

PERSONAL INFORMATION

Full Name (First, Middle, Last) _____

Past or Maiden Name (First, Middle, Last) _____

Home Address _____

City, State, Zip _____

Years and months at this residence _____ years _____ months

Prior Address _____

Years and months at this residence _____ years _____ months

Home Phone _____ Cell Phone _____

Email _____

May we contact you via email? yes no

Social Security No. _____

Driver's License No. _____

Date of Birth _____ Age _____

Education (highest level) _____

Degree (s) _____

Do you wish to resume your maiden name? Yes No Name _____

EMPLOYER INFORMATION

Name of Employer _____

(If employed, include copies of last two months paystubs. If not employed, list your most recent job.)

Address _____

Phone Number _____



Position _____ Number of Years _____

Date Started _____ Date ended _____

Hours/week _____ Gross Pay _____ per _____ hour/week/month (Circle)

Retirement Pension Amount _____

Certificate(s) or License(s) _____

MARRIAGE INFORMATION

Date of Marriage _____ Date of Separation _____

Length of Marriage _____ years _____ months

Place of Marriage (City, State) _____

Number of previous marriages _____ Number of Children _____

Do you own a home? _____ Do you own a business? _____

Dates of Acts of Violence _____ Medical Attention Received _____

OTHER PARTY INFORMATION

Full Name (First, Middle, Last) _____

Past or Maiden Name (First, Middle, Last) _____

Home Address _____

City, State, Zip _____

Years and months at this residence _____ years _____ months

Prior Address _____

Years and months at this residence _____ years _____ months

Home Phone _____ Cell Phone _____

Email _____

May we contact you via email? ___yes ___no

Social Security No. _____

Driver's License No. _____

Date of Birth _____ Age _____

Education (highest level) _____

Degree (s) _____

Attorney's Name _____

Name of Employer _____

(If employed, include copies of last two months paystubs if available. If not employed, list most recent job.)

Address _____

Phone Number _____

Position _____ Number of Years _____

Date Started _____ Date ended _____

Hours/week _____ Gross Pay _____ per _____ hour/week/month (Circle)

Retirement Pension Amount _____

Certificate(s) or License(s) _____

CHILDREN INFORMATION

First Child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

School _____

Legal Custody _____ Physical Custody _____

Second Child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____



School _____

Legal Custody _____ Physical Custody _____

Third Child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

School _____

Legal Custody _____ Physical Custody _____

Fourth Child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

School _____

Legal Custody _____ Physical Custody _____

Fifth Child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

School _____

Legal Custody _____ Physical Custody _____

Sixth Child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

School _____

Legal Custody _____ Physical Custody _____

TAX INFORMATION

(Provide copies of your last two tax filings)

Tax year last filed _____ Number of Exemptions claimed _____

Filing Status _____

State Filed _____

OTHER INCOME

Names of Persons who live with you _____

Relationship _____ Household Contribution \$ _____

Commissions/Bonuses \$ _____ Public assistance \$ _____

Spousal/Partner Support \$ _____ Disability \$ _____

Pension/Retirement payments \$ _____ Social Security \$ _____

Unemployment \$ _____ Workers' Comp \$ _____

Investment Income \$ _____ Rental Property Income \$ _____

Trust Income \$ _____ Other (specify) \$ _____

Lottery winnings, inheritance, etc. _____

Changes in your income over the last 12 months \$ _____ (up or down)

BUSINESS INTEREST

Number of years in Business _____ Business Income \$ _____

Business Name _____

Business Address _____

Business Type _____

DEDUCTIONS

Union Dues \$ _____ Retirement Contributions \$ _____
Health, dental, or eye insurance premiums _____
Total Monthly Amount \$ _____
Child support you pay for child from other relationships \$ _____
Spousal/Partner support you pay from a different marriage \$ _____
Job-related Expenses \$ _____

ASSETS

Cash on Hand _____ Checking/Savings accounts \$ _____ / _____
Money market \$ _____ Stocks and Bonds \$ _____
Real Property Value \$ _____ Personal Property Value \$ _____

AVERAGE MONTHLY EXPENSES

*(Please provide the last two (2) months of current bank statements, credit card statements,
copies of vehicles titles, mortgage statements, copies of stocks/bond, utility bills)*

Home Mortgage/Rent \$ _____ Real Property Taxes \$ _____
Home or Rent Insurance \$ _____ Home Maintenance \$ _____
Laundry and Cleaning \$ _____ Clothes \$ _____
Savings and Investments \$ _____ Education \$ _____
Entertainment, gifts, and vacation \$ _____
Auto expenses and transportation \$ _____
Auto insurance, gas, repairs, bus, etc. \$ _____
Auto maintenance and repair \$ _____
Life Insurance \$ _____ Health Insurance \$ _____



