

CHERRY WAY DOCUMENT PREPARATION SERVICES

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 Unsure , please specify: _____
3. Have either spouse retained an attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If Yes , please specify: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If Unsure , 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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I. MARITAL BACKGROUND INFORMATION (Cont'd)				
11. Is either spouse in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , 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>		
II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE				
1. Specify children born or adopted from the marriage <i>(include middle initial):</i>	<u>Full Name</u>	<u>Place of Birth</u>	<u>Birthdate</u>	<u>Age</u> <u>Sex</u>
	(1) _____	_____	_____	_____
	(2) _____	_____	_____	_____
	(3) _____	_____	_____	_____
	(4) _____	_____	_____	_____
2. Specify residence of each child for last 5 years:	<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
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 Joint , please specify custody time: ___ % with Petitioner ___ % with Respondent If Other , please specify terms or attach agreement: _____ _____			

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II. CHILDREN BORN OR ADOPTED INTO THE MARRIAGE (Cont'd)	
4. Is there a likelihood of any disputes about the custody of the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , 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 Yes , 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 Yes , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If No , 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 Yes , 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 No , 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 Yes , please specify? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent If Intend to apply for , 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 Yes , please specify or include attachment explaining history of violence against you, the children or problems that may arise because you are seeking a divorce: _____ _____
III. ASSETS AND DEBTS	
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 Yes , is Agreement? <input type="checkbox"/> Done <input type="checkbox"/> Need one prepared

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III. ASSETS AND DEBTS (Cont'd)	
2. Are there any community debts or assets for the court's determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Per attachment If Yes , please specify and for whom: _____ _____ _____
3. Are there any separate debts or assets for the court's determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attachment If Yes , please specify and confirmed to whom: _____ _____ _____ _____
4. Are you seeking the court to determine other support or orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Per attached agreement If Yes , please specify from whom: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Spousal support to be paid by: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent Restoration of former name for: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
IV. FINANCIAL INFORMATION	
1. Petitioner's Income:	Monthly gross income before taxes: \$ _____ Monthly deductions: (1) _____ \$ _____ (2) _____ \$ _____ (3) _____ \$ _____ (4) _____ \$ _____ Monthly take home pay: \$ _____
2. Petitioner's Household Expenses:	(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) _____ \$ _____ Total Monthly Expenses: \$ _____

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IV. FINANCIAL INFORMATION (Cont'd)																																														
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%;"></td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 25%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Monthly deductions:</td> <td>(1)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>(2)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>(3)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td></td> <td>(4)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Monthly take home pay:</td> <td></td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Monthly gross income before taxes:		\$		Monthly deductions:	(1)	\$			(2)	\$			(3)	\$			(4)	\$		Monthly take home pay:		\$																						
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4. Respondent's Household Expenses:	<table style="width: 100%; border-collapse: collapse;"> <tr><td>(1) Rent or house payment & maintenance</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(2) Food and household supplies</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(3) Utilities and telephone</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(4) Clothing</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(5) Laundry and cleaning</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(6) Medical and dental payments</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(7) Insurance (life, health, accident, etc.)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(8) School and child care, if any</td><td style="text-align: right;">\$</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: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>(10) Installment payments (specify):</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(a)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(b)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(c)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="padding-left: 20px;">(d)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td>Total Monthly Expenses:</td><td style="text-align: right;">\$</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)	\$		Total Monthly Expenses:	\$	
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V. GENERAL INFORMATION																																														
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 Unsure , please specify: _____ _____																																													
2. Specify any additional information, pending issues or questions?	_____ _____ _____																																													

PRINT FORM

CLEAR FORM