

THAT LAWYER GUY

Mailing Address Only: 3820 W. Happy Valley Rd. Ste. 141-429

Glendale, Arizona 85310

(602) 887-4900

DISSOLUTION OF MARRIAGE QUESTIONNAIRE**Information for You (That Lawyer Guy's Client)**
Are you the Petitioner? Yes No
 Are you the Respondent? Yes No

Your Full Name:

Social Security Number:

Date of Birth:

Home address and
telephone number, include
County:Employer (name address
telephone number and fax)

Job Title

Gross Monthly Earnings
(please provide last 2 pay
stubs)All Other Income (please
list amount and sources)

Length of residence

Over 90 days?

How long have you lived in
Arizona?Do you have any children
from prior marriage or
relationships? If so, please
include their names and
birth dates:Do you pay child support?
to a former spouse? If so,
how much?Do you have any sole and
separate property? (This
includes, gifts,
inheritances, any property
owned prior to marriage)Please provide a physical
description of your spouse:Hair Color:
Height:
Weight:Eye Color:
Race:

Information about the other party

<p align="center">Their Full Name:</p>		
<p align="center">Date of Birth:</p>		
<p align="center">Home Address and telephone number:</p>		
<p align="center">Employer (name address telephone number and fax)</p>		
<p align="center">Job Title</p>		
<p align="center">Gross Monthly Earnings (please provide last 2 pay stubs)</p>		
<p align="center">All Other Income (please list amount and sources)</p>		
<p align="center">Length of residence</p>	<p align="center">Over 90 days?</p>	<p align="center">How long have they lived in Arizona?</p>
<p align="center">Does your spouse have any children from prior marriage or relationships? If so, please include their names and birth dates and addresses:</p>		
<p align="center">Does your spouse pay child support to a former spouse? If so, how much?</p>		
<p align="center">Does your spouse have any sole and separate property? (This includes, gifts, inheritances, any property owned prior to marriage)</p>		
<p align="center">Will your spouse be willing to accept service?</p>		
<p align="center">If not, where can we have your spouse served and what are the best times to have them served?</p>		

Details of the Marriage

Date of Marriage

City and State where married:

Do you have a covenant marriage? (either initially or later converted to a covenant marriage)

If you're separated from your spouse, what was the date of your separation?

Have you been separated of had divorce discussion in the past?

Are there any children born of this marriage?

If so, please give the name, birth date, address, and social security number for each child. If you need more space, please attach it with a sheet of paper.

Where has each child lived for the past five years (Please give residential addresses for each address) If you need more space, please attach it with a sheet of paper.

Is Wife currently pregnant?

If so, when is the child due?

Does Wife want to restore her prior name?

If so, what does she want her name restored to?

Has either party consulted a marriage counselor lately?

Do you know about Court Conciliation Services?

Have you and your spouse decided how the divorce costs will be handled?

Child Custody, Visitation and Support

Do you want joint legal custody of the children with your spouse?

Joint legal custody is co-parenting. Both parents make the decisions in the education, religious, medical, and social upbringing of the children.

Do you want joint physical custody of the children with your spouse?
(Essential equal time with both parents)

Do you want sole legal custody of the children?

Sole legal custody means the parent having sole legal custody makes the decisions in the education, religious, medical, and social upbringing of the children.

If you desire sole legal custody of the minor children, please state your reasons (in detail):

Do you want sole physical custody of the children?

Who currently has custody of the children?

What visitation schedule would you like to see implemented?

How do you want to divide tax dependent deductions and credits?

Who will be providing health care coverage for the children? What coverage is available? (medical, dental, vision, orthodontics)

What is the monthly health insurance premium?

What are the names and addresses of the health care coverage providers?

What are the Group Number, Plan Number, and Administrator (name and address) for each health plan?

Do the Children require daycare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, who is your daycare provider?	
Please list which children require daycare	
What is your monthly daycare expense?	
Are there any extra education costs, and are they agreed to by both you and your spouse? If so, what are they and how much are they per month?	
Are there any extraordinary child costs? (A budding athlete, a disabled or chronically ill child, etc.) If so, what are they, which child(ren) is affected by the extra expense and how much are they per month?	
How would you like to divide the dependence tax deduction?	
What is your choice of religion for the children?	
Will you need the assistance of Court of Conciliation in establishing a visitation schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the children have special needs to be considered in this matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain:	

Spousal Maintenance

Should one party pay spousal maintenance (alimony) to the other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who should pay?
If so, please tell us your thoughts about how much and for how long and why?		
Does either party have special needs to be considered in this matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please explain:		
Immediate Needs		
Will it be necessary to file for Temporary Orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Why?
Have you received any support from your spouse since separation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Why?
For temporary child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Why?
For temporary spousal support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Why?
For child custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Why?
For sole use of the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Why?
For sole use of a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Why?
Has there been any domestic violence during the marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a need for an Order of Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have existing wills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need a new Will for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Financial Information – Assets

Banking Accounts: If you need additional space, please attached additional pages. Please be sure to fill out ALL information and provide a listing of ALL bank accounts you are aware of.

<p>Bank:</p> <p>Address:</p> <p>Account No:</p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Savings</p>	
<p>Bank:</p> <p>Address:</p> <p>Account No:</p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Savings</p>	
<p>Bank:</p> <p>Address:</p> <p>Account No:</p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Savings</p>	
<p>Bank:</p> <p>Address:</p> <p>Account No:</p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Savings</p>	

Financial Information – Assets (Continued)

Personal Property: Other personal property accumulated during the marriage. (only list items of \$100.00 in value or more such as television, sofa, jewelry, appliances, etc.). If you need additional space, please attach a sheet to this one.

Item:	Where located?	Joint/Yours/Spouses?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		

Vehicles, Motorhome, Boats, Etc.: Please list all vehicles, motorhomes, boats, etc. owned by you and your spouse. (If you need more space, please attach an additional sheet)

Vehicle: Is there a lien/encumbrance on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, creditor: Loan amount: Loan Number: Estimated Value:	Held in Joint tenancy?	<input type="checkbox"/> Yours? <input type="checkbox"/> Your Spouses?
--	------------------------	---

Vehicle: Is there a lien/encumbrance on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, creditor: Loan amount: Loan Number: Estimated Value:	Held in Joint tenancy?	<input type="checkbox"/> Yours? <input type="checkbox"/> Your Spouses?
--	------------------------	---

Vehicle: Is there a lien/encumbrance on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, creditor: Loan amount: Loan Number: Estimated Value:	Held in Joint tenancy?	<input type="checkbox"/> Yours? <input type="checkbox"/> Your Spouses?
--	------------------------	---

Other information:

Has either party been found guilty of gross financial misconduct?

Yes **No**

If so, please explain:

Are there any other matters to be considered?

Yes **No**

If so, please explain:

I HEREBY VERIFY THE INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date:

Your Signature: