



SHL

The Self Help Legal Information Network

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www.legalinfonetwork.com

(Response for) Annulment, Divorce or Legal Separation Questionnaire

I am providing this information for the purpose of completing a Divorce Petition. I understand if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network are not attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

PLEASE NOTE: We provide document preparation for non-contested divorces, legal separations or annulments. If it becomes contested you may need to seek the assistance of an attorney.

Name

Date

Signature

Annulment / Divorce / Legal Separation Response Questionnaire

You are responding to a: Annulment Divorce Legal Separation

Based on: Irreconcilable differences Incurable insanity Never legally married

1. _____
Full name of Respondent - wife husband

2. _____
Full name of Petitioner - wife husband

3. _____ 4. Do you want your
Maiden name of wife maiden name back? Yes no

5. _____
full address of husband (how long at this address?)

6. _____
full address of wife (how long at this address?)

list other address if at previous address for less than 5 years

7. Date of Marriage _____

8. Date of Separation _____

9. Your Telephone Number _____

10. Have you been a resident of California at least six months and of Los Angeles
County for at least three months? Yes No

Did you want an order for spousal support? YES NO

Did you want to pay spousal support YES NO if so how much? _____

11. List all personal/separate property of wife [debts & assets] including jewelry, art, antiques, coin collections etc. (On all following questions attach additional sheets as necessary).

Property / WIFE	Fair market value	Debt / amount owed	Date acquired	Goes to Wife or Husband

12. List all personal/separate property of husband.

Property / HUSBAND	Fair market value	Debt owed	Date Acquired	Goes to wife / husband
ATTACH SHEETS AS NEEDED				

13. List all community personal property.
 (All property that was purchased while you were married).

Property / COMMUNITY	Fair market value	Debt owed	Date Acquired	Goes to Wife / Husband

14. List all community real property.

Property / COMMUNITY	Fair market value	Debt owed	Who will keep wife / husband

15. List all bank accounts, (checking & savings) credit union accounts, retirement funds, all policies, stocks, bonds, equity, credit (excluding credit cards), interest in businesses, and all other items of value not mentioned above.

Account, Account number and Branch Address	Fair market value	Debt	Goes to wife / husband

16. List any additional items not listed above / or as an attachment sheet

Item / account #	Fair market value	Debt	Goes to wife / husband

INCOME AND EXPENSES

1. Are you receiving, have you applied or do you intend to apply for AFDC?
(Public Assistance from the State – Welfare)

(circle which applies) Receiving have applied will apply not receiving

2. What is your date of birth? _____ - _____ - _____ Age _____

3. What is your occupation? _____

4. Highest year of education? Less than 12th grade GED
12th Grade some college AA Degree BA/BS Degree Masters
Graduate Other _____

5. Are you currently employed? Yes No

6. How many hrs per wk do you work? _____

7. What is your gross monthly earnings? (before taxes) _____

8. Please list your place of employment's name, address and telephone number.

Name: _____

Address : _____

Phone# _____

When did you start work there? _____

9. If not working where was your last place of employment?
(name, address and phone)

10. What was your occupation? _____

11. When did you start working there? _____

12. When did you stop working there? _____

13. What was your gross monthly earnings? _____

14. How many hours did you work per week? _____

15. How many minor children you are legally obligated to support? _____

16. Do you have any other jobs? Yes No If so please specify

Name of business _____

Address _____

Gross monthly income from this occupation _____

17. What is your current tax filing status?

Married filing separately Married filing jointly with _____

Head of household Single Other _____

18. What is the last year you filed taxes? _____

19. What # of exemptions do you claim? _____

20. How much do you estimate the other party's gross income (before taxes) to be?

_____ Please explain how you came up with this estimate: _____

Current Income:

last month

average out of 12 months

(all income is gross before taxes or deductions of any kind)

1. Salary or wages: \$ _____ \$ _____

2. Overtime \$ _____ \$ _____

3. Public assistance \$ _____ \$ _____

4. Spousal Support \$ _____ \$ _____

5. Pension \$ _____ \$ _____

6. Disability \$ _____ \$ _____

7. Unemployment \$ _____ \$ _____

8. Workers Compensation \$ _____ \$ _____

9. Investment Income \$ _____ \$ _____

10. Rental property income	\$ _____	\$ _____
11. Trust Income	\$ _____	\$ _____
12. Dividends / interest	\$ _____	\$ _____
13. Self-Employment	\$ _____	\$ _____
14. Retirement	\$ _____	\$ _____
15. Other _____	\$ _____	\$ _____
16. Other _____	\$ _____	\$ _____

Deductions – monthly

Union dues \$ _____

Retirement payments \$ _____

Medical / dental / hospital or other health ins \$ _____

Child Support (you are paying) \$ _____

Spousal Support (you are paying) \$ _____

Necessary job related expenses (not reimbursed by employer) \$ _____

Taxes - FICA _____ SS _____ FED _____

Cal State Disability _____ State Tax _____ Dental _____

Medical _____ 401(k) _____ other _____

Other _____

Expenses monthly average of 12 months

1. Home mortgage or Rent	\$ _____	\$ _____
(a) Mortgage payments – Principal	\$ _____	Interest \$ _____
(b) Home owners renters Ins.	\$ _____	\$ _____
(c) Maintenance and repair	\$ _____	\$ _____
2. Property taxes	\$ _____	\$ _____
3. Child care costs	\$ _____	\$ _____
4. Groceries/ household supplies	\$ _____	\$ _____
5. Eating out	\$ _____	\$ _____
6. Utilities	\$ _____	\$ _____
7. Telephone, cell phone, email	\$ _____	\$ _____
8. laundry/cleaning	\$ _____	\$ _____
9. Education	\$ _____	\$ _____
10. Entertainment/Gifts/Vacation	\$ _____	\$ _____
11. Auto Expense/ Transportation	\$ _____	\$ _____
12. Savings	\$ _____	\$ _____

13. Insurance (life / accident) \$ _____ \$ _____
14. Charity \$ _____ \$ _____
15. Health care not paid by insur. \$ _____ \$ _____
16. Clothes \$ _____ \$ _____
17. Other \$ _____ \$ _____

Debt: (payments to anyone including: credit cards, loans, car payments, etc.)

Paid to:	For	Amount	Balance	Last payment date

Assets

Value

1. Cash on hand \$ _____ \$ _____
2. Checking \$ _____ \$ _____
3. Savings, money market \$ _____ \$ _____
4. Stocks, Bonds \$