? Yes	N	lo				

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? \$

If yes, state name and cost of school:

Name of mortgage holder:			
Whose name is on the mortgage:			
Amount of monthly mortgage payment: Are monthly mortgage payments current		es	No
How much could you sell the home for	if sold toda	y? \$	
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? You If yes, state the names listed on title, inf	es Cormation o	No n mortgage	, and location of property and value of
property:			
XIII. PERSONAL PROPERTY			
CLIENT			
Provide the following information for the vehi	cle you dri	ve:	
Year:	N	lake:	
Model:	Т	rim:	
Color:	I	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	O	
Was the car purchased during the marriage?	Yes	N	
Do you want to keep possession of the car?	Yes	N	0
Value of the Car: \$			
SPOUSE SPOUSE			
Provide the following information for the vehi			:
Year:		Iake:	
Model:		rim:	
Color:	ľ	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 o	on car, if any, ba	alance of loan,	
and amount of monthly payments:					
Was the above car purchased during the ma	rriage?	Yes	No		
Do you or your spouse own a boat or motorcycle	? Y	es N	О		
Was the boat or motorcycle purchased during the If yes, please describe:	e marriage?	Yes	No		
Is there any personal property in possession of yo	our spouse tha	at you desire to	be returned?	Yes	No
If yes, describe the personal property:					
Do you and your spouse need to divide the person	nal property?	Yes	No		
If yes, describe personal property that needs	s to be divide	d:			
XIV. CHILD SUPPORT					
Is your spouse currently paying you child suppor	t? Yes	No			
If yes, how much is your spouse paying and			eekly, bi-weekl	ly, monthly)?	
How much total child support has your spot this worksheet? \$	use paid you	from date of s	eparation to the	date completing	ng
Was the child support paid by your spouse volum	tary or by cou	art order?	Voluntary	Court Orde	er
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	s current?	Yes	No	

If no, state amount past due: \$ Are you receiving any public benefits (food stamps, Medica	aid, etc.)?	Yes	No
If yes, name type of assistance and the amount you red Are you paying child support for any other child(ren)?	ceive: Yes	No	
If yes, how much? \$ Are you receiving child support for any other child(ren)? If yes, how much? \$ Is it court ordered? Yes No	Yes	No	
XV. TIMESHARING			
Do you desire the majority of timesharing with your child(red). Do the child(ren) currently live with you? Yes If no, please provide details and reason why child(ren).	No	Yes g with you:	No
What religious institution do you and your child(ren) attend Is your spouse spending time with the children? Yes If yes, please describe the contact (timesharing) spouse		No e child(ren):	
What contact do you desire that your spouse have with the choliday contact, birthday contact, telephone contact):	child(ren)(i.e	every other v	veekend, every week,
Do you desire any restrictions in timesharing? Yes If yes, please describe restriction(s) (i.e. not under influ supervision, no overnight, neutral location for exchange		hol or control	lled substances,
Provide reason for proposed restriction:			
Have you or your spouse ever been investigated by the Dep neglect, or abandonment allegations? Yes If yes, please provide details. Include information regarding the Children and Families:	No		
Does your spouse desire majority of the timesharing with yo	our child(ren)? Ye	s No

Please state any significant negative or unfav	vorable com	ment that your spouse may bring against you i	n 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 ser			
ir yes, preuse desertee the erinte and ser		e crime.	
Is your spouse currently on probation?	Yes	No	
Please state any significant problem that you	ır spouse has	s that prevents him from properly caring for th	e
child(ren) or sharing in the decision making	regarding th	ne child(ren):	
Please describe how the child(ren) is/are per	forming in s	school:	
Provide any other relevant information that	you believe i	is important in any contested majority timesha	ring
dispute:			
	· · 1		NI.
Are you considering relocating your child(ren)		to another county, state or country? Yes ticipate moving and why do you want to move	
if yes, where do you plan to move, whe	ii do you aiit	dicipate moving and why do you want to move	•