



## REQUEST FOR ORDER QUESTIONNAIRE

### Type of Orders Seeking:

☐ NEW ORDER ☐ MODIFICATION in Case No. \_\_\_\_\_ County of \_\_\_\_\_  
File-stamped date of order seeking to modify: \_\_\_\_\_

<input type="checkbox"/> Child Support	<input type="checkbox"/> Child Custody	<input type="checkbox"/> Child Visitation
<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Property Restraint	<input type="checkbox"/> Property Control
<input type="checkbox"/> Change of Venue	<input type="checkbox"/> Bifurcation	<input type="checkbox"/> Other _____

### Do you require expedited ordered (orders on shortened/ex parte notice)?

☐ YES (an additional fee will be required) ☐ NO

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_

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

Other Party: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_

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

### MINOR CHILDREN OF THIS RELATIONSHIP

Child #1 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Child #4 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Child #5 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Child #6 Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_



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### FACTS IN SUPPORT OF REQUEST

**If you are seeking monetary orders (support, attorneys fees, etc.), complete the following pages:**

1. **Employment:**
  - a. Employer's Name: \_\_\_\_\_
  - b. Employer's Address: \_\_\_\_\_
  - c. Employer's phone number: \_\_\_\_\_
  - d. Your occupation: \_\_\_\_\_
  - e. Date your job started: \_\_\_\_\_
  - f. If unemployed, date job ended: \_\_\_\_\_
  - g. No. of hours work per week: \_\_\_\_\_
  - h. Gross (before taxes) wages: \$ \_\_\_\_\_ per ☐ Month ☐ Week ☐ Hour  
(if unemployed now, list the hours you worked and what you got paid on your last job)
2. **Age and Education**
  - a. Your age is: \_\_\_\_\_
  - b. Have you completed high school (or equivalent)? ☐ Yes ☐ No. If no, please state highest grade completed: \_\_\_\_\_
  - c. Number of years of college completed: \_\_\_\_\_ ☐ w/Degree: \_\_\_\_\_
  - d. Number of years graduate school: \_\_\_\_\_ ☐ w/Degree: \_\_\_\_\_
  - e. Have the following:
    - (1) ☐ Professional/occupational license: \_\_\_\_\_
    - (2) ☐ Vocational Training: \_\_\_\_\_
3. **Tax Information**
  - a. Year of last filed taxes; \_\_\_\_\_
  - b. Tax filing status: ☐ Single ☐ Head of Household ☐ Married filing separate  
☐ Married filing jointly w/ \_\_\_\_\_
  - c. State in which tax returns are filed: ☐ California ☐ Other: \_\_\_\_\_
  - d. Number of exemptions claimed (including yourself) on taxes: \_\_\_\_\_
4. **Other party's income**

Estimation of other party's gross (before taxes) monthly income: \$ \_\_\_\_\_

Estimation is based on: \_\_\_\_\_

## REQUEST FOR ORDER QUESTIONNAIRE

**PLEASE PROVIDE COPIES OF YOUR PAY STUBS FOR THE LAST TWO MONTHS AND PROOF OF ANY OTHER INCOME.**

5. **Income** *(list all sources that you have received for the last 12 months –for average income, divide by 12)*
  - a. Salary or wages (gross before taxes) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b. Overtime (gross, before taxes) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Commissions or bonuses .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - d. Public assistance (TANF, SSI, GA.GR) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - e. Spousal support ☐ this ☐ other marriage:.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - f. Pension/retirement fund payments .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - g. Social Security Retirement (Not SSI) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - h. Disability ☐ Social Security (not SSI)  
☐ State Disability (SDI) ☐ Private .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - i. Unemployment compensation .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - j. Worker's compensation .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - k. Other (military basic allowance, etc).....\$ \_\_\_\_\_ \$ \_\_\_\_\_
6. **Investment Income**
  - a. Dividends/interest .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b. Rental Property income .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Trust Income.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - d. Other (specify).....\$ \_\_\_\_\_ \$ \_\_\_\_\_

