



It gets better from here.

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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.

Table with 2 columns: DIVORCE QUESTIONNAIRE and Write your answers to each question in this column. Rows include Vital Statistics Information, HUSBAND'S NAME, RESIDENCE, COUNTY, STATE, ZIP, BIRTHPLACE, DATE OF BIRTH, NUMBER OF THIS MARRIAGE, IF NOT FIRST MARRIAGE ENDED, DATE, HUSBAND'S RACE, and EDUCATION.



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
	<input type="checkbox"/> Graduate <input type="checkbox"/> 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 MARRIAGE ENDED: (Check One)	<input type="checkbox"/> By Death <input type="checkbox"/> By Dissolution <input type="checkbox"/> By Divorce <input type="checkbox"/> By Annulment
DATE (Month, Day, Year):	
WIFE'S RACE:	
EDUCATION: (Check Highest Reached)	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Jr. College/Technical <input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> 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)	<input type="checkbox"/> Husband <input type="checkbox"/> Wife
ATTORNEY(S)	



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
Name of your attorney:	
Mailing address:	
Telephone:	
E-mail:	
Name of your spouse's attorney:	
Mailing address:	
Telephone:	
E-mail:	
<b>Personal Information (Yourself)</b>	
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?	
<b>Current Personal Information About Your Spouse</b>	
Full Name:	
Other names they are known by (former, maiden, alias):	
Street Address (including apt. # or lot #):	



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<b>Conflict of Interest Information</b>		
If there is a conflict of interest, we may not be able to help you.		
Has attorney Eric K. Johnson helped you before? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, when?		
Has Eric K. Johnson helped your spouse before? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, when?		
Has a law firm that employed Eric K. Johnson helped you before? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, when?		
Has a law firm that employed Eric K. Johnson helped your spouse before? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No	
If Yes, what type of case?: (Check One)	<input type="checkbox"/> Divorce <input type="checkbox"/> Paternity/Custody/Visitation <input type="checkbox"/> Other <input type="checkbox"/> Protective Order	



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



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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Residence/Jurisdiction Information</b>	
Have you lived in Salt Lake County for the last 3 months? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, what county did your spouse live in?	
Did you and your spouse reside in Utah during your marriage? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> 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):	
<b>Grounds for Divorce Information</b>	
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):	
<b>Currently Minor Children BORN OR ADOPTED of this Marriage</b>	<input type="checkbox"/> 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:	



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
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)	<input type="checkbox"/> Yes  <input type="checkbox"/> No
If Yes, due date:	
Who is the father?	
Full Name:	
Street Address (including apt. # or lot #):	





<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
City, Town, or Location:	
COUNTY:	
STATE:	
ZIP:	
Mailing Address if different from above:	
Telephone Number:	
<b>Child Jurisdiction Information</b>	<input type="checkbox"/> Not Applicable
Are there any other court proceedings regarding the minor children in juvenile court? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court Name:	
COUNTY:	
STATE:	
Are there any other court proceedings regarding the minor children in another state? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court Name:	
COUNTY:	
STATE:	
Do the children currently live in Utah? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, address:	
If No, when were they removed from Utah (Month, Day, Year)?	
Is there a person, other than you and your spouse, who have physical custody of the minor children and who claims to have custody or visitation rights with the children? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	
<b>Custody and Parent-Time (Visitation) of Minor Children</b>	<input type="checkbox"/> Not Applicable
With which parent should the children live? (Check One)	<input type="checkbox"/> You <input type="checkbox"/> Both Parents <input type="checkbox"/> Your Spouse
What Parent-Time arrangements are appropriate for the parent with whom the children will not live?	
We can agree on a Parent-Time schedule without a court order. (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
We need a regular Parent-Time schedule. (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent-Time should be supervised. (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for supervised Parent-Time:	
Who should supervise the Parent-Time?	
Name:	
Are there any DCFS (Division of Child and Family Services) or CPS (Child Protective Services) Reports? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what do they report?	
Are there any police reports regarding the children? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the child's/children's therapist or counselor recommended supervised Parent-Time? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
From where should the children be picked up to begin Parent-Time? (Check all that apply)	<b>Names and addresses of each that apply</b>
<input type="checkbox"/> daycare:	
<input type="checkbox"/> preschool:	
<input type="checkbox"/> school:	
<input type="checkbox"/> custodial parent's home:	
<input type="checkbox"/> other (specify here):	
<b>Child Support Information</b>	<input type="checkbox"/> Not Applicable
<b>Your Spouse's Current Income Information</b>	
Name of employer:	



DIVORCE QUESTIONNAIRE	Write your answers to each 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 One)	<input type="checkbox"/> Withheld by Office of Recovery Services <input type="checkbox"/> Direct payment by spouse or you
<b>Health Insurance Information</b>	
Do you currently have health insurance available to you? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No



<b>DIVORCE QUESTIONNAIRE</b>		<b>Write your answers to each question in this column</b>	
If Yes, through you, your spouse, or other? (Check One) (If Other, specify)		<input type="checkbox"/> Me	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Other:	
Does your spouse currently have health insurance available? (Check One)		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
If Yes, through you, your spouse, or other? (Check One) (If Other, specify)		<input type="checkbox"/> Me	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Other:	
Who should maintain health insurance for the children? (Check One) (If Other, specify)		<input type="checkbox"/> Me	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Other:	
<b>Life Insurance Information</b>			
Are there any life insurances policies on you? (Check One)		<input type="checkbox"/> Yes	
		<input type="checkbox"/> 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)		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
If Yes, amount or policy limit and with whom:			
Who is the beneficiary?			
Does your spouse work for a company that offers life insurance? (Check One)		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
If Yes, amount or policy limit and with whom:			
Who is the beneficiary?			
<b>Marital Debts</b>			
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?	
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?	
<b>Personal Property (Including vehicles, financial accounts, etc.)</b>	
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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<b>Real Property (Real Estate, Marital Home, other land or buildings)</b>	
Have you and your spouse purchased a house and/or other real property (land) during the marriage <u>and</u> do you still own it? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? (Check One)	<input type="checkbox"/> Keep it myself <input type="checkbox"/> Let my spouse keep it <input type="checkbox"/> Sell it now and divide the equity <input type="checkbox"/> One of us will keep it until the last of the children is 18 years old <input type="checkbox"/> 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 land/property? (Check One)	<input type="checkbox"/> Keep it myself <input type="checkbox"/> Let my spouse keep it <input type="checkbox"/> Sell it now and divide the equity <input type="checkbox"/> I will keep it until the children are grown <input type="checkbox"/> <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Alimony Information (Spousal support)</b>	
Should alimony be awarded to you? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount \$	
Why do you believe alimony should be awarded?	
<b>Pension/Retirement Plan Information (Including Social Security)</b>	
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:	



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>	
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:		
<b>Taxes &amp; Deduction Information</b>		
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed income tax returns for this year? (Check One)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, how should income taxes be filed for this year? (Check One)	<input type="checkbox"/> Jointly <input type="checkbox"/> I don't know <input type="checkbox"/> Separately	
<b>Former Name Information</b>		
Do you want your former/maiden name awarded back to you? (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> No	





<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
If Yes, put the full exact spelling of the name back to which you want to be changed:	
<b>Other Information</b>	
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:	
<b>Your Proposed Settlement Of The Applicable Issues In Your Case</b>	
Issue (Check All That Apply)	My Position
<input type="checkbox"/> CONFLICT OF INTEREST:	
<input type="checkbox"/> STATUS OF CASE:	
<input type="checkbox"/> CUSTODY:	
<input type="checkbox"/> PRENUPTUAL:	
<input type="checkbox"/> POSTNUPTUAL:	
<input type="checkbox"/> RESIDENCE/JURISDICTION:	
<input type="checkbox"/> GROUNDS:	
<input type="checkbox"/> CHILD PARENTAGE:	
<input type="checkbox"/> CHILD JURISDICTION:	
<input type="checkbox"/> CUSTODY:	
<input type="checkbox"/> VISITATION:	
<input type="checkbox"/> SUPERVISION:	
<input type="checkbox"/> CHILD SUPPORT:	
<input type="checkbox"/> HEALTH INSURANCE:	
<input type="checkbox"/> LIFE INSURANCE:	
<input type="checkbox"/> MARITAL DEBTS:	
<input type="checkbox"/> PERSONAL PROPERTY:	
<input type="checkbox"/> VEHICLES:	
<input type="checkbox"/> FINANCIAL ACCOUNTS:	
<input type="checkbox"/> REAL PROPERTY:	
<input type="checkbox"/> ALIMONY:	
<input type="checkbox"/> PENSION/RETIREMENT PLANS:	
<input type="checkbox"/> SOCIAL SECURITY:	
<input type="checkbox"/> TAXES/DEDUCTIONS:	
<input type="checkbox"/> FORMER NAME:	
<input type="checkbox"/> RESTRAINING ORDER:	



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
<input type="checkbox"/> ATTORNEY'S FEES:	
<input type="checkbox"/> OTHER:	
<b>Financial Declaration Information</b>	
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)	
<input type="checkbox"/> Additional pages as needed to complete paragraphs that don't have enough space. Write the paragraph number on the additional page.  <input type="checkbox"/> Any documents referred to in this document.  <input type="checkbox"/> The following documents required by Utah Rule of Civil Procedure 26.1 to be attached to this Financial Declaration:  <input type="checkbox"/> For the two tax years before the petition in this case was filed, complete federal and state income tax returns, including Form W-2, Form 1099, and Form K-1, and supporting tax schedules and attachments filed by you and by any entity in which you have a majority or controlling interest.  <input type="checkbox"/> Pay stubs and other evidence of all earned and un-earned income for the 12 months before the petition in this case was filed.  <input type="checkbox"/> 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.  <input type="checkbox"/> 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.  <input type="checkbox"/> All statements for the 3 months before the petition in this case was filed for all financial accounts, including checking, savings, money market funds, certificates 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)	<input type="checkbox"/> Employed  <input type="checkbox"/> Unemployed



DIVORCE QUESTIONNAIRE	Write your answers to each question in this 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)	<input type="checkbox"/> Employed  <input type="checkbox"/> 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 worksheet based on your actual monthly expenses. (If the expense is only paid once or twice a year, divide that amount by the months the expense covers to come up with a monthly average for said expense.) PLEASE BE ADVISED: You must provide us and your spouse with verifying documentation of the expenses you claim.
My Gross Monthly Income - Source of Income	
Work (Including self-employment, wages, salaries, commissions, bonuses, tips and 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):	\$



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
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:	\$
<b>My Spouse's Gross Monthly Income - Source of Income</b>	
Work (Including self-employment, wages, salaries, commissions, bonuses, tips and 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:	\$
<b>(4) My Monthly Tax Deductions.</b> (These are deductions required by law and which you do not make voluntarily. There may be other funds withheld from your paycheck that you will report in Paragraph (11), Monthly Expenses. Attach evidence of claims, 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.)	
Federal Income Tax:	\$
State Income Tax:	\$
Municipal Income Tax:	\$
FICA:	\$
Medicare:	\$
Total Monthly Tax Deductions:	\$
<b>My Spouse's Monthly Tax Deductions.</b> Attach evidence of claims, 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.)	
Federal Income Tax:	\$
State Income Tax:	\$
Municipal Income Tax:	\$



DIVORCE QUESTIONNAIRE		Write your answers to each question in this column	
FICA:		\$	
Medicare:		\$	
Total Monthly Tax Deductions:		\$	
<b>My Net Monthly Income</b>			
Gross Monthly Income:		\$	
- Monthly Tax Deductions:		\$	
= Net Income:		\$	
<b>My Spouse's Net Monthly Income</b>			
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, most recent appraisal, basis of valuation, etc.)		<input type="checkbox"/> Not Applicable	
(A) Home Address:			
Date Acquired:			
In Whose Name? (Check One)		<input type="checkbox"/> Me <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	
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:		\$	
(B) Other Real Property Address, if Applicable:			
Date Acquired:			
In Whose Name? (Check One):		<input type="checkbox"/> Me <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	
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:		\$	
(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.)		<input type="checkbox"/> Not Applicable	
Personal Property Type: Vehicle (Year, Make, Model)			
In Whose Name? (Check One)		<input type="checkbox"/> Me <input type="checkbox"/> My Spouse	



DIVORCE QUESTIONNAIRE		Write your answers to each question in this column	
		<input type="checkbox"/> Both	<input type="checkbox"/> 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)		<input type="checkbox"/> Me	<input type="checkbox"/> My Spouse
		<input type="checkbox"/> Both	<input type="checkbox"/> 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)		<input type="checkbox"/> Me	<input type="checkbox"/> My Spouse
		<input type="checkbox"/> Both	<input type="checkbox"/> 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)		<input type="checkbox"/> Me	<input type="checkbox"/> My Spouse
		<input type="checkbox"/> Both	<input type="checkbox"/> 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)		<input type="checkbox"/> Me	<input type="checkbox"/> My Spouse
		<input type="checkbox"/> Both	<input type="checkbox"/> 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)		<input type="checkbox"/> Me	<input type="checkbox"/> My Spouse
		<input type="checkbox"/> Both	<input type="checkbox"/> Other
If Other, specify:			
Current Value:		\$	
Lien Holder, if Applicable (Name & Address):			
Amount Owed:		\$	
Monthly Payments:		\$	
(7) My Business interests. (Attach evidence of items listed.)		<input type="checkbox"/> Not Applicable	



DIVORCE QUESTIONNAIRE		Write your answers to each question in this 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 evidence of items listed.)		<input type="checkbox"/> Not Applicable	
Business Name:			
Address & Phone:			
Nature of Business:			
Current Value:		\$	
Percent Owned By:			
% me			%
% my spouse			%
% Other(s), specify:			%
(8) Financial Assets (mine, my spouse's and jointly owned). (Attach evidence of items listed, including last 3 months of bank statements, contracts, etc.)		<input type="checkbox"/> Not Applicable	
Bank or Credit Union Account			
Last 4 digits of account number:			
Name of Institution:			
Address:			
Name(s) on Account: (Check One)		<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$	
Bank or Credit Union Account		<input type="checkbox"/> Not Applicable	
Last 4 digits of account number:			
Name of Institution:			
Address:			
Name(s) on Account: (Check One)		<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$	
Bank or Credit Union Account		<input type="checkbox"/> Not Applicable	
Last 4 digits of account number:			
Name of Institution:			
Address:			
Name(s) on Account: (Check One)		<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name:	



<b>DIVORCE QUESTIONNAIRE</b>		<b>Write your answers to each question in this column</b>
		<input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Current Balance:		\$
Bank or Credit Union Account		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Stocks, Bonds, Securities, Money Market Fund		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Stocks, Bonds, Securities, Money Market Fund		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Retirement Account (Pension, 401(k), IRA, etc.)		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$





DIVORCE QUESTIONNAIRE		Write your answers to each question in this column
Retirement Account (Pension, 401(k), IRA, etc.)		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Retirement Account (Pension, 401(k), IRA, etc.)		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Profit Sharing Plan		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Profit Sharing Plan		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Profit Sharing Plan		<input type="checkbox"/> Not Applicable
Last 4 digits of account number:		
Name of Institution:		
Address:		
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:	
Current Balance:		\$
Annuity		<input type="checkbox"/> Not Applicable



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Annuity	<input type="checkbox"/> Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Annuity	<input type="checkbox"/> Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Money Owed to Parties	<input type="checkbox"/> Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
Money Owed to Parties	<input type="checkbox"/> Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:



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



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
	<input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Face Value:	\$
Cash Value:	\$
Life Insurance	<input type="checkbox"/> Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Face Value:	\$
Cash Value:	\$
Life Insurance	<input type="checkbox"/> Not Applicable
Last 4 digits of account number:	
Name of Institution:	
Address:	
Name(s) on Account: (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> 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)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> 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)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:



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)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name:  <input type="checkbox"/> My Spouse and other(s) – Identify any other(s) by name:
Current Balance:	\$
(10) Debts. (Do not include amount owed on property reported in Paragraphs (7) and (8). (Attach evidence of items listed, such as credit card statements, loan documents, leases, bills, etc.)	<input type="checkbox"/> Not Applicable
Debt Owed To (Name & Address of Creditor):	
Purpose of Debt (Such as credit card, cash loan, installment payment, etc.):	
In Whose Name? (Check One)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name:  <input type="checkbox"/> 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)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name:  <input type="checkbox"/> 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)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name:



DIVORCE QUESTIONNAIRE		Write your answers to each question in this column
		<input type="checkbox"/> 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)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> 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)	<input type="checkbox"/> Mine <input type="checkbox"/> My Spouse <input type="checkbox"/> Both  <input type="checkbox"/> Mine and other(s) - Identify any other(s) by name: <input type="checkbox"/> 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.)		
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:		\$



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
Electricity:	\$
Gas:	\$
Water, sewer and garbage:	\$
Telephone (and all extraneous expenses related 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:	\$
401K or other retirement or pension fund contribution:	\$
Savings plan contribution:	\$
Entertainment:	\$
Donations:	\$
Gifts:	\$
Other (Describe):	\$
Total:	\$
<b>My Spouse's Monthly Expenses</b>	
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 related 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):	\$



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
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 contribution:	\$
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:	
Item estimated:	
Amount estimated:	\$
Basis for estimation:	
(13) Unavailable Documents. I have not 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. <input type="checkbox"/> Not Applicable	
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:	





<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
	<ul style="list-style-type: none"> <li>• the information in your Financial Declaration about yourself is true and correct;</li> <li>• any information about the other party is true and correct or is an estimate to the best of your information and belief;</li> <li>• You have disclosed everything that is relevant to your financial status; and</li> <li>• 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.</li> </ul>
<b>INITIAL DISCLOSURES</b>	
	<p>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:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• A useful, plain, forthright, non-evasive statement of the subject(s) on which the witness has knowledge and can testify; and</li> <li>• A summary of each witness’s testimony.</li> </ul> <p>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.)</p> <p>Documents can include, but are not necessarily limited to:</p> <ol style="list-style-type: none"> <li>1. historical documents;</li> <li>2. source documents;</li> <li>3. certificates of title and ownership;</li> <li>4. receipts;</li> <li>5. financial statements;</li> <li>6. loan applications;</li> <li>7. bank/credit union monthly statements;</li> <li>8. credit card statements;</li> </ol>



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
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- 9. pension/retirement/401(k)/investment statements;
- 10. medical and health care records (mental health, 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 payment for all (every single one) of your monthly expenses, no matter how small
- 13. receipts and documents of title for both your 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.

<b>INITIAL DISCLOSURES INFORMATION GATHERING SHEET</b>	
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 party may call in its case-in-chief and, except for an adverse party, a summary of the expected testimony.	
1. Name:	
Address:	
Telephone Number:	
Phone:	



<b>DIVORCE QUESTIONNAIRE</b>	<b>Write your answers to each question in this column</b>
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:	
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	



DIVORCE QUESTIONNAIRE	Write your answers to each question in this column
refers in its pleadings.	
<b>Non-public Information – Parent Identification and Location</b>	
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:	
<input type="checkbox"/> 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)	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-custodial Parent <input type="checkbox"/> Filing this information about myself <input type="checkbox"/> Filing this information about the other party
I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct. (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No



**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**

<b>CHILD SUPPORT OBLIGATION WORKSHEET</b>	
<b>REQUIRED LOCATION INFORMATION</b>	
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:	
<b>THIS INFORMATION IS CURRENT AS OF</b>	
Day:	
Date:	
Year:	
<b>CHILD SUPPORT OBLIGATION WORKSHEET REQUIRED CHILD IDENTIFICATION INFORMATION</b>	
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:	



Date of Birth:	
Social Security Number:	

<b>Non-public Information – Minors</b>	
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Case Number:	
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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 true. (Check One)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Minor:	
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Residential Address*:	
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Date of Birth:	
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Sex:	
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Social Security Number:	
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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:	
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Dates:	
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Name & current address of the person the minor lived with:	
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Name of Minor:	
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Residential Address*:	
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Date of Birth:	
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Sex:	
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Social Security Number:	
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Dates:	
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Name & current address of the person the minor lived with:	
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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:	
<p>For each period of time, use this format:</p> <p>Address From [date]: to [date]: Lived with (identify by name and relationship, <i>i.e.</i>, mother, father, grandparent, etc.):</p> <p>For each period of time, use this format:</p> <p>Address From [date]: to [date]: Lived with (identify by name and relationship, <i>i.e.</i>, mother, father, grandparent, etc.):</p> <p>For each period of time, use this format:</p> <p>Address From [date]: to [date]: Lived with (identify by name and relationship, <i>i.e.</i>, mother, father, grandparent, etc.):</p>	