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# Trial Preparation Questionnaire

(Use for ERC or ADR)



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**\*\*\*IMPORTANT\*\*\*  
PLEASE READ**

If the Court has ordered you to do trial documents, then contact us immediately. **TIME is critical.** Do NOT delay. Fax us or hand deliver this questionnaire IMMEDIATELY. Failure to file ordered documents may lead to adverse consequences in your case and/or fines

### Trial / Conference

#### Your Information

Full name: _____ <i>Legal Name (First MI Last)</i>			
Address: _____ Line 1			Apt. # _____
Address: _____ Line 2			
City: _____	State: _____	ZIP _____	
Social Security No.:	__	__	
Home Phone No.	( ) _____	Work Phone No.	( ) _____
Cell Phone _____	( ) _____		
Date of Birth: _____ <i>(mm/dd/yy)</i>	Age:	_____	
E-Mail: _____			

#### Other parties' information

Full name: _____ <i>Legal Name (First MI Last)</i>			
Address: _____ Line 1			Apt. # _____
Address: _____ Line 2			
City: _____	State: _____	ZIP _____	
Social Security No.:	__	__	
Home Phone No.	( ) _____	Work Phone No.	( ) _____
Cell Phone _____	( ) _____		
Date of Birth: _____ <i>(mm/dd/yy)</i>	Age:	_____	
E-Mail: _____			

I am the  Petitioner or  Respondent in this case.

I am the  Wife  Husband.

Judge assigned to case:

Case # \_\_\_\_\_

\_\_\_\_\_

Is wife pregnant?  Yes  No If yes, what is the due date? \_\_\_\_\_ Is husband the father?  Yes  No  
(mm/dd/yy)

Date Of Marriage: \_\_\_\_\_ City Of Marriage: \_\_\_\_\_ State: \_\_\_\_\_  
(mm/dd/yy)

Does either party want alimony ?  Yes  No

**If yes, Grounds for alimony**

Check all that apply:

- Lacks sufficient property, including property apportioned to the spouse, to provide for their reasonable needs. (A.R.S. § 25-319 (A)(1))
- Is unable to be self-sufficient through appropriate employment or is the custodian of children whose age and condition are such that Petitioner should not be required to seek employment outside the home. (A.R.S. § 25-319 (A)(2))
- Contributed to the educational opportunities of the other spouse. (A.R.S. § 25-319 (A)(3))
- Had a marriage of long duration and is of an age that may preclude the possibility of gaining employment to be self-sufficient. (A.R.S. § 25-319 (A)(4))

Who will be receiving the alimony?  Husband or  Wife How much per month \$ \_\_\_\_\_

and for how long? \_\_\_\_\_ years.

Does either party have retirement benefits?  Yes  No

Do both parties wish to keep there retirement benefits the way the currently are?  Yes  No

If no, what are the specifics of the benefits? \_\_\_\_\_  
(name of retirement benefit)

What percentage of the retirement benefits do you want? \_\_\_\_\_ %

**Community debts:** debts acquired during the marriage regardless of whose name they are in.

None

CREDITOR:	PAYOFF AMOUNT	CREDITOR:	PAYOFF AMOUNT:
<input type="checkbox"/> All debts in my name are mine	\$	<input type="checkbox"/> All debts in my spouses name are theirs	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Sole and separate debts:** debts acquired from before the marriage that are still being paid on.

None

CREDITOR:	PAYOFF AMOUNT	CREDITOR:	PAYOFF AMOUNT:
<input type="checkbox"/> All debts in my name are mine	\$	<input type="checkbox"/> All debts in my spouses name are theirs	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Community property:** any property purchased during the marriage regardless of who's name it is in.

None

	Market Value	CREDITOR:	Market Value
<input type="checkbox"/> All debts property in my possession is mine	\$	<input type="checkbox"/> All property in the other party's possession in theirs	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**Sole and separate property:** any property purchased from before the marriage for was received as a gift or inherit at any time.

None

	Market Value	CREDITOR:	Market Value
<input type="checkbox"/> All debts property in my possession is mine	\$	<input type="checkbox"/> All property in the other party's possession in theirs	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

If **NO children** are involved  to page 7.

