

Law Office of
Robert Chang

2016 LEWELLING BLVD
SAN LEANDRO, CA 94579

PHONE: (510) 388-4866
FAX: (510) 373-6308

DISSOLUTION, LEGAL SEPARATION, ANNULMENT QUESTIONNAIRE
(Please make a check of \$435 payable to SUPERIOR COURT CLERK for the court fee)

SECTION 1 – TYPE OF CASE:

<input type="checkbox"/> NEW DIVORCE <input type="checkbox"/> FINISH EXISTING DIVORCE* Dissolution of marriage based on (check one) <input type="checkbox"/> Irreconcilable Differences (Family Code § 2301(a)) <input type="checkbox"/> Incurable Insanity (Family Code § 2310(b)) Nullity of Void marriage based on (check one): <input type="checkbox"/> Incestuous Marriage (Family Code § 2200) <input type="checkbox"/> Bigamous Marriage (Family Code § 2201) Nullity of Voidable marriage based on: <input type="checkbox"/> Petitioner’s age at time of Marriage (Family Code § 2210(a)) <input type="checkbox"/> Prior Existing Marriage (Family Code § 2220(b)) <input type="checkbox"/> Unsound Mind (Family Code §2220(c)) <input type="checkbox"/> Fraud (Family Code §2220(d)) <input type="checkbox"/> Force (Family Code §2220(e)) <input type="checkbox"/> Physical Incapacity (Family Code §2220(f))	<input type="checkbox"/> NEW LEGAL SEPARATION <input type="checkbox"/> FINISH EXISTING LEGAL SEPARATION* Legal Separation based on (check one): <input type="checkbox"/> Irreconcilable Differences (Family Code § 2301(a)) <input type="checkbox"/> Incurable Insanity (Family Code § 2310(b)) <p style="text-align: center;">NOTE: *For existing cases, please provide a copy of the Summons, Petition, Proof of Service of Summons and any other documents filed with the court.</p>
--	--

Have you previously filed for Legal Separation in this marriage? Yes No
Marriage Statistics: Date of Marriage: _____ Date of Separation: _____
 No. of current minor children born out of the relationship/marriage: None ____ Children
 Is the Wife currently pregnant? No Yes
 Children born prior to the date of marriage: None ____ Children
 Has a Voluntary Declaration of Paternity been signed? No Yes; If yes, Attach a copy.

CLIENT GENERAL INFORMATION:	SPOUSAL GENERAL INFORMATION:
Name: _____ Address: _____ _____ Length of current County of residency: _____ Length of CA State residency: _____ Home Phone: _____ Cell Phone: _____ Email: _____ Are the address &/or ph # confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No DoB: _____ Age: _____ SSN: _____ CDL #: _____ Are you currently in the military? Yes No	Name: _____ Address: _____ _____ Length of current County of residency: _____ Length of CA State residency: _____ Home Phone: _____ Cell Phone: _____ Email: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No DoB: _____ Age: _____ SSN: _____ CDL #: _____ Are you currently in the military? Yes No

CLIENT EMPLOYMENT INFORMATION	SPOUSE EMPLOYMENT INFORMATION
Name & address of your employer: _____ _____ _____ Work phone: _____ Occupation: _____ Hire Date: _____ Last Date Worked: _____ GROSS Monthly Earnings: \$ _____ Other income receive (Circle all applicable) AID: CalWORKS (AFDC), SSI, SSP, Food Stamps, County Relief, General Relief (G.R.) OR General Assistance (G.A.), SSA, Disability, Pension, VA Compensation, Workers Comp., Retirement, Unemployment. Total Monthly amount received: \$ _____ High School Graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No # years in college: _____ Degrees obtained: _____ # years of graduate school: _____ Degrees: _____ Total of minor children (other than from this relationship) you legally support: _____	Name & address of your Spouse's employer: _____ _____ _____ Work phone: _____ Occupation: _____ If not working, last date worked: _____ GROSS Monthly Earnings: \$ _____ Other income receive (Circle all applicable) AID: CalWORKS (AFDC), SSI, SSP, Food Stamps, County Relief, General Relief (G.R.) OR General Assistance (G.A.), SSA, Disability, Pension, VA Compensation, Workers Comp., Retirement, Unemployment. Total Monthly amount received: \$ _____ High School Graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No # years in college: _____ Degrees obtained: _____ # years of graduate school: _____ Degrees: _____ Total of minor children (other than from this relationship) you legally support: _____
Do you want to return to your former name? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, what name: _____	<i>Physically describe your spouse:</i> _____ _____

List all other persons living in your home and their income:

Name	Age	Relationship	Gross Income

SECTION 2 – MINOR CHILDREN: Complete this section only if you have minor children of THIS Marriage. (If no minor children, skip to SECTION 3.)

Minor Children's Name	Birth Date	Birth Place	Age	Sex

CUSTODY ISSUES: (Decide how you wish to split custody of your minor children with your spouse.)

Legal (legal decisions) Petitioner Respondent Joint Other _____

NOTE: Legal custody – “Sole” (one) or “Joint” (both) parents have the right and responsibility to make decisions relating to the child’s health, education and welfare.

Physical (residence) Petitioner Respondent Joint Other _____

NOTE: Physical custody – “Sole” - child will live with and be under the supervision of one parent, subject to the

power of the court to order visitation for the other parent. A parent with "Sole Physical" may have an advantage when it comes to moving away over the objection of the other parent. "Joint" means both parents will have significant periods of physical custody arranged to assure the child has frequent and continuing contact with both parents and need not be 50/50 or even

Primary Caretaker Petitioner Respondent Joint Other _____

NOTE: Primary caretaker is often used instead of using the term "Sole Physical Custody" as it has a similar legal meaning but doesn't have the harsh implication that only one parent has the child. The other parent can think of himself/herself as having less time rather than no custody.

LOCATION OF YOUR CHILDREN FOR THE LAST 5 YEARS:

From - To	Person's Name	Address	Lived With

➤ **Have you participated as a "party" or a "witness," or in some other capacity in another litigation or custody action in CA or elsewhere, about custody of a child in this legal action?**

No Yes If yes, Name of child: _____
 Capacity of declaring person: party witness other _____
 Court name, location: _____ Case No. _____ Court judgment date: _____

➤ **Do you have information about a custody action pending in CA or any other court about a child in this legal action, other than the above?**

No Yes If yes, Name of child: _____
 Kind of proceeding: Legal Separation guardianship adoption other: _____
 Case # _____ Court name, location: _____ Status _____

➤ **Do you know of any person who is NOT a party to this legal action who has physical custody, claims to have custody of or visitation rights with any child of this legal action?** No Yes

If yes, Name/address of person who has physical custody claims custody rights claims visitation rights of child:
 #1. _____
 #2. _____

VISITATION TERMS: (Which times, days, weeks, weekends, holidays, other such times as agreed between the parties. Be specific.) (*If no visitation to the other party, explain in detail as to why and be prepared to submit valid written documentation. If you want the other party to have supervised Visitation, explain in detail as to why and be prepared to submit valid written documentation.)

Visitation to Petitioner Respondent Joint None (provide explanation below)
Check here if visitation is to be open and unspecified

CHILDREN'S HEALTH INSURANCE:

Medical insurance for minor children, if any, is provided: Wife's Husband's employer Medi-Cal
Name & address of the insurance company: _____
Policy No. _____

Dental insurance for minor children, if any, is provided: Wife's Husband's employer Medi-Cal
Name & address of the insurance company: _____
Policy No. _____

If you do NOT receive State aid, do you want your spouse to share the medical/dental costs of the minor(s)?
 Yes No What percentage? 50/50 Other _____

Do you have extraordinary health care expenses or unusual health care costs? Yes No, If yes, How much:
\$ _____ Describe: _____

- **TRANSPORTATION COSTS:** Do you want your spouse to share 50% of transportation costs between visitation/custody periods? Yes No
- **CHILD/FAMILY/SUPPORT:** [If you **ARE** receiving State Aid, support is mandatory through the Dept. of Child Support Services] - Are there any existing orders in other proceedings regarding child support? Yes No
If yes, please explain terms of order: _____

If there have been no previous orders and you are NOT receiving State Aid:

1. Do you want **child support**? Yes No
Support is to be based upon: Guideline Support Agreed amount \$ _____
Children living with: Father _____% Mother _____% Other _____%
Which county? _____ Pmt once per month Twice per month
2. Do you want **family support** (combined child/spousal support)? Yes No Reserve
Support is to be based upon: Guideline Support Agreed amount \$ _____
 Payment once per month twice per month Weekly What day of month: _____

SECTION 3 – JOINT/COMMUNITY/QUASI-COMMUNITY PROPERTY

- Our real property should be divided as indicated on this page
- There is no real property to divide but there are other assets to divide (skip to top of NEXT PAGE)
- There is no real or personal property to divide (skip to SECTION 4)

- **REAL PROPERTY:** Answer ALL the following questions concerning real property in their entirety below:

List all REAL PROPERTY (Real Estate = LAND, HOUSES, MOBILE HOMES, RENTALS, ETC.):

Property No. 1: In whose name(s) is the Title: _____
Address: _____
Current Debt: \$ _____ Present Value: \$ _____ House to be sold? Yes No
Which party will live in property until close of escrow? _____
Is this a rental? Yes No Rental amount: \$ _____
What is the agreement regarding debt servicing (who will pay the mortgage, etc.), maintenance and upkeep prior to sale of property? _____

List the conditions concerning the disbursement of the property:

Do you want this office to prepare an **INTER-SPOUSAL TRANSFER GRANT DEED** for this property?
 Yes No **This service carries an additional charge per Deed, plus the Notary fee.** If so, it is necessary to present a copy of the last recorded Deed in your name. Current identification will be necessary at the signing of the new Deed.

