

**DATA REQUIRED FOR DIVORCE**

Please provide the information requested in the following pages to the best of your ability. While all the information will be required at some point during the proceeding, some may not be available to you at this time. Do not be concerned about information presently unavailable to you as the information may become available through discovery procedures provided by our legal system during the course of the proceeding. However, as much information as possible should be provided so that we can evaluate your situation, answer your questions, give you advice, represent your interests, and keep your costs to a minimum.

Who referred you to us? \_\_\_\_\_

**MARITAL HISTORY**

**PRESENT MARRIAGE:**

Date of Marriage: \_\_\_\_\_

City and State Where

Marriage Took Place \_\_\_\_\_

**ABOUT YOU:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you want former name

All Former Names: \_\_\_\_\_ restored, print full name here \_\_\_\_\_

Birthplace: \_\_\_\_\_ How long have you lived in California? \_\_\_\_\_

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

street address

city

county

state

zip

Telephone (with area code): Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ e-mail \_\_\_\_\_

New Address: \_\_\_\_\_ Effective: \_\_\_\_\_

Were you previously married? \_\_\_\_\_ How many times? \_\_\_\_\_

State date marriage ended. \_\_\_\_\_ How marriage ended (divorce, death, etc.) \_\_\_\_\_

**Child Support:** Check box if you  receive/ pay support for children of a previous marriage.

If so, for how many children?	Amount required to be paid	Total of arrears, if any
_____	\$ _____ per _____	\$ _____

**Alimony:** Check box if you  receive/ pay alimony from a previous marriage.

If so, when do payments end?	Amount required to be paid	Total of arrears, if any
_____	\$ _____ per _____	\$ _____

Name, address, telephone number and relationship of your closest relative: \_\_\_\_\_

**ABOUT YOUR SPOUSE:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All Former Names: \_\_\_\_\_

Birthplace: \_\_\_\_\_ How long has spouse lived in California? \_\_\_\_\_

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

street address

city

county

state

zip

Telephone (with area code): Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ e-mail \_\_\_\_\_

New Address: \_\_\_\_\_ Effective: \_\_\_\_\_

Was spouse married before? \_\_\_\_\_ How many times? \_\_\_\_\_

State date marriage ended. \_\_\_\_\_ How marriage ended (divorce, death, etc.) \_\_\_\_\_

**Child Support:** Check box if spouse  receives/ pays support for children of a previous marriage.

If so, for how many children?	Amount required to be paid	Total of arrears, if any
_____	\$ _____ per _____	\$ _____

**Alimony:** Check box if spouse  receives/ pays alimony from a previous marriage.

If so, when do payments end? \_\_\_\_\_ Amount required to be paid \_\_\_\_\_ Total of arrears, if any \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_

Physical description of your spouse: Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Race \_\_\_\_\_ Nickname \_\_\_\_\_ Facial hair, glasses tattoos, scars, etc. \_\_\_\_\_

Name of spouse's attorney: \_\_\_\_\_

Are you or your spouse a member of the Armed Forces of the United States of America? \_\_\_\_\_

If yes, indicate which of you, the branch, and rank. \_\_\_\_\_

**EDUCATION**

**YOU:** Highest level of education attained: \_\_\_\_\_

Degrees you hold: \_\_\_\_\_ Additional training or education obtained: \_\_\_\_\_

**SPOUSE:** Highest level of education attained: \_\_\_\_\_

Degrees spouse holds: \_\_\_\_\_ Additional training or education obtained: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE**

Full Name	Birthdate	Age	Social Security Number	Living With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names and ages of your children not born of this marriage, and with whom residing: \_\_\_\_\_

Names and ages of spouse's children not born of this marriage, and with whom residing: \_\_\_\_\_

Are you (or your wife) pregnant or could you (or your wife) be pregnant? \_\_\_\_\_

**MARITAL PROBLEMS**

Are you and your spouse in the same home? \_\_\_\_\_ If not, date of separation: \_\_\_\_\_

Do you believe there has been an irretrievable breakdown of your marriage? \_\_\_\_\_

Have you had marriage counseling? \_\_\_\_\_ If so, when? \_\_\_\_\_

**HEALTH PROBLEMS**

State any physical, mental or emotional disabilities of: Yourself: \_\_\_\_\_

Spouse: \_\_\_\_\_ Child(ren): \_\_\_\_\_

**CONVICTIONS AND/OR DOMESTIC ABUSE**

If either you or your spouse has been convicted of any crime other than a minor traffic violation, state the name of the individual convicted, the date, and the offense.

If there have been any acts of domestic abuse made either by you or upon you or members of your household, describe each incident by date, a description of the act(s) of abuse, by whom made, and upon whom made.

If there is an Order for Protection currently in effect, state the date of the order, the name of the petitioner, the county where the action is filed, and the court file number, if known.

