

DIY DIVORCE WORKSHOP INFORMATION LIST

INSTRUCTIONS: Don't let the length of this worksheet scare you. Not every question will apply to you, but please, when you skip a question that does not apply to you, write "N/A" in the blank, so we know that you read and responded to the question in preparing for the DIY Divorce Workshop, even if that question does not apply to you.

Each question on this questionnaire must be answered. If you do not know an answer, answer as best as you can or write, "I don't know." If a question does not apply to you, write "N/A." You must also gather together certain documentation that the court rules will require of you, if available.

Some questions may seem repetitive, but all information is needed to help you prepare your divorce forms.

Note: DIY Divorce Workshops are do it yourself instruction and information seminars taught by an attorney (Eric K. Johnson) for people who want to represent themselves in divorce cases, so DIY Divorce Workshops do not create an attorney-client relationship between you and Eric or the firm. If you want to retain an attorney to represent you in a divorce action that is not what DIY Divorce Workshops are for, but if you want to talk about how to go about hiring a lawyer to handle some or all of your divorce, please give us a call, we're happy to answer your questions: Call 801-466-9277.

DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
Vital Statistics Information	
HUSBAND'S NAME (First, Middle, Last):	
RESIDENCE	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
BIRTHPLACE (STATE OR FOREIGN COUNTRY):	
DATE OF BIRTH (Month, Day, Year):	
NUMBER OF THIS MARRIAGE (i.e., first, second?):	
IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED: (Check One)	☐ By Death ☐ By Dissolution
WARRIAGE ENDED. (CHECK One)	☐ By Divorce ☐ By Annulment
DATE (Month, Day, Year):	
HUSBAND'S RACE:	
EDUCATION: (Check Highest Reached)	□ Elementary □ Secondary
	☐ Jr. College/Technical ☐ College



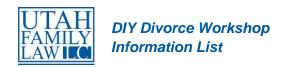
DIVORCE QUESTIONNAIRE	Write your answers to each question in this column		
	☐ Graduate ☐ Post-Graduate		
WIFE'S NAME (First, Middle, Last):			
MAIDEN LAST NAME:			
RESIDENCE			
Street Address (including apt. # or lot #):			
City, Town, or Location:			
COUNTY:			
STATE:			
ZIP:			
Mailing Address if different from above:			
BIRTHPLACE (STATE OR FOREIGN COUNTRY):			
DATE OF BIRTH (Month, Day, Year):			
NUMBER OF THIS MARRIAGE (i.e., first, second?):			
IF NOT FIRST MARRIAGE, LAST	☐ By Death ☐ By Dissolution		
MARRIAGE ENDED: (Check One)	☐ By Divorce ☐ By Annulment		
DATE (Month, Day, Year):			
WIFE'S RACE:			
EDUCATION: (Check Highest Reached)	□ Elementary □ Secondary		
	□ Jr. College/Technical □ College		
	☐ Graduate ☐ Post-Graduate		
PLACE OF THIS MARRIAGE			
CITY, TOWN, OR LOCATION:			
COUNTY:			
STATE OR FOREIGN COUNTRY:			
DATE OF THIS MARRIAGE (Month, Day, Year):			
DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year):			
NUMBER OF CHILDREN UNDER 18 IN			
THIS HOUSEHOLD AS OF THE DATE COUPLE LAST RESIDED IN SAME			
HOUSEHOLD:			
Is the PETITIONER the husband or wife? (Check One)	☐ Husband ☐ Wife		
ATTORNEY(s)			



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
Name of your attorney:	
Mailing address:	
Telephone:	
E-mail:	
Name of your spouse's attorney:	
Mailing address:	
Telephone:	
E-mail:	
Personal Information (Yourself)	
Full Name:	
Other names you are known by (former, maiden, alias):	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address (If different from above):	
Home Telephone:	
Cellular Telephone:	
Fax Number:	
E-mail Address:	
Social Security Number:	
Drive License – state of issuance and license number:	
Date of Birth (Month, Day, Year):	
Your Mailing Address:	
State, City & Zip:	
Your Telephone Number:	
Are you on active duty with any branch of the U.S. military?	
Current Personal Information About Your Spouse	
Full Name:	
Other names they are known by (former, maiden, alias):	
Street Address (including apt. # or lot #):	



DIVORCE QUESTIONNAIRE	Write your an	swers to each	question in this column
City, Town, or Location:			
COUNTY:			
STATE:			
ZIP:			
Mailing Address if different from above:			
Telephone Number:			
Social Security Number:			
Drive License – state of issuance and license number:			
Date of Birth (Month, Day, Year):			
Is your spouse on active duty with any branch of the U.S. military?	□ Yes		
of the 0.5. military?	□ No		
If you do not know your spouse's current address list His/Her last known address:			
His/Her Name:			
His/Her Mailing Address:			
City, State, & Zip:			
His/Her Telephone Number:			
Conflict of Interest Information			
If there is a conflict of interest, we may not be able to help you.			
Has attorney Eric K. Johnson helped you befor One)	e? (Check	☐ Yes	
		□ No	
If Yes, when?			
Has Eric K. Johnson helped your spouse before? (Check		☐ Yes	
One)		□ No	
If Yes, when?			
Has a law firm that employed Eric K. Johnson h	nelped you	☐ Yes	
before? (Check One)		□ No	
If Yes, when?			
Has a law firm that employed Eric K. Johnson helped your spouse before? (Check One)		☐ Yes	☐ I don't know
		□ No	
If Yes, what type of case?: (Check One)		☐ Divorce	☐ Paternity/Custody/Visitation
		☐ Other	☐ Protective Order



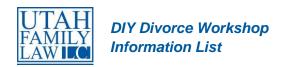
DIVORCE QUESTIONNAIRE	Write you	r answers to each question in this column
If Other, Specify:		
Your Household Information		
List all people living with you regardless of age or relationship to you. Names:		
Birth Dates:		
Relationship to you:		
His/Her Income:		
Status of your case and marriage background		
Has a case been filed? (Check One)	☐ Yes	
	□ No	
If Yes, year filed:		
Have you been served with legal papers?	□ Yes	
(Check One)	□ No	
If Yes, date served:		
Has a hearing been scheduled? (Check	□ Yes	
One)	□ No	
If Yes, date and time:		
Do you already have an attorney in this	□ Yes	
matter? (Check One)	□ No	
If Yes, name of attorney:		
Is there a court order of custody? (Check	□ Yes	☐ Not Applicable
One)	□ No	
If Yes, give the date(s) entered and identify the STATE and COUNTY in which the order was filed:		
Did you and your spouse enter into a	□ Yes	
pre-nuptial agreement (also known as an ante-nuptial agreement) before marriage? (Check One)	□ No	
If Yes, do you have the original prenuptial	□ Yes	
agreement or a copy of it? (Check One)	□ No	
After your wedding ceremony/marriage, did	□ Yes	
you and your spouse enter into any kind of agreement that was intended to govern you	□ No	
in the event of a divorce (also known as a		



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
post-nuptial agreement)? (Check One)	
If Yes, do you have the original post-nuptial agreement or a copy of it? (Check One)	□ Yes
agreement of a copy of it: (Officer Offic)	□ No
Residence/Jurisdiction Information	
Have you lived in Salt Lake County for the last 3 months? (Check One)	☐ Yes
last 3 months: (Check One)	□ No
If Yes, how long?	
If No, what COUNTY did you live in?	
Has your spouse lived in Salt Lake County for the last 3 months? (Check One)	□ Yes
the last 3 months? (Check One)	□ No
If No, what county did your spouse live in?	
Did you and your spouse reside in Utah during your marriage? (Check One)	□ Yes
during your marriage: (Oneck One)	□ No
If Yes, from what date (Month, Day, Year)?	
To what date (Month, Day, Year)?	
Date of your marriage (Month, Day, Year):	
Place of marriage (City, COUNTY & STATE):	
Date of your separation (Month, Day, Year):	
Grounds for Divorce Information	
State (briefly) why you feel that your marriage cannot continue (this box will expand to be as	
large as you need to write your statements,	
so do not worry about running out of space):	
Currently Minor Children BORN OR ADOPTED of this Marriage	☐ Not Applicable
List all minor children born between or	
adopted by you and the opposing party.	
State the name and relationship with whom	
each of the minor children have lived for the	
last six months, as well as where and when (dates) the children have lived.	
Child's Full Name:	
Birth Date:	
Social Security Number:	
Name with whom he/she has lived:	
Relationship of person with whom he/she has lived:	
Street Address (including apt. # or lot #):	



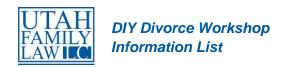
DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
Telephone Number:	
Dates:	
Child's Full Name:	
Birth Date:	
Social Security Number:	
Name with whom he/she has lived:	
Relationship of person with whom he/she has lived:	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
Telephone Number:	
Dates:	
Child's Full Name:	
Birth Date:	
Social Security Number:	
Name with whom he/she has lived:	
Relationship of person with whom he/she has lived:	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
Telephone Number:	
Dates:	



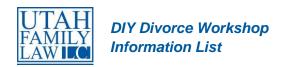
DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
Child's Full Name:	
Birth Date:	
Social Security Number:	
Name with whom he/she has lived:	
Relationship of person with whom he/she has lived:	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
Telephone Number:	
Dates:	
Child's Full Name:	
Birth Date:	
Social Security Number:	
Name with whom he/she has lived:	
Relationship of person with whom he/she has lived:	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
Telephone Number:	
Dates:	
Are you or the opposing party pregnant? (Check One)	□ Yes
(Check One)	□ No
If Yes, due date:	
Who is the father?	
Full Name:	
Street Address (including apt. # or lot #):	



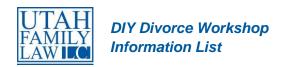
DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
Telephone Number:	
Child Jurisdiction Information	☐ Not Applicable
Are there any other court proceedings	☐ Yes
regarding the minor children in juvenile court? (Check One)	□ No
Court Name:	
COUNTY:	
STATE:	
Are there any other court proceedings	□ Yes
regarding the minor children in another state? (Check One)	□ No
Court Name:	
COUNTY:	
STATE:	
Do the children currently live in Utah?	□ Yes
(Check One)	□ No
If Yes, address:	
If No, when were they removed from Utah (Month, Day, Year)?	
Is there a person, other than you and your	□ Yes
spouse, who have physical custody of the minor children and who claims to have	□ No
custody or visitation rights with the children?	
(Check One) His/Her Name:	
Relationship to the children:	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	



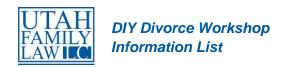
DIVORCE QUESTIONNAIRE	Write your answers to each question in this column		
Telephone Number:			
Custody and Parent-Time (Visitation) of Minor Children		☐ Not Applicable	
With which parent should the children live? (Check One)		☐ You ☐ Both Parents	
		☐ Your Spouse	
What Parent-Time arrangements are appropria whom the children will not live?	te for the parent with		
We can agree on a Parent-Time schedule without a court order.		□ Yes	
(Check One)		□ No	
We need a regular Parent-Time schedule. (Ch	eck One)	□ Yes	
		□ No	
Parent-Time should be supervised. (Check On	ne)	□ Yes	
		□ No	
Reason for supervised Parent-Time:			
Who should supervise the Parent-Time?			
Name:			
Are there any DCFS (Division of Child and Fam		□ Yes	
(Child Protective Services) Reports? (Check One)		□ No	
If Yes, what do they report?			
Are there any police reports regarding the child	ren? (Check One)	□ Yes	
		□ No	
Has the child's/children's therapist or counselor	r recommended	□ Yes	
supervised Parent-Time? (Check One)		□ No	
From where should the children be picked up to begin Parent-Time? (Check all that apply)	Names and addresses	of each that apply	
☐ daycare:			
□ preschool:			
□ school:			
☐ custodial parent's home:			
□ other (specify here):			
Child Support Information	d Support Information		
Your Spouse's Current Income Information			
Name of employer:			



DIVORCE QUESTIONNAIRE	Write your answers to ea	ach question in this column
Work address:		
City, Town, or Location:		
STATE:		
ZIP:		
What type of work?		
Work hours:		
Work telephone number:		
*Hourly wage:		
Hours worked per week:		
*Gross monthly salary:		
*Net monthly salary:		
*If you don't know the exact hourly wage or salary put your best guess.		
If your spouse is unemployed, list your spouse's most recent employment		
Name of employer:		
Work address:		
City, Town, or Location:		
STATE:		
ZIP:		
What type of work?		
Work hours:		
Work telephone number:		
Hourly wage:		
Hours worked per week:		
Gross monthly salary:		
Net monthly salary:		
If you don't know the exact information, please give your best guess (be honest—being dishonest will only waste everyone's time)		
How you want child support paid?: (Check	☐ Withheld by Office of R	ecovery Services
One)	☐ Direct payment by spouse or you	
Health Insurance Information		
Do you currently have health insurance availab	le to you? (Check One)	□ Yes
		□ No



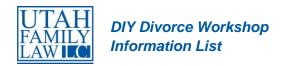
DIVORCE QUESTIONNAIRE	Write your answers to each question in this column		
	If Yes, through you, your spouse, or other? (Check One) (If Other,		☐ Spouse
specify)		☐ Other:	
Does your spouse currently have health insurance available? (Check		☐ Yes	
One)		□ No	
If Yes, through you, your spouse, or other? (Ch	neck One) (If Other,	□ Me	☐ Spouse
specify)		☐ Other:	
Who should maintain health insurance for the c	children? (Check One) (If	□ Me	☐ Spouse
Other, specify)		☐ Other:	
Life Insurance Information			
Are there any life insurances policies on you?	(Check One)	☐ Yes	
		□ No	
If Yes, amount or policy limit and with whom:			
Who is the beneficiary?			
Are there any life insurance policies on your spouse? (Check One)		☐ Yes	
		□ No	
If Yes, amount or policy limit and with whom:			
Who is the beneficiary?			
Does your spouse work for a company that offer	ers life insurance?	□ Yes	
(Check One)		□ No	
If Yes, amount or policy limit and with whom:			
Who is the beneficiary?			
Marital Debts			
List all <u>current</u> debts acquired during the marriage, the amount, and who should pay the debt. (Note: Your request for division of debts needs to be realistic and fair.)			
Name of debt:			
Total Amount Still Owing:			
Monthly Payment:			
What percentage of this debt should you pay?			
What percentage of this debt should your			
spouse pay? Name of debt:			



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
Total Amount Still Owing:	
Monthly Payment:	
What percentage of this debt should you pay?	
What percentage of this debt should your spouse pay?	
Name of debt:	
Total Amount Still Owing:	
Monthly Payment:	
What percentage of this debt should you pay?	
What percentage of this debt should your spouse pay?	
Name of debt:	
Total Amount Still Owing:	
Monthly Payment:	
What percentage of this debt should you pay?	
What percentage of this debt should your spouse pay?	
Name of debt:	
Total Amount Still Owing:	
Monthly Payment:	
What percentage of this debt should you pay?	
What percentage of this debt should your spouse pay?	
Personal Property (Including vehicles,	
The court will divide personal property acquired during the marriage. (Note: Your request for division of marital property needs to be realistic and fair.)	
Has the property already been split between you and your spouse in a way agreeable to you? (Check One)	□ Yes □ No
(If you answered Yes, you do not need to complete the rest of the Personal Property section.)	
Property that should be awarded to you: (Be	
specific in your descriptions.) Property that should be awarded to your spouse: (Be specific in your descriptions.)	
List your personal property you acquired BEFORE the marriage:	



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
List your spouse's personal property acquired BEFORE the marriage:	
Real Property (Real Estate, Marital Home,	
other land or buildings)	
Have you and your spouse purchased a house and/or other real property (land) during	□ Yes
the marriage and do you still own it? (Check	□ No
One)	
If Yes, house address:	
City, Town, or Location:	
STATE:	
ZIP:	
Legal Description of the real property (you	
can usually find this on your county tax assessment or on the deed):	
Name of mortgage holder:	
Amount still owing:	
Monthly payment:	
Date of Purchase:	
What do you want done with the house?	☐ Keep it myself
(Check One)	☐ Let my spouse keep it
	☐ Sell it now and divide the equity
	☐ One of us will keep it until the last of the
	children is 18 years old
	☐ Other kind of disposition of the marital
	home:
If the house is kept by you or your spouse,	
how will the mortgage payments be made?	
If Other disposition, specify:	
If Other Land/Property: (Give Legal Description)	
Street Address (including apt. # or lot #):	
City, Town, or Location:	
STATE:	
ZIP:	
Name of mortgage holder:	
Amount still owing:	
Monthly payment:	



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
Date of Purchase:	
What do you want done with the	☐ Keep it myself
land/property? (Check One)	☐ Let my spouse keep it
	☐ Sell it now and divide the equity
	☐ I will keep it until the children are grown☐
	☐ Other kind of disposition of the
	land/property:
If one of you keeps the land/property, how will the mortgage payments be made?	
If Other disposition, specify:	
Any other real property? (Check One)	□ Yes
	□ No
Alimony Information (Spousal support)	
Should alimony be awarded to you? (Check One)	□ Yes
	□ No
Amount \$	
Why do you believe alimony should be awarded?	
Pension/Retirement Plan Information (Including Social Security)	
You	
Name of Plan:	
Plan Administrator:	
Plan Administrator Address:	
City, Town, or Location:	
STATE:	
ZIP:	
Date started employment:	
Name of Plan:	
Plan Administrator:	
Plan Administrator Address:	
City, Town, or Location:	
STATE:	
ZIP:	



DIVORCE QUESTIONNAIRE	Write your answers to each question in the	nis column
Date started employment:		
Your spouse		
Name of Plan:		
Plan Administrator:		
Plan Administrator Address:		
City, Town, or Location:		
STATE:		
ZIP:		
Date started employment:		
Name of Plan:		
Plan Administrator:		
Plan Administrator Address:		
City, Town, or Location:		
STATE:		
ZIP:		
Date started employment:		
Taxes & Deduction Information		
State the number of the children of this marriage you and your spouse should each be able to claim as tax deductions on your income tax returns.		
Number for you:		
Number for spouse:		
Should you and your spouse alternate claiming	the children every year? (Check One)	☐ Yes
		□ No
Have you filed income tax returns for this year?	(Check One)	□ Yes
		□ No
If No, how should income taxes be filed for this	year? (Check One)	☐ Jointly
		☐ I don't know
		☐ Separately
Former Name Information		
Do you want your former/maiden name awarde	ed back to you? (Check One)	☐ Yes ☐
	· · · · · · · · · · · · · · · · · · ·	Not Applicable
		□ No
		•



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
If Yes, put the full exact spelling of the name back to which you want to be changed:	
Other Information	
If there are any other issues, not contained in this application form, that you feel need to be addressed in your divorce, please describe the issues here:	
Your Proposed Settlement Of The Applicable Issues In Your Case	
Issue (Check All That Apply)	My Position
☐ CONFLICT OF INTEREST:	
☐ STATUS OF CASE:	
☐ CUSTODY:	
☐ PRENUPTUAL:	
☐ POSTNUPTUAL:	
☐ RESIDENCE/JURISDICTION:	
☐ GROUNDS:	
☐ CHILD PARENTAGE:	
☐ CHILD JURISDICTION:	
☐ CUSTODY:	
☐ VISITATION:	
☐ SUPERVISION:	
☐ CHILD SUPPORT:	
☐ HEALTH INSURANCE:	
☐ LIFE INSURANCE:	
☐ MARITAL DEBTS:	
☐ PERSONAL PROPERTY:	
□ VEHICLES:	
☐ FINANCIAL ACCOUNTS:	
☐ REAL PROPERTY:	
☐ ALIMONY:	
☐ PENSION/RETIREMENT PLANS:	
☐ SOCIAL SECURITY:	
☐ TAXES/DEDUCTIONS:	
☐ FORMER NAME:	
☐ RESTRAINING ORDER:	



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column	
☐ ATTORNEY'S FEES:		
□ OTHER:		
Financial Declaration Information		
You must update this information if it changes. Keep a copy of all documents for your records.		
Attach the following to the completed Financial Declaration. (Check As You Compile)		
☐ Additional pages as needed to complete par number on the additional page.	agraphs that don't have enough space. Write the paragraph	
☐ Any documents referred to in this document.		
☐ The following documents required by Utah F Declaration:	Rule of Civil Procedure 26.1 to be attached to this Financial	
·	nis case was filed, complete federal and state income tax form K-1, and supporting tax schedules and attachments filed najority or controlling interest.	
\Box Pay stubs and other evidence of all earned and un-earned income for the 12 months before the petition in this case was filed.		
\Box All loan applications and financial statements prepared or used by the party completing the financial declaration within the 12 months before the petition in this case was filed.		
\Box Documents verifying the value of all real estate in which the party has an interest, including the most recent appraisal, tax valuation and refinance documents.		
• • • • • • • • • • • • • • • • • • •	etition in this case was filed for all financial accounts, including cates of deposit, brokerage, investment, and retirement.	
If any of the documents required to be attached to this Financial Declaration are not reasonably available or are in the possession of the other party, then estimate the amounts entered on this Financial Declaration, and complete Paragraph (13) explaining the basis for the estimation and why the documents are not available.		
(1) Social Security Number.		
My Social Security Number is (last four digits only):		
(2) Employment Status.		
I am: (Check One)	□ Employed	
	□ Unemployed	

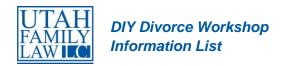


DIVORCE QUESTIONNAIRE	Write your answers to each question in the	nis column
I have no income because:		
My occupation is:		
I am employed by:		
Name of Employer:		
Doing Business As (DBA):		
Address & Telephone Number:		
My spouse is: (Check One)	☐ Employed	
	☐ Unemployed	
My spouse has no income because:		
My spouse's occupation is:		
My spouse is employed by:		
Name of Employer:		
Doing Business As (DBA):		
Address & Telephone Number:		
Income Information		
(3) Gross Monthly Income. (Print your pre-tax income in the appropriate boxes below. Attach evidence of items listed, such as most recent pay stubs, federal and state tax returns for past 2 years, W-2 forms, or a work history report from the Department of Workforce Services. For income that changes from month to month, calculate the annual total and divide by 12 months to list a monthly average.)	Complete the following monthly expense wo your actual monthly expenses. (If the expense once or twice a year, divide that amount by the expense covers to come up with a monthly at expense.) PLEASE BE ADVISED: You must your spouse with verifying documentation of you claim.	se is only paid he months the overage for said st provide us and
My Gross Monthly Income - Source of Income		
Work (Including self-employment, wages, salar overtime):	ries, commissions, bonuses, tips and	\$
Rental Income:		\$
Business Income:		\$
Interest Income:		\$
Dividends:		\$
Retirement Income (Including pensions, 401(k), IRA, etc.):		\$
Worker's Compensation:		\$
Social Security Disability (SSDI and SSI):		\$
Private Disability Insurance:		\$
Social Security (Do not include SSDI or SSI):		\$
Unemployment Benefits:		\$
Education Benefits:		\$
Veteran's Benefits:		\$
Alimony (from a prior marriage):		\$
Child Support (from a prior order):		\$

DIVORCE QUESTIONNAIRE	Write your answers to each question in t	his column
Payments from Civil Litigation:	•	\$
Victim Restitution:		\$
Public Assistance (Including FEP, welfare, etc.):	\$
Support from household members:	,	\$
Support from non-household members:		\$
Other (Describe):		\$
Other (Describe):		\$
Total Gross Monthly Income:		\$
My Spouse's Gross Monthly Income - Source	e of Income	Ψ
Work (Including self-employment, wages, salar		\$
overtime):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
Rental Income:		\$
Business Income:		\$
Interest Income:		\$
Dividends:		\$
Retirement Income (Including pensions, 401(k)	IRA etc.):	\$
Worker's Compensation:	, ,,	\$
Social Security Disability (SSDI and SSI):		\$
Private Disability Insurance:		\$
Social Security (Do not include SSDI or SSI):		\$
Unemployment Benefits:		\$
Education Benefits:	\$	
Veteran's Benefits:		\$
Alimony (from a prior marriage):	\$	
	\$	
Child Support (from a prior order): Payments from Civil Litigation:		\$
Victim Restitution:	\$	
		\$
Public Assistance (Including FEP, welfare, etc.):		\$
Support from household members:		\$
Support from non-household members:		\$
Other (Describe):		\$
Other (Describe):		\$
Total Gross Monthly Income: (4) My Monthly Tax Deductions. (These are deductions required by law and which you		Ψ
do not make voluntarily. There may be other fu		
will report in Paragraph (11), Monthly Expenses	, , ,	
recent pay stubs, federal and state tax returns		
history report from the Department of Workforc		
Federal Income Tax:	\$	
State Income Tax:		\$
Municipal Income Tax:		\$
FICA:		\$
Medicare:		\$
Total Monthly Tax Deductions:		\$
My Spouse's Monthly Tax Deductions. Attac	Ψ	
pay stubs, federal and state tax returns for pas		
report from the Department of Workforce Service		
Federal Income Tax:	\$	
State Income Tax:	\$	
Municipal Income Tax:	\$	
wunicipal income rax.		Ψ



FICA: Medicare: S Model Monthly Tax Deductions: S My Net Monthly Income S S	DIVORCE QUESTIONNAIRE	Write your answers to each que	estion in th	nis column
Medicare: \$ \$ Total Monthly Tax Deductions: \$ \$ My Net Monthly Income \$ \$ \$ My Net Monthly Income \$ \$ \$ My Spouse \$ \$ My Spouse \$ \$ My Spouse \$ Monthly Tax Deductions: \$ \$ My Spouse \$ Monthly Tax Deductions: \$ \$ My Spouse My Spouse Monthly Income \$ \$ My Spouse Monthly Income \$ \$ My Spouse Monthly Income \$ \$ Monthly Tax Deductions: \$ \$ Monthly Tax Deductions: \$ Monthly Tax Deductions: \$ Monthly Tax Deductions: \$ My Spouse \$ My Spouse My Spouse \$ My Spouse My Sp				
Total Monthly Tax Deductions: My Net Monthly Income	Medicare:			
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Gross Monthly Income: Nonthly Tax Deductions: Not Honthly Tax Deductions: Nonthly Payments: Nonthly Pa				·
-Monthly Tax Deductions: = Net Income: S				\$
Ny Spouse's Net Monthly Income S S S S S S S S S	•			-
Gross Monthly Income: - Monthly Tax Deductions: - Net Income: (5) Real Property that I own separate OR with my spouse. (Attach evidence of items listed, such as mortgage statements, loan documents, load of the my spouse. (Attach evidence of items listed, such as mortgage statements, loan documents, load of items listed, such as mortgage statements, loan documents, load of items listed, such as mortgage statements, loan documents, load of items listed, such as mortgage statements, loan documents, load of items listed, such as mortgage statements, loan documents, load of items listed, such as receipts, loan documents, basis of current Value: If Other, specify: Original Cost: Current Value: S S S S S S S S S S S S S	· · · · · · · · · · · · · · · · · · ·			-
Gross Monthly Income: - Monthly Tax Deductions: - Net Income: - Net Income: - Net Income: - Not Applicable - S - Net Income: - Not Applicable - Not	My Spouse's Net Monthly Income			
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(B) Other Real Property Address, if Applicable: Date Acquired: In Whose Name? (Check One): If Other, specify: Original Cost: Current Value: First Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or				•
Date Acquired: In Whose Name? (Check One): If Other, specify: Original Cost: Current Value: First Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: \$ Monthly Payments: \$ (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				•
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In Whose Name? (Check One): If Other, specify: Original Cost: Current Value: First Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien Holder, if Applicable (Name & Address): Second Mortgage or Lien	. ,			
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If Other, specify: Original Cost: Current Value: First Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)	(======================================			• •
Original Cost: Current Value: First Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)	If Other specify:		Doi:	
Current Value: First Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				\$
First Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)	0			
Amount Owed: Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				Ψ
Monthly Payments: Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				\$
Second Mortgage or Lien Holder, if Applicable (Name & Address): Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				
Amount Owed: Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				Ψ
Monthly Payments: (6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				\$
(6) Personal Property that is either my separate property OR co-owned with my spouse, such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				
such as vehicles, motorcycles, boats, trailers, recreational vehicles, camping trailers, major equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				'
equipment, etc. (Attach evidence of items listed, such as receipts, loan documents, basis of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				
of current value, etc.) Personal Property Type: Vehicle (Year, Make, Model)				Applicable
Personal Property Type: Vehicle (Year, Make, Model)	·	, sacifias receipis, idan documen	is, basis	
		Model)		
	In Whose Name? (Check One)		☐ Me	☐ My Spouse



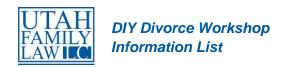
DIVORCE QUESTIONNAIRE	Write your answers to each que	stion in t	his column
	•	☐ Both	☐ Other
If Other, specify:			
Current Value:			\$
Lien Holder, if Applicable (Name & Address):			
Amount Owed:			\$
Monthly Payments:			\$
Personal Property Type: Vehicle (Year, Make,	Model)		
In Whose Name? (Check One)		□ Me	☐ My Spouse
		☐ Both	☐ Other
If Other, specify:			
Current Value:			\$
Lien Holder, if Applicable (Name & Address):			*
Amount Owed:			\$
Monthly Payments:			\$
			·
Personal Property Type:			
Year, Make, Model or Description, if Applicable	:		
In Whose Name? (Check One)		□ Me	☐ My Spouse
(2 2 2 2)		□ Both	□ Other
If Other, specify:		<u> </u>	
Current Value:			\$
Lien Holder, if Applicable (Name & Address):			Ψ
Amount Owed:			\$
Monthly Payments:			\$
Working Fayments.			Ψ
Personal Property Type:			
Year, Make, Model or Description, if Applicable			
In Whose Name? (Check One)		□ Me	☐ My Spouse
in Whose Hame: (Ghosk Gho)		□ Both	☐ Other
If Other enecifus			
If Other, specify: Current Value:			¢
			\$
Lien Holder, if Applicable (Name & Address): Amount Owed:			\$
Monthly Payments:			\$
Monthly Fayments.			Ψ
Personal Property Type:			
Year, Make, Model or Description, if Applicable	·		
In Whose Name? (Check One)		□ Me	☐ My Spouse
III Whose Name: (Oncer one)		☐ Both	•
If Other and offer		□ DOUI	☐ Other
If Other, specify:			c
Current Value:			\$
Lien Holder, if Applicable (Name & Address):			C
Amount Owed:			\$
Monthly Payments:			\$
(7) My Pusinoss interests (Attack suideness of	itama liatad)		
(7) My Business interests. (Attach evidence of	ILEITIS IISLEU.)		☐ Not Applicable





DIVORCE QUESTION	NAIRE \	Write y	our answers to each question in the	nis column
Business Name:				
Address & Phone:				
Nature of Business:				
Current Value:				\$
Percent Owned By:				·
% me			%	
% my spouse			%	
% Other(s), specify:			%	
My Spouse's Business	interests. (Attach	□N	ot Applicable	
evidence of items listed	•		• •	
Business Name:				
Address & Phone:				
Nature of Business:				
Current Value:		\$		
Percent Owned By:				
% me			%	
% my spouse			%	
% Other(s), specify:			%	
(8) Financial Assets (m	ine, my spouse's and	□N	ot Applicable	
jointly owned). (Attach	evidence of items listed,		• •	
including last 3 months	of bank statements,			
contracts, etc.)				
Bank or Credit Union A	ccount			
Last 4 digits of account number:				
Name of Institution:				
Address:				
Name(s) on Account:	☐ Mine ☐ My Spouse	. 🗆	Both	
(Check One)				
,	\square Mine and other(s) - Ide	entify a	iny other(s) by name:	
	☐ My Spouse and other	(s) – Id	entify any other(s) by name:	
Current Polones	7 1			
Current Balance:	accust	\$ N	- (A 1' 1-1 -	
Bank or Credit Union A		⊔ N	ot Applicable	
Last 4 digits of account	number:			
Name of Institution:				
Address:				
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse		Both	
(encon enco)	\square Mine and other(s) - Ide	entify a	iny other(s) by name:	
	☐ My Spouse and other	(s) – Id	entify any other(s) by name:	
Current Balance:		\$		
Bank or Credit Union Account		□N	ot Applicable	
Last 4 digits of account number:				
Name of Institution:				
Address:				
Name(s) on Account:	☐ Mine ☐ My Spouse	· 🗆	Both	
(Check One)	☐ Mine and other(s) - Ide	entify a	nny other(s) by name:	





DIVORCE QUESTION	NAIRE V	Write your answers to each question in this column
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:		\$
Bank or Credit Union A	ccount	☐ Not Applicable
Last 4 digits of account	t number:	
Name of Institution:		
Address:		
Name(s) on Account:	\square Mine \square My Spouse	☐ Both
(Check One)	\square Mine and other(s) - Ide	entify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:		\$
	ies, Money Market Fund	☐ Not Applicable
Last 4 digits of account	t number:	
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse	
	, ,	entify any other(s) by name:
	\square My Spouse and other(s) – Identify any other(s) by name:
Current Balance:		\$
	ies, Money Market Fund	☐ Not Applicable
Last 4 digits of account	t number:	
Name of Institution:		
Address:		
Name(s) on Account:	☐ Mine ☐ My Spouse	☐ Both
(Check One) Mine and other(s) - Identify any other(s) by name:		
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	,	\$
Stocks, Bonds, Securit	ies, Money Market Fund	☐ Not Applicable
Last 4 digits of account	t number:	
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse	☐ Both
☐ Mine and other(s) - Identify any other(s) by name:		entify any other(s) by name:
	\square My Spouse and other(s) – Identify any other(s) by name:
Current Balance:		\$
· .	ension, 401(k), IRA, etc.)	☐ Not Applicable
Last 4 digits of account	t number:	
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse	□ Both
☐ Mine and other(s) - Iden		entify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:		\$



DIVORCE QUESTIONNAIRE W		Write your answers to each question in this column
Retirement Account (Pension, 401(k), IRA, etc.)		☐ Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account:	☐ Mine ☐ My Spous	e 🗆 Both
(Check One)	\square Mine and other(s) - Id	lentify any other(s) by name:
	☐ My Spouse and other	(s) - Identify any other(s) by name:
Current Balance:	y - 1	\$
	ension, 401(k), IRA, etc.)	☐ Not Applicable
Last 4 digits of account		
Name of Institution:	ridinioi.	
Address:		
Name(s) on Account:	☐ Mine ☐ My Spous	e 🗆 Both
(Check One)	☐ Mine and other(s) - Id	lentify any other(s) by name:
	☐ My Spouse and other	(s) - Identify any other(s) by name:
Current Balance:		\$
Profit Sharing Plan		☐ Not Applicable
Last 4 digits of account	t number:	
Name of Institution:		
Address:		
Name(s) on Account:	☐ Mine ☐ My Spous	e □ Both
(Check One)	☐ Mine and other(s) - Id	lentify any other(s) by name:
	│ │	(s) – Identify any other(s) by name:
Current Balance:	- My Operate and earler	\$
Profit Sharing Plan		□ Not Applicable
Last 4 digits of account	t numbor:	- Not Applicable
Name of Institution:	ridiliber.	
Address:		
Name(s) on Account:	□ Mino □ My Spous	 D. □ Roth
Name(s) on Account: ☐ Mine ☐ My Spouse ☐ Both (Check One) ☐ Mine and other(s) - Identify any other(s) by name:		
		r(s) – Identify any other(s) by name:
Current Balance:		\$
Profit Sharing Plan		☐ Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:	(0)	
Name(s) on Account: (Check One)		☐ Mine ☐ My Spouse ☐ Both
		☐ Mine and other(s) - Identify any other(s) by name:
		☐ My Spouse and other(s) – Identify any other(s) by
Current Balance:		name:
Annuity		□ Not Applicable
Armuity		



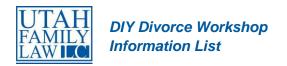
DIVORCE QUESTIONNAIRE V	Vrite your answers to each question in this column
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Annuity	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Annuity	□ Not Applicable
Last 4 digits of account number:	- Not Applicable
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by
Current Balance:	name:
Money Owed to Parties	
•	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address: Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by
	name:
Current Balance:	\$
Money Owed to Parties	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by



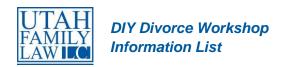
DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
	name:
Current Balance:	\$
Money Owed to Parties	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Cash	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Cash	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Cash	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Life Insurance	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by
	name:
Face Value:	\$
Cash Value:	\$
Life Insurance	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Face Value:	\$
Cash Value:	\$
Life Insurance	☐ Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Face Value:	\$
Cash Value:	\$
Other, if Applicable: (Describe)	
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Other, if Applicable: (Describe)	
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
	name:
Current Balance:	\$
Other, if Applicable: (Describe)	
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by
	name:
Current Balance:	\$
(10) Debts. (Do not include amount owed on	☐ Not Applicable
property reported in Paragraphs (7) and (8).	
(Attach evidence of items listed, such as credit	
card statements, loan documents, leases, bills,	
etc.)	
Debt Owed To (Name & Address of Creditor):	
Purpose of Debt (Such as credit card, cash	
loan, installment payment, etc.):	
In Whose Name? (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by name:
Amount Owed:	\$
Monthly Payments:	\$
Debt Owed To (Name & Address of Creditor):	
Purpose of Debt (Such as credit card, cash	
loan, installment payment, etc.):	
In Whose Name? (Check One)	☐ Mine ☐ My Spouse ☐ Both
	☐ Mine and other(s) - Identify any other(s) by name:
	☐ My Spouse and other(s) – Identify any other(s) by
	name:
Amount Owed:	\$
Monthly Payments:	\$
Debt Owed To (Name & Address of Creditor):	
Purpose of Debt (Such as credit card, cash	
loan, installment payment, etc.):	
In Whose Name? (Check One)	☐ Mine ☐ My Spouse ☐ Both
-7	
	☐ Mine and other(s) - Identify any other(s) by name:



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column	
	☐ My Spouse and other(s) – Identify any other(s) by	
	name:	
Amount Owed:	\$	
Monthly Payments:	\$	
Debt Owed To (Name & Address of Creditor):		
Purpose of Debt (Such as credit card, cash loan, installment payment, etc.):		
In Whose Name? (Check One)	☐ Mine ☐ My Spouse ☐ Both	
	☐ Mine and other(s) - Identify any other(s) by name:	
	☐ My Spouse and other(s) – Identify any other(s) by name:	
Amount Owed:	\$	
Monthly Payments:	\$	
Debt Owed To (Name & Address of Creditor):		
Purpose of Debt (Such as credit card, cash loan, installment payment, etc.):		
In Whose Name? (Check One)	☐ Mine ☐ My Spouse ☐ Both	
	☐ Mine and other(s) - Identify any other(s) by name:	
	☐ My Spouse and other(s) – Identify any other(s) by name:	
Amount Owed:	\$	
Monthly Payments:	\$	
•		
(11) Monthly Expenses. (Include amounts other than taxes withheld from your paycheck. For expenses that change from month to month, calculate the annual total and divide by 12 months to list a monthly average. Include amounts you pay for yourself and any children or other dependents in your household. Attach evidence of items listed, such as bills, canceled checks,		
receipts, etc.)	Tas bilis, carrected effects,	
My Monthly Expenses		
Rent or mortgage:	\$	
Real property taxes:	\$	
Real property insurance:	\$	
Real property maintenance:	\$	
Food and household supplies:	\$	
Clothing:	\$	
Laundry and dry cleaning:	\$	
Automobile loan:	\$	
Automobile insurance:	\$	
Automobile gasoline:	\$	
Automobile maintenance:	\$	
Public transportation:	\$	

DIVORCE QUESTIONNAIRE	Write your answers to each	guestion in this column
Electricity:	, , and	\$
Gas:		\$
Water, sewer and garbage:		\$
Telephone (and all extraneous expenses relate	ed to telephone):	\$
Paid television (Cable, Satellite, Etc.):		\$
Internet (if not included in above):		\$
Garnishments:		\$
Alimony (from prior marriage):		\$
Child support (from prior order):		\$
Child care:		\$
Education (children):		\$
Education (self):		\$
Extra-curricular activities (children):		\$
Health care insurance premiums:		\$
Health care expenses:		\$
Other insurance (Describe):		\$
Credit cards:		•
		\$
Union or other dues:	Should a second	\$
401K or other retirement or pension fund contr	ibution:	\$
Savings plan contribution:		\$
Entertainment:		\$
Donations:		\$
Gifts:		\$
Other (Describe):		\$
Total:		\$
My Spouse's Monthly Expenses		Φ.
Rent or mortgage:		\$
Real property taxes:		\$
Real property insurance:		\$
Real property maintenance:		\$
Food and household supplies:		\$
Clothing:		\$
Laundry and dry cleaning:		\$
Automobile loan:		\$
Automobile insurance:		\$
Automobile gasoline:		\$
Automobile maintenance:		\$
Public transportation:		\$
Electricity:		\$
Gas:		\$
Water, sewer and garbage:		\$
Telephone (and all extraneous expenses relate	ed to telephone):	\$
Paid television (Cable, Satellite, Etc.):		\$
Internet (if not included in above):		\$
Garnishments:		\$
Alimony (from prior marriage):		\$
Child support (from prior order):		\$
Child care:		\$
Education (children):		\$
,		



DIVORCE QUESTIONNAIRE	Write your answers to each	question in this column
Education (self):		\$
Extra-curricular activities (children):		\$
Health care insurance premiums:	\$	
Health care expenses:		\$
Other insurance (Describe):		\$
Credit cards:		\$
Union or other dues:		\$
401K or other retirement or pension fund contrib	oution:	\$
Savings plan contribution:		\$
Entertainment:		\$
Donations:		\$
Gifts:		\$
Other (Describe):		\$
Total:		\$
(12) Estimated Amounts. If you have estimated	all or some of the amounts	
entered in any of the Paragraphs above, identify	that below (and provide the	
following details):	` '	
Item estimated:		
Amount estimated:		\$
Basis for estimation:		
Item estimated:		
Amount estimated:		\$
Basis for estimation:		
Item estimated:		
Amount estimated:		\$
Basis for estimation:		*
Item estimated:		
Amount estimated:		\$
Basis for estimation:		*
Dasis for estimation.		
Item estimated:		
Amount estimated:		\$
Basis for estimation:		*
(13) Unavailable Documents. I have not	☐ Not Applicable	
attached all or some of the documents required		
by Utah Rule of Civil Procedure 26.1 to support		
this Financial Declaration. They are not		
available to me.		
The following documents are not available to		
me:		
The documents described above are not		
available to me because:		
Make sure your financial declaration is honest and accurate. When you sign it, you will be required to declare		
under criminal penalty of Utah Code Section 78B-5-705 that:		
. ,		



DIVORCE QUESTIONNAIRE

Write your answers to each question in this column

- the information in your Financial Declaration about yourself is true and correct;
- any information about the other party is true and correct or is an estimate to the best of your information and belief:
- You have disclosed everything that is relevant to your financial status; and
- You understand that if you fail to fully disclose all assets and income in the Financial Declaration and attachments you may be subjected to sanctions under Utah Rule of Civil Procedure 37 including an award of non-disclosed assets to the other party, attorney's fees or other sanctions deemed appropriate by the court.

INITIAL DISCLOSURES

Divorcing couples are required by Rule 26 and 26.1 of the Utah Rules of Civil Procedure to make what is known as "initial disclosures" to the opposing side of a divorce case.

Your list of witnesses need not be a long one, but it needs to be complete—a list of all of the people who have knowledge about the facts of the case that work in your favor and who can establish and testify as to the allegations and defense you make in your case. If you are in doubt as to whether to include a person as a witness, include that person. Your witness list must contain, for each witness you identify:

• The name and, if known, the address and telephone number of each individual likely to have information supporting your claims or defenses.

(This means that if there is a dispute over child custody, you want to identify witnesses who can testify as to your character, your parental fitness, your interaction with the children. If division of property or responsibility for debt is an issue, you need to identify witnesses who can support your claims with facts and documents and memories of theirs)

- A useful, plain, forthright, non-evasive statement of the subject(s) on which the witness has knowledge and can testify; and
- A summary of each witness's testimony.

You must also include a copy of all documents and any other information and things in your possession, custody, or control that support your claims and that support the defenses against the claims of the opposing party against you. (I also realize that asking for all of these documents is cumbersome, but it is essential to preparing your case. Do not procrastinate in gathering and sending me this information.)

Documents can include, but are not necessarily limited to:

- 1. historical documents;
- 2. source documents;
- 3. certificates of title and ownership;
- 4. receipts;
- 5. financial statements:
- 6. loan applications;
- 7. bank/credit union monthly statements:
- 8. credit card statements;



Address:

Phone:

Telephone Number:

	DIVORCE QUESTIONNAIRE	Write your answers to each question in this column	
	9. pension/retirement/401(k)/investment stater	nents;	
	10. medical and health care records (mental he	alth, physical health, emotional health);	
	11. school records;		
	12. financial documents;		
	a. Most recent tax return.		
	b. Most recent pay stubs;		
	c. Start collecting receipts and proof of payr matter how small	nent for all (every single one) of your monthly expenses, no	
	13. receipts and documents of title for both you	house and cars and other big ticket items;	
	14. other family records.		
	a. photographs;		
	b. awards;		
	c. school work.		
With the exception of the last four digits of Social Security Numbers and account numbers, DO NOT alter, change any data in, or white out or obliterate any portion of the document with a black magic marker.			
If you know of any other documents that support your case, but you do not have access to them, you must describe them in sufficient detail, identify where you know or believe them to be located and the name, address, and telephone number of the person who possesses these documents.			
	address, and telephene names of the person v	nio poddodda inodd addamenia.	
	INITIAL DISCLOSURES INFORMATION GATHERING SHEET		
	A. The name and, if known, the address and		
	telephone number of each individual likely to		
	have discoverable information supporting its		
	claims or defenses, unless solely for impeachment, identifying the subjects of the		
	information.		
	B. The name and, if known, the address and		
	telephone number of each fact witness the part	y	
	may call in its case-in-chief and, except for an		
	adverse party, a summary of the expected testimony.		
	1. Name:		
п			

DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
Summary of expected testimony of this witness:	
2. Name:	
Address:	
Telephone Number:	
Phone:	
Summary of expected testimony of this witness:	
3. Name:	
Address:	
Telephone Number:	
Phone:	
Summary of expected testimony of this witness:	
4. Name:	
Address:	
Telephone Number:	
Phone:	
Summary of expected testimony of this witness:	
5. Name:	
Address:	
Telephone Number:	
Phone:	
Summary of expected testimony of this witness:	
If you need to identify additional witnesses, please do so in this box, to the right:	
produce do co in timo box, to the right.	
C. A copy of all documents, data compilations, electronically stored information, and tangible things in the possession or control of the party that the party may offer in its case-in-chief, except charts, summaries and demonstrative exhibits that have not yet been prepared and must be disclosed in accordance with paragraph 26(a)(5) of the Utah Rules of Civil Procedure. D. A copy of all documents to which a party	1



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
refers in its pleadings.	
Non-public Information – Parent	
Identification and Location	
Case Number:	
Notice: This information is required by the U.S. Secretary of Health and Human Services. If the	
information changes, you must complete and file	
another form.	
(Utah Code Section 62A-11-304.4.)	
Name:	
Telephone Numbers (Include area code)	
Day:	
Evening:	
Cell:	
Residential Address:	
☐ Keep my residential address private and do	
not provide it to the other party because there is	
reason to believe that releasing the information	
may result in physical or emotional harm to me	
or to my child. (If you check this box, omit your residential address from this document and from	
all other papers filed with the court. Include it on	
the Safeguarded Address form.)	
Mailing Address (if different from residential	
address):	
Date of Birth:	
Social Security Number:	
Driver's License Number:	
State of Issuance:	
Employer Name, Address and Telephone Number:	
Employer Name, Address and Telephone Number:	
I am: (Check All That Apply)	☐ Petitioner ☐ Respondent ☐
	Custodial Parent Non-custodial
	Parent Filing this information about
	myself
	party
I declare under penalty of Utah Code Section	□ Yes
78B-5-705 that everything stated in this	□ No
document is true and correct. (Check One)	

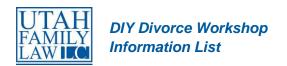


FILL OUT THE FOLLOWING PARTS OF THIS QUESTIONNAIRE ONLY IF YOU HAVE MINOR CHILDREN (OR DISABLED ADULT CHILDREN) FOR WHOM YOU OR YOUR SPOUSE ARE/IS SEEKING CHILD SUPPORT

CHILD SUPPORT OBLIGATION WORKSHEET	
REQUIRED LOCATION INFORMATION	
District Court:	
County:	
Civil Number:	
As required by 62A-11-304.4 U.C.A., UPON the	
entry of an order in a proceeding to establish,	
modify, or enforce a support order, each party	
shall file identifying information and shall update	
that information as changes occur: (i) with the court or administrative agency that conducted	
the proceeding, and (ii) after October 1, 2002,	
with the state case registry.	
THE FOLLOWING INFORMATION MUST BE	
SUBMITTED AT THE TIME THE CHILD	
SUPPORT OBLIGATION CALCULATION IS	
SUBMITTED. IF ANY INFORMATION IS	
UNKNOWN, PLEASE SO INDICATE. DO NOT	
LEAVE ANY SPACE BLANK.	
Your Name:	
Social Security Number:	
Driver License Number:	
State of Issuance:	
Residential Address:	
Mailing Address (if different than residential	
address):	
Telephone Number:	
Date of Birth:	
Employer:	
Employer's Address:	
Employer's Phone Number:	
Your Spouse's Name:	
Social Security Number:	
Driver License Number:	
State of Issuance:	
Residential Address:	
Mailing Address (if different than residential	
address):	
Telephone Number:	



Date of Birth:	
Employer:	
Employer's Address:	
Employer's Phone Number:	
THIS INFORMATION IS CURRENT AS OF	
Day:	
Date:	
Year:	
CHILD SUPPORT OBLIGATION WORKSHEET REQUIRED CHILD IDENTIFICATION INFORMATION	
District Court:	
County:	
Civil Number:	
AS REQUIRED BY THE FEDERAL WELFARE REFORM ACT, SECTION 653(h) (2) and U.C.A. 62a-11-103(14), THE FOLLOWING INFORMATION MUST BE SUBMITTED FOR EACH CHILD FOR WHICH A SUPPORT ORDER IS ENTERED.	
Name:	
Date of Birth:	
Social Security Number:	
Name:	
Date of Birth:	
Social Security Number:	
Name:	
Date of Birth:	
Social Security Number:	
Name:	
Date of Birth:	
Social Security Number:	
Name:	



801-466-9277 eric@divorceutah.com 2084 Crystal Avenue Salt Lake City, Utah 84109

Date of Birth:	
Social Security Number:	
Non-public Information – Minors	
Case Number:	
Use this document to provide non-public information to the court. Write the information here, and omit it from the public document. Complete as many forms as needed. Serve this form on the other party. I swear or affirm that the following information is	□ Yes
true. (Check One)	□ No
Do you want to keep the residential address private and do not provide it to the other party because there is reason to believe that releasing the information may result in physical or emotional harm to me or to my child? (If you check this box, omit the child's residential address from this document and from all other papers filed with the court. Include it on the Safeguarded Address form.) (Check One) Name of Minor:	□ Yes □ No
Name of Million.	
Residential Address*:	
Date of Birth:	
Sex:	
Social Security Number:	
The following information is required only if custody or parent time is part of the case.	
Places the minor has lived in the last 5 years:	
Dates:	
Name & current address of the person the minor lived with:	
Name of Minor:	
Residential Address*:	
Date of Birth:	
Sex:	
Social Security Number:	
Dates:	
Name & current address of the person the minor lived with:	



Name of Minor:		
Residential Address*:		
Date of Birth:		
Sex:		
Social Security Number:		
Dates:		
Name & current address of the person the minor lived with:		
Name of Minor:		
Residential Address*:		
Date of Birth:		
Sex:		
Social Security Number:		
The following information is required only if		
custody or parent-time is part of the case. Places the minor has lived in the last 5 years:		
Flaces the minor has lived in the last 3 years.		
For each period of time, use this format:		
Address		
From [date]: to [date]:		
Lived with (identify by name and relationship, <i>i.e.</i> , mother, father, grandparent, etc.):		
For each period of time, use this format:		
Address		
From [date]: to [date]:		
Lived with (identify by name and relationship, <i>i.e.</i> , mother, father, grandparent, etc.):		
For each period of time, use this format:		
Address		
From [date]: to [date]:		
Lived with (identify by name and relationship, <i>i.e.</i> , mother, father, grandparent, etc.):		