Health-care costs not paid by insurance \$ _____

Charitable contributions \$ _____ Child care \$ _____

Groceries and Household supplies \$ _____ Eating Out \$ _____

Utilities (gas, electric, water, trash) \$ _____

Telephone, cell phone, and email \$ _____

Installment payments and debts not listed above \$ _____

Expenses paid by others \$ _____ Travel Expenses for Visitation \$ _____

Special Hardships \$ _____ \$ Extraordinary Health Expenses \$ _____

Major losses not covered by insurance \$ _____

Expenses for minor children from other relationships \$ _____

Other Child Support Received \$ _____

Other (specify) \$ _____

PROPERTY AND DEBTS

List all assets and property received during the marriage or after the date of separation with community funds including all real property (house/apt/condo/rental), vehicles, pension plans, cash and savings account, credit union, money markets, other depository accounts, stocks, bonds, other easily negotiable assets, and any other physical property. *(Indicate estimated value and provide statements.)*

List all inheritances, gifts, and property owned, earned, or acquired before marriage, after the date of separation or during period of marriage by means of separate property. *(Indicate estimated value and provide statements.)*

List all community debts, including unpaid balances on credit cards, home mortgages, car loan balances, etc. *(Include statements)*

CHILD SUPPORT INFORMATION

(Provide copies of insurance cards and any previous support or custody orders)

Number of Children under 18 _____
Percentage of Time with You _____ Other Parent _____
Children's Health-Care Expenses \$ _____
Health Care Insurance Covered by which parent _____
Insurance Company Name _____
Insurance Company Address _____
Monthly cost \$ _____ Additional expenses \$ _____
Child care cost to work or for job training \$ _____
Children's health care not covered by insurance \$ _____
Travel expenses for visitation \$ _____
Other Educational Expenses \$ _____

SPECIAL HARDSHIPS

(Provide any documentation to validate your additional expenses)

Extraordinary health expenses not included above \$ _____
Amount of major losses not covered by insurance (examples: fire, theft, other insured loss)
Amount \$ _____
Expenses for other minor children not from this relationship living with you
Amount \$ _____
Names and ages of those children (list) _____

Child support you receive for those children \$ _____

GOVERNMENTAL ASSISTANCE

Medi-Cal ___ Food Stamps ___ SSI ___ SSP ___
County Relief/General Assistance ___ IHSS (In-Home Supportive Services) ___
CalWORKS or Tribal TANK (Temporary Assistance for Needy Families) ___
CAPI (Cash Assistance Program for Aged, Blind and Disabled) ___

CURRENT LEGAL MATTERS

Any pre-existing or current cases or Order in effect? ___yes ___no
If yes, Case Number(s) _____ Date of Order (attach copy) _____
Are you currently or ever have been the subject of a restraining order: ___yes ___no
Do you have a restraining order against the other party? ___yes ___no
Is there any risk of child abduction? ___yes ___no
Are you or the other parent planning on moving out of the area? ___yes ___no
Explain _____
Does either party pose a flight risk? ___yes ___no
Number of previous mediations between the parties: _____
Do you and the other parent live 2 -4 hours apart from each other? ___yes ___no
Do you and the other parent live 4+ hours apart from each other? ___yes ___no
Is one of more of your children a Special Needs Child? ___yes ___no
Has there been past non-compliance with a Court Order: ___yes ___no
Have any of the following been issues in this case:
Custody Change: ___yes ___no Explain: _____
Domestic Violence: ___yes ___no Explain: _____
Substance Abuse: ___yes ___no Explain: _____
Mental Health: ___yes ___no Explain: _____
Current or Previous CPS Involvement? ___yes ___no Explain: _____

Child Physical/Sexual Abuse? yes no Explain: _____

Child Neglect? yes no Explain: _____

RELIEF SOUGHT

Are you seeking Spousal Support: yes no

Explain _____ Amount requested per month \$ _____

Are you seeking Child Support? yes no

Explain _____ Amount requested per month \$ _____

Are you requesting specific visitation or schedules? yes no

Explain _____

Visitation requested as follows: _____

Are you seeking Control of Property? yes no

Explain _____

Property control requested: _____

Are you seeking limitations on use of property? yes no

Explain _____

What facts do you believe support your request? _____

(Please provide any documents that support your request.)

ATTORNEYS FEES

Amount paid (fees and costs) \$ _____

Source of Funds used for payment _____

Amount still owed \$ _____ Hourly rate \$ _____

ADDITIONAL INFORMATION

