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DISSOLUTION – CUSTODY – SUPPORT – RESTRAINING ORDER

DATE: _____

Retained to Represent: (Circle One) Petitioner / Respondent

MARRIAGE INFORMATION:

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

PLACE OF MARRIAGE: _____

RESIDENCE AT TIME OF SEPARATION: _____

PETITIONER INFORMATION:

NAME: _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____

BUSINESS PHONE NUMBER: _____

CELL TELEPHONE NUMBER: _____

FACSIMILE PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

CALIFORNIA DRIVER'S LICENSE NO. _____

HIGHEST SCHOOL GRADE COMPLETED: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MAIDEN NAME: _____ RESTORED YES _____ NO _____

YEARS IN CALIFORNIA: _____ IN COUNTY: _____

PRESENT OR LAST OCCUPATION: _____

KIND OF BUSINESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

DATE EMPLOYMENT BEGAN: _____

GROSS MONTHLY EARNINGS: _____

IF UNEMPLOYED, MONTH, YEAR AND AMT LAST PAID _____

PREVIOUS MARRIAGES: _____

CHILDREN NOT OF THIS RELATIONSHIP: _____

RESPONDENT INFORMATION:

DATE SERVED: _____

NAME: _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____

BUSINESS PHONE NUMBER: _____

CELL TELEPHONE NUMBER: _____

FACSIMILE PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

CALIFORNIA DRIVER'S LICENSE NO. _____

HIGHEST SCHOOL GRADE COMPLETED: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MAIDEN NAME: _____ [RESTORED] YES ____ NO ____

PRESENT OR LAST OCCUPATION: _____

KIND OF BUSINESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

DATE EMPLOYMENT BEGAN: _____

GROSS MONTHLY EARNINGS: _____

IF UNEMPLOYED, MONTH, YEAR AND AMT LAST PAID _____

PREVIOUS MARRIAGES: _____

CHILDREN NOT OF THIS RELATIONSHIP: _____

CHILDREN OF THIS RELATIONSHIP

CHILD 1

NAME: _____

AGE: _____ SEX: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

PLACE OF BIRTH: _____

CHILD 2

NAME: Nicolas _____

AGE: _____ SEX: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

PLACE OF BIRTH: _____

CHILD 3

NAME: _____

AGE: _____ SEX: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

PLACE OF BIRTH: _____

RESTRAINING ORDER

DATE: _____ HEARING DATE: _____ DEPT: _____

Retained to Represent: (Circle One) Petitioner / Respondent

COURT BRANCH: _____

PERSON TO BE PROTECTED: _____

PERSON TO BE RESTRAINED: _____

RELATIONSHIP: _____ KICKOUT: YES ___ NO ___

PHYSICAL DESCRIPTION: SEX _____ HEIGHT _____ WIEGHT _____

HAIR _____ EYES _____ RACE _____

AGE _____ DATE OF BIRTH _____

OTHER INFORMATION – EVENTS LEADING UP TO TRO:

Intake dissolution