**EMPLOYMENT**

**YOUR EMPLOYER:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Years with Present Employer: \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ Your Social Security Number \_\_\_\_\_

If you are not employed, state name of most recent employer, \_\_\_\_\_  
 occupation, date terminated and annual or monthly salary: \_\_\_\_\_

**SPOUSE'S EMPLOYER:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Years with Present Employer: \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

If spouse is not employed, state name of most recent employer, \_\_\_\_\_  
 occupation, date terminated and annual or monthly salary: \_\_\_\_\_

**PART-TIME EMPLOYMENT:** If you or your spouse holds a part-time or second job, indicate:

Individual Employed: \_\_\_\_\_ Position held: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Number of hours or days worked per week: \_\_\_\_\_

Approximate Gross \$ \_\_\_\_\_ or Net \$ \_\_\_\_\_ income per \_\_\_\_\_ (including tips)

**INCOME**

*Attach pay stubs for you and your spouse in lieu of completing this section.*

**INCOME FROM EMPLOYMENT:**

**YOU**

**SPOUSE**

Gross Income Per _____ (week/2 weeks/month/twice a month).....	_____	_____
Federal Withholding (also state married/single & # of exemptions).....	_____	_____
State Withholding (also state married/single & # of exemptions) .....	_____	_____
FICA (Social Security and Medicare).....	_____	_____
Pension and/or Retirement Savings Deduction .....	_____	_____
Union Dues.....	_____	_____
Dependent Medical/Dental Insurance .....	_____	_____
Life Insurance.....	_____	_____
Non-Retirement Payroll Savings Plan.....	_____	_____
Donations deducted from pay .....	_____	_____
Loan Payment deducted for _____	_____	_____
Child Support paid by payroll deduction .....	_____	_____
Other: _____	_____	_____
Net Take-Home Pay per _____ .....	_____	_____

**OTHER INCOME:**

Social Security.....	_____	_____
Veterans Administration .....	_____	_____
Unemployment/Workers Compensation .....	_____	_____
Interest or Dividend Income per _____ .....	_____	_____
Rental Income per _____ .....	_____	_____
Other: _____	_____	_____
<b>Total Other Income</b> .....	_____	_____

**PERSONAL PROPERTY**

**MOTOR VEHICLES**

Year	Make & Model	Color	Driven By	Registered To	Estimated Value	Loan Bal.	Monthly Payment	Paid By
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**OTHER VEHICLES, RECREATIONAL VEHICLES:** List any other automobiles, boats, motors, trailers, motorcycles, campers, or other recreational vehicles, stating your opinion as to value, the encumbrances, if any, monthly payments, and in whose name each vehicle is registered.

**FIREARMS:** List make/model, when acquired, how acquired, to whom registered, and who has possession:

**OTHER PERSONAL PROPERTY:** If you or your spouse own any items of personal property you believe to have a market value of more than \$1,000, please describe each such item, indicating to which party it belongs if you do not regard it as "joint" property. Examples would be: jewelry, furs, coin or stamp collections, firearms collections, antiques, animals, and so forth.

**REAL PROPERTY**

**HOMESTEAD**

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

Legal Description (if known): \_\_\_\_\_

Provide copy of the deed, tax statement, title.

Date Purchased: \_\_\_\_\_ Price: \$ \_\_\_\_\_ In name of: \_\_\_\_\_

<u>Creditor Name and Address</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____

Annual Real Estate Taxes: \$ \_\_\_\_\_ Included in monthly payment? \_\_\_\_\_

Annual Homeowners Ins. Premium: \$ \_\_\_\_\_ Included in monthly payment? \_\_\_\_\_

Tax Assessor's Valuation: \$ \_\_\_\_\_ Your estimate of value: \$ \_\_\_\_\_

**OTHER REAL ESTATE** (second home, rental property, vacant land, etc.)

Address: \_\_\_\_\_ Type of Property: \_\_\_\_\_

City/County/State/Zip: \_\_\_\_\_ Monthly Rental Income: \_\_\_\_\_

Legal Description (if known): \_\_\_\_\_

Provide copy of the deed, tax statement, and title.