List all **minor** children born of this marriage:

**Child #1**

\_\_\_\_\_  
First M.I. Last mm/dd/yy Age Place of Birth city, state,(country if not U.S.)

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child is:  Male  Female Child is primarily living with:  Mother  Father

Was this child born **before** your marriage date?  Yes  No

Presumptive Termination Date

Do not write in this box.  
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**Child #2**

\_\_\_\_\_  
First M.I. Last mm/dd/yy Age Place of Birth city, state,(country if not U.S.)

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child is:  Male  Female Child is primarily living with:  Mother  Father

Was this child born **before** your marriage date?  Yes  No

DOM

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**Child #3**

\_\_\_\_\_  
First M.I. Last mm/dd/yy Age Place of Birth city, state,(country if not U.S.)

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child is:  Male  Female Child is primarily living with:  Mother  Father

Was this child born **before** your marriage date?  Yes  No

**Child #4**

\_\_\_\_\_  
First M.I. Last mm/dd/yy Age Place of Birth city, state,(country if not U.S.)

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child is:  Male  Female Child is primarily living with:  Mother  Father

Was this child born **before** your marriage date?  Yes  No

Physical Custody of the child(ren) - *Who will the child(ren) reside with most of the time?*

- MOTHER                       FATHER                       Mother & Father (Equal time or division of mutipal children)

Legal Custody arrangements

**NOTE:** If Joint or Shared Custody is chosen the other parent **MUST** be willing to sign a parenting plan and be in agreement with terms of the divorce concerning the children

- SOLE- Only the parent who has physical custody will make the final decisions concerning the children.
- JOINT- Both parents share equally in decision making for the children.
- SHARED- The children will residing ½ the time with each parent.
- Weeks -                      One week with Mom, next week with Dad; or
- 2-3 Split -                      Mon and Tues with me and on Wen and Thur with the other party. We shall also alternate the weekends (Friday, Saturday, and Sunday).
- SPLIT- One or more of the child(ren) will reside with me and remaining child(ren) will reside with other party.

Type of Visitation

- STANDARD - Usually every other weekend plus one weekday each week and shared holidays.
- SUPERVISED- Other parent has a history of  drug,  alcohol,  anger problem that is a problem concerning the children, and/or  flight risk with the child(ren).
- NONE- The other parent is an extreme danger to the child(ren).

**Staff Notes:**

Father's Income Gross (before tax) Monthly: \$ \_\_\_\_\_ Mother's Income Gross (before tax) Monthly: \$ \_\_\_\_\_

Day Care Avg. Monthly Day Care Costs: \$ \_\_\_\_\_ who pays  N/A  MOM  DAD

Medical Insurance Premium for Child(ren): \$ \_\_\_\_\_ who pays  MOM  DAD

How often does the NON-Custodial Parent see the child(ren) month? \_\_\_\_\_ average number of days

NON-INSURED medical/dental expenses? Father: \_\_\_\_\_% Mother: \_\_\_\_\_%

Visitation related expenses? Father: \_\_\_\_\_% Mother: \_\_\_\_\_%

Guideline deviation requested amount \_\_\_\_\_

Estimated child support based on figures above \_\_\_\_\_

[Child support is based on the Arizona Child Support Guidelines adopted by the Arizona Supreme Court. For detail information regarding child support contact an attorney or see Ariz.Rev.Stat. 25-320]

Do you need the Court to order back child support.  YES  NO

If YES, then what was your date of separation? \_\_\_\_\_  
mm/dd/yy

Who will claim the child(ren) as tax exemptions?  Father every year  Mother every year  
 Mother and Father will alternate years  Other

List any OTHER minor children of either you or your spouse who are not involved in this case who are either residing with you or the other party:

<u>Name</u>	<u>Date of Birth</u> mm/dd/yy	<u>Child Currently Resides with:</u>
_____	_____	<input type="checkbox"/> Me <input type="checkbox"/> Other party
_____	_____	<input type="checkbox"/> Me <input type="checkbox"/> Other party
_____	_____	<input type="checkbox"/> Me <input type="checkbox"/> Other party
_____	_____	<input type="checkbox"/> Me <input type="checkbox"/> Other party

\$
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**Witnesses:**

**Witness #1**

Full name: _____ <i>Legal Name (First MI Last)</i>	
Address: _____ Line 1	Apt. #
Address: _____ Line 2	
City: _____	State: ZIP
A brief description of what this witness will testify about.	

**Witness #2**

Full name: _____ <i>Legal Name (First MI Last)</i>	
Address: _____ Line 1	Apt. #
Address: _____ Line 2	
City: _____	State: ZIP
A brief description of what this witness will testify about.	

**Witness #3**

Full name: _____ <i>Legal Name (First MI Last)</i>	
Address: _____ Line 1	Apt. #
Address: _____ Line 2	
City: _____	State: ZIP
A brief description of what this witness will testify about.	



### Exhibits:

**Real estate:** An issue involving your family home or other real estate exists:

- Deeds, deeds of trust, purchase agreements, escrow documents, or settlement sheets.
- Proof of appraisals or any list of comparable sales figures prepared by real estate agent.

**Vehicles:** an issue involving cars, trucks, motorcycles or boats:

- Titles, loan documents, or other important papers regarding your motor vehicle, motorcycles, boats, etc.

**Retirement accounts:** An issue involving retirement plans, pensions, stock options, annuities, IRAs, or 401(k)s:

- Copies of statements showing the amount of these benefits and accounts.

**Tangible personal property:** an issue involving household furnishings, furniture, appliances, electronics, antiques, jewelry, or similar personal property:

- A list of personal property with your estimated value of each item listed.
- Copies of any other documents that identify or prove the value of any item of personal property.

**Other property:** an issue involving bank accounts, safe deposit boxes, securities, or a business:

- Copies of bank, checking, savings, brokerage, and security account statements for the last six months, including assets given to a third party to be held for your benefit.
- Proof of location and contents of any safe deposit box, safe, vault, or other place of safekeeping.
- Copies of tax returns, balance sheets, profit and loss statements, and other documents that may assist in identifying or valuing any business interest for the last two years.
- Proof of any injury or lawsuit for which you believe there will be a payment.

**Debts:** an issue involving mortgages, car payments, credit cards, loans, or other debts.

- Statements for the last six months for mortgages, notes, liens, or encumbrances on property.
- Statements for other debts like credit cards or personal loans.
- Proof of any tax debt.
- Proof of any money you expect to be forced to pay because of any lawsuit or court case other than this matter.

**Spousal maintenance (alimony) / child support:** an issue involving spousal maintenance or child support.

- A complete affidavit of financial information.
- Proof of your employer's name and address and phone number for payroll department.
- Pay stubs for this year in any written employment contract.
- Proof of other benefits, such as a vehicle or vehicle allowance, stock option, vacation pay, or expense account.
- Tax returns and W-2, 1099, or K-1 forms for the last two years.
- Proof of other income for this year (bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, Social Security, workers compensation, unemployment, or other disability, etc.)



This page for office use only.

Uncontested issues:      Contest issues:

	Uncontested issues:	Contest issues:
Property	<input type="checkbox"/>	<input type="checkbox"/>
Debts	<input type="checkbox"/>	<input type="checkbox"/>
Spousal maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Custody	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>
Fees & Costs	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Date of hearing: \_\_\_\_\_

Date Order to Appear was issued: \_\_\_\_\_

Needed:

How many days  
prior to hearing:

Must be filed/served by:

- |                          |   |   |   |
|--------------------------|---|---|---|
| <input type="checkbox"/> | Discloser statement                       | _____   | _____   |
| <input type="checkbox"/> | Parent's Worksheet for Child Support      | _____   | _____   |
| <input type="checkbox"/> | Affidavit of Financial Information        | _____   | _____   |
| <input type="checkbox"/> | List of Witness and Exhibits              | _____   | _____   |
| <input type="checkbox"/> | Proposal for Division of Assets and Debts | _____   | _____   |
| <input type="checkbox"/> | Resolution Statement                      | _____   | _____   |
| <input type="checkbox"/> | Parenting Plan                            | _____   | _____   |
| <input type="checkbox"/> | Parent Information Program (PIP)          | <input type="checkbox"/> Petitioner completed | <input type="checkbox"/> Respondent completed |