Property No. 2: In whose name(s) is the Title: _____

Address: _____

Current Debt: \$ _____ Present Value: \$ _____ House to be sold? Yes No

Which party will live in property until close of escrow? _____

Is this a rental? Yes No Rental amount: \$ _____

What is the agreement regarding debt servicing (who will pay the mortgage, etc.), maintenance and upkeep prior to sale of property? _____

List the conditions concerning the disbursement of the property:

Do you want this office to prepare an **INTER-SPOUSAL TRANSFER GRANT DEED** for this property?
 Yes No **This service carries an additional charge per Deed, plus the Notary fee.** If so, it is necessary to present a copy of the last recorded Deed in your name. Current identification will be necessary at the signing of the new Deed.

If additional real property, please attach a separate piece of paper and provide the information requested above for each property

➤ **DIVISION OF ASSETS:**

Please list how you would like your community property assets to be divided between the parties and indicate their *estimated value*. Describe in sufficient detail for scheduling in a Marital Settlement Agreement and include the following items:

- Bank accounts and investments (checking, savings, IRAs, pensions, annuities, 401K, stock, bonds, etc.)
- Autos, Trailers, Motorcycles, Planes, Boats, Quads
- Household items: (Household furniture, furnishings, appliances, linens, blankets, curtains, pictures, etc.)
- Collector items (coins, stamps, guns, antiques, art, etc.)
- Other: (jewelry, tools, outdoor maintenance equipment, recreational and camping supplies, etc.)

(Please fill out the Exhibit A: Community Property)

SECTION 4 – SEPARATE ASSETS OF THE PARTIES

There is NO separate property

There is separate property (Please fill out the Exhibit B: Separate Property)

Please list each party's separate assets (inherited assets or assets acquired prior to your marriage) and indicate their *estimated value*. Describe in sufficient detail for itemizing in a Marital Settlement Agreement and include the following items: (if you require additional space, please attach a separate sheet)

- Bank accounts and investments (checking, savings, IRAs, pensions, annuities, 401K, stock, bonds, etc.)
- Autos, Trailers, Motorcycles, Planes, Boats, Quads
- Household items: (Household furniture, furnishings, appliances, linens, blankets, curtains, pictures, etc.)
- Collector items (coins, stamps, guns, antiques, art, etc.)
- Other: (jewelry, tools, outdoor maintenance equipment, recreational and camping supplies, etc.)

SECTION 5 – DIVISION OF COMMUNITY PROPERTY DEBTS

There are no debts to divide (skip to SECTION 6, this page)

CREDIT CARD, LOANS AND ALL OTHER DEBTS:

Creditor's Name	Type	Mo. Pmt	Balance	Date of Acquired	Whose Responsibility
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

SECTION 6 – MISCELLANEOUS

➤ **WAIVER OF COURT FEES:** Do you qualify for a waiver of the court filing fee? Yes No
 If yes, do you want this office to prepare a Fee Waiver Application and Order? Yes (please complete the attached Financial Statement form)

➤ **TAXES: ****
 1. Do you intend to file: Single Head of Household Married, Jointly Married, Separate?
 2. Will you file income tax return jointly for this year? Yes No
 3. Will there be a refund? Yes No Do you want to split the refund 50/50? Yes No
 4. If there is money owed, do you want to split the debt 50/50? Yes No
 5. If there are children involved, how do you want to split the tax exemption? **
 50/50 _____ Parties split exemption every other year? _____ Parties take one child each? _____

**** If in doubt, please contact a tax specialist to answer any questions you may have.**

➤ **ATTORNEYS FEES:**
 Do you want your spouse to pay for those fees and court costs? Yes No;
 Have you already paid attorneys' fees to date? Yes No If yes, how much? \$ _____

➤ **SPOUSAL SUPPORT:** Do you want **spousal support**? Yes No Reserve Jurisdiction
 Support is to be based upon: Guideline Support Agreed amount \$ _____
 Payment once per month Twice per month Weekly. What day of month _____

➤ **SERVICE ON OTHER PARTY:** How do you want the other party served?
 Notice of Acknowledgment of Receipt (spouse voluntarily accepts service by signature)
 Registered Process Server
 Sheriff
 Friend or Relative (18 years or older and a U.S. Citizen)
 Publication (This service warrants addition paperwork and additional fees would apply) Describe ALL efforts made to locate your spouse. Describe why you think publication is necessary rather than personal service? Example: Relatives, friends, work, DMV, police, elections office, internet, private investigator, etc.) _____

➤ **ADDITIONAL INFORMATION OR COMMENTS:**

*** NOTE: Please fill out the REQUIRED attached Income and Expense Declaration**

ACKNOWLEDGMENT AND AUTHORIZATION	
I declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.	
Dated: _____	Signature _____