Date Purchased: \_\_\_\_\_ Price: \$ \_\_\_\_\_ In name of: \_\_\_\_\_

<u>Creditor Name and Address</u>	<u>Balance</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____

Annual Real Estate Taxes: \$ \_\_\_\_\_ Included in monthly payment? \_\_\_\_\_

Annual Property Insurance Premium: \$ \_\_\_\_\_ Included in monthly payment? \_\_\_\_\_

Tax Assessor's Valuation: \$ \_\_\_\_\_ Your estimate of value: \$ \_\_\_\_\_

**RETIREMENT PLANS**

**PENSION AND/OR PROFIT SHARING PLANS**

	YOU	YOUR SPOUSE
Date of first participation .....	_____	_____
Name of Employer or Plan .....	_____	_____
Percentage of interest now vested.....	_____	_____
Projected monthly benefit at retirement .....	_____	_____
Present cash value, if any .....	_____	_____
Monthly contribution by employee .....	_____	_____

**OTHER PLANS**

<u>Type of Plan</u>	<u>Financial Inst./Plan Name</u>	Balance in YOURS	Balance in SPOUSE's
401K Plan	_____	_____	_____
Stock Ownership Plan (ESOP)	_____	_____	_____
Individ. Ret. Acct. (IRA)	_____	_____	_____
Keogh	_____	_____	_____
Deferred Compensation Plan	_____	_____	_____
Retirement Annuity	_____	_____	_____
Military Pension/Disability	(Yes or No)	_____	_____

**ACCOUNTS AND INVESTMENTS**

**DEPOSIT ACCOUNTS OR CERTIFICATES**

Name of Bank	City	Type of Acct.	Acct. No.	In Name of	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**STOCKS AND/OR BONDS**

Name or Type of Security	Number of Shares	In Name of	Date Acquired	Purchase Price	Present Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name and address of any stock brokers used by you or your spouse in the last three years: \_\_\_\_\_

**MISCELLANEOUS PROPERTY**

**Tax Refunds/Rebates:** For any state or federal income tax refunds or rebates due to you or your spouse, state:

<u>Tax Year</u>	<u>Payable from which government agency</u>	<u>Payable to whom?</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Taxes Payable:** For any state or federal income taxes payable by you or your spouse, state:

<u>Tax Year</u>	<u>Payable to which government agency</u>	<u>Payable by whom?</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Property Held by Others:** If you or your spouse have any money or property held by others, indicate which property, and explain why such property is held by someone else.

**Premarital Agreement:** Did you or your spouse execute a premarital agreement? \_\_\_\_\_  
 If so, indicate the date executed, and the names of any attorneys advising you and/or your spouse in connection with that agreement. Provide a copy of the agreement.

\_\_\_\_\_  
 \_\_\_\_\_

**Trusts:** If you or your spouse are beneficiaries under any trust, state which of you is the beneficiary. \_\_\_\_\_

Who established the trust? \_\_\_\_\_ Approximate value of your (your spouse's) share of the trust:

\$ \_\_\_\_\_ What is the annual income derived from the trust? \_\_\_\_\_

**Seperate Property:** If you or your spouse have any property fitting the following definition, for each item of property, indicate to whom it belongs, a description of the property, and how it was acquired. Under California Statutes, "Property acquired by spouses *during marriage* in *any joint title* form is *presumptive community property* for purposes of a *property division* in a divorce. Absent adequate rebuttal, the separate property incidents of ownership are swallowed up by the right to a 50-50 community property division. 'Separate property' includes Property *owned before marriage* (or before registration of a domestic partnership); Property acquired during marriage (or a domestic partnership) by *gift, bequest, devise or descent*, and the '*rents, issues and profits*' of any such property. It also includes *postseparation* earnings and accumulations (whether or not the separation is pursuant to judgment of legal separation), and certain personal injury damages recoveries (depending upon when the cause of action arose).

**Intangibles (copyrights, book royalties, patents, etc.):** If you or your spouse have rights to any intangible property, indicate which of you has such an interest, and describe each interest.

\_\_\_\_\_  
 \_\_\_\_\_

**LIFE INSURANCE**

<u>On Life of</u>	<u>Policy Number</u>	<u>Type of Policy</u>	<u>Name of Company</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Annual Premium</u>	<u>Balance of Policy Loans</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name and telephone number of insurance agent: \_\_\_\_\_

**SCHEDULE OF DEBTS**

<u>Name of Creditor (not previously listed)</u>	<u>Purpose of Debt</u>	<u>Secured or Unsecured</u>	<u>Date Incurred</u>	<u>Unpaid Balance</u>	<u>Date Last Paid</u>	<u>Now Paid By H/W</u>	<u>Monthly Payment</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- For secured debts, indicate what property is being held as security for the debt.

**YOUR REASONABLE PROPOSAL**

On the reverse side of this page please set forth what you feel would be a reasonable proposal for: (1) division of property; (2) division of debts; (3) custody and visitation of the minor children; and (4) amounts to be paid for child support and/or alimony.

**HEALTH AND/OR DENTAL INSURANCE**

Indicate the cost to you or your spouse, if any; and state through whom the insurance is provided (*private* plan, or through the employer or union of *your spouse* or *yourself*). If health and dental are separate, give details on back.

<u>Covering</u>	<u>Type</u>	<u>Cost per mo.</u>	<u>Coverage is through (you/spouse)</u>	<u>Name of Insurance Company</u>
You	Health	_____	_____	_____
Spouse	Health	_____	_____	_____
Children	Health	_____	_____	_____
You	Dental	_____	_____	_____
Spouse	Dental	_____	_____	_____
Children	Dental	_____	_____	_____

If you belong to a union, give the name and local number of the union and the phone number of the union office

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**DOCUMENTATION**

A complete picture of the assets and income of you and your spouse is necessary, either from information and documentation you can provide now, or through the discovery process during the pendency of the proceeding. It will be of great assistance, saving time and expense, if you can provide the following at our first meeting or as soon as possible:

1. Paycheck stubs for both yourself and your spouse from January 1st of the current year to the present date, or a current paystub with year-to-date information.
2. Copies of your joint or individual, state and federal income tax returns for the past three years. Include all schedules and attachments.
3. Deeds, abstracts, torrens certificates, showing the legal description and recorded ownership of your homestead and any other real estate owned by you or your spouse.
4. Tax assessor's statements on your homestead and any other real estate.
5. Records or monthly statements showing current balance due on debts such as mortgage, contract for deed, home improvement loan, car loan, and credit cards.
6. A recent statement or passbook for any individual or joint accounts owned by you, your spouse, or in the names of your children.
7. A copy of all recent brokerage statement for any stocks, bonds or other securities owned by you or your spouse.
8. Regarding life insurance, a copy of the face page of the policy, and all recent statements indicating the cash value of such policies and the amounts of any loans against them.
9. Any brochures or periodic statements describing pension, profit sharing or stock purchase plans of you or your spouse.
10. Copies of any financial statements or statements of net worth prepared by you or your spouse, either personal or for any business in which you have an ownership interest.
11. A copy of any premarital agreement executed by you and your spouse.
12. Any other information or documentation, including appraisals made of real or personal property, which will establish the existence or value of any property and the extent of income.
13. A copy of any domestic abuse order now in effect relating to your *current* spouse and/or the children of *this* marriage.
14. A copy of any child support order relating to the children of *this* marriage.

**MONTHLY LIVING EXPENSES**

1. This list must be completed if you or your spouse are seeking child support or spousal maintenance.
2. List in the column headed "Client" the necessary monthly living expenses for yourself. List in the column headed "Children" the necessary monthly living expenses for any minor children you expect to have living with you.
3. For items paid other than monthly (i.e. license tabs, insurance, real estate taxes), take annual cost divided by twelve.
4. For items such as clothing, car repairs, travel, etc., estimate what you spend in a year's time and divide by twelve.
5. Be certain to include personal, food, clothing and household items you buy with cash, and at discount or dept. stores.
6. Do not list here items previously listed as deductions from payroll (medical insurance, life insurance, union dues).

	Client	Children
Rent , First Mortgage or Contract for Deed.....	\$ _____	\$ _____
Second Mort. or Home Improvement Loan.....	_____	_____
Homeowner's Insurance (if not included in mortgage) .....	_____	_____
Real Estate Taxes (if not included in mortgage).....	_____	_____
Utilities: Telephone .....	_____	_____
Electricity .....	_____	_____
Water and Sewer .....	_____	_____
Refuse Disposal.....	_____	_____
Heat .....	_____	_____
Food & Household Supplies (incl. lunches at work) .....	_____	_____
Clothing .....	_____	_____
Laundry and Dry Cleaning.....	_____	_____
Medical and Dental: Premiums .....	_____	_____
Co-pays & uncovered costs.....	_____	_____
Transportation: Car Payment .....	_____	_____
Gasoline and Oil .....	_____	_____
Repairs and Tires.....	_____	_____
License Tabs.....	_____	_____
Parking/Bus Fares .....	_____	_____
Car Insurance.....	_____	_____
Life Insurance.....	_____	_____
Recreation, Entertainment & Travel .....	_____	_____
Health Club Dues .....	_____	_____
Cable Television.....	_____	_____
Newspapers & Magazines.....	_____	_____
Social and Church Obligations .....	_____	_____
Personal Allowances & Incidentals (incl. grooming).....	_____	_____
Babysitting and Child Care .....	_____	_____
Home Maintenance, Repairs, Yard Work .....	_____	_____
Children's Expenses: School Needs, Lunches.....	_____	_____
Allowances .....	_____	_____
Extracurricular Activities.....	_____	_____
Visitation Expenses.....	_____	_____
Unreimbursed Business Expenses .....	_____	_____
Union or Professional Dues.....	_____	_____
Child Support or Alimony Payments to _____	_____	_____
Other: _____	_____	_____
_____	_____	_____
Payments to Creditors (name of creditor):      Total Owed	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total each column separately: .....	\$ _____	\$ _____
<b>TOTAL MONTHLY LIVING EXPENSES FOR CLIENT AND CHILDREN:</b>	<b>\$ _____</b>	
State how you arrived at the above figures (canceled checks, tax returns, estimates, etc.) _____		
_____		