*(Attach a schedule showing gross receipts less cash expenses for each property)*
7. **Income from self-employment after business expenses for**
  - a. For each business.....\$ \_\_\_\_\_ \$ \_\_\_\_\_  
☐ Sole Proprietor ☐ Partner ☐ Other \_\_\_\_\_  
**Number of years in this business:** \_\_\_\_\_  
**Name of Business:** \_\_\_\_\_  
*(Attach a profit and loss statement for last 2 years or a Schedule C from last federal tax return. If more than 1 business, provide same information for each)*
8. **Additional Income**
  - a. Additional one-time money received during past 12 months: \$ \_\_\_\_\_  
*(Lottery winnings, inheritance, etc.)*
9. **Change in income**  
☐ My financial situation has changed significantly over the past 12 months because: \_\_\_\_\_
10. **Deductions**
  - a. Required Union dues: .....\$ \_\_\_\_\_
  - b. Required retirement payments *(not social security, FICA, 401K or IRA)* .....\$ \_\_\_\_\_
  - c. Medical, hospital, dental and other health insurance  
 Premiums *(total monthly amount)* .....\$ \_\_\_\_\_
  - d. Child support pd. for children of other relationships:.....\$ \_\_\_\_\_
  - e. Spousal support paid for other relationships: .....\$ \_\_\_\_\_
  - f. Job-related expenses not reimbursed by employer: .....\$ \_\_\_\_\_
11. **Assets**
  - a. Cash and checking, savings and other deposit accts.....\$ \_\_\_\_\_
  - b. Stocks, bonds and other assets easily saleable.....\$ \_\_\_\_\_
  - c. All other property: ☐ real ☐ personal (less loan bal.) .....\$ \_\_\_\_\_

## REQUEST FOR ORDER QUESTIONNAIRE

12. The following people live with me:

Name	Age	Relationship	Gross Monthly Income	Pays some of household expenses?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average Monthly ☐ Estimated ☐ Actual ☐ Proposed Needs

a. My home:

(1) ☐ Rent ☐ Mortgage ..... \$ \_\_\_\_\_

(2) If mortgage, include:

Average Principal: \$ \_\_\_\_\_

Average Interest: \$ \_\_\_\_\_

(3) Real property taxes: ..... \$ \_\_\_\_\_

(4) Homeowner's or renter's insurance not in payment ..... \$ \_\_\_\_\_

(5) Maintenance and repair ..... \$ \_\_\_\_\_

b. Health-care costs not paid by insurance ..... \$ \_\_\_\_\_

c. Child care ..... \$ \_\_\_\_\_

d. Groceries and household supplies ..... \$ \_\_\_\_\_

e. Eating out ..... \$ \_\_\_\_\_

f. Utilities (gas, electric, water, trash) ..... \$ \_\_\_\_\_

g. Telephone, cell phone, email ..... \$ \_\_\_\_\_

h. Laundry and cleaning ..... \$ \_\_\_\_\_

i. Clothes ..... \$ \_\_\_\_\_

j. Education (specify): ..... \$ \_\_\_\_\_

k. Entertainment, gifts and vacation ..... \$ \_\_\_\_\_

l. Auto expenses and transportation (insurance, gas, repairs) ..... \$ \_\_\_\_\_

m. Insurance (life, accident – not auto, home or health) ..... \$ \_\_\_\_\_

n. Savings and investments ..... \$ \_\_\_\_\_

o. Charitable contributions ..... \$ \_\_\_\_\_

14. Monthly payments (itemize below or attached separate sheet) ..... \$ \_\_\_\_\_

Paid to	For	Amount	Balance	Last Pmt date

a. Other (specify) ..... \$ \_\_\_\_\_

b. TOTAL EXPENSES: ..... \$ \_\_\_\_\_

c. Amount of expense paid by others: ..... \$ \_\_\_\_\_

15. Attorney Fees (This is required is requesting attorneys fees)

a. To date I have paid my attorney for fees and costs: ..... \$ \_\_\_\_\_

b. The source of this money was: \_\_\_\_\_

c. I owe to date the following unpaid fees and costs: ..... \$ \_\_\_\_\_

d. My attorney's hourly rate is ..... \$ \_\_\_\_\_

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- 16. Number of Children**
- a. I have \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_% of time with me and \_\_\_\_\_% of time with the other parent (If not sure about percentage or it has not been agreed upon, please describe your parenting schedule here) \_\_\_\_\_
- 
- 17. Children's health-care expenses**
- a. ☐ I do ☐ do not have health insurance for my children thru work
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. Monthly cost for children's health insurance is or would be: \$ \_\_\_\_\_  
*(do not include amount paid by employer)*
- 18. Additional expenses for the children in this case:**
- a. Child care so I can work or get job training ..... \$ \_\_\_\_\_
- b. Children's health care not covered by insurance ..... \$ \_\_\_\_\_
- c. Travel expenses for visitation ..... \$ \_\_\_\_\_
- d. Children's educational or other special needs: ..... \$ \_\_\_\_\_  
*Specify:* \_\_\_\_\_
- 19. Special hardships:**
- a. Extraordinary health expenses not included in above ..... \$ \_\_\_\_\_  
*For how many months?* \_\_\_\_\_
- b. Major losses not covered by insurance ..... \$ \_\_\_\_\_  
*For how many months?* \_\_\_\_\_
- c. Expenses for minor children from other relationships who live with you ..... \$ \_\_\_\_\_  
*For how many months?* \_\_\_\_\_
- Child support you receive for those children: ..... \$ \_\_\_\_\_
- Explain why these expenses create an extreme financial hardship:**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 20. Other information you want the court to know about your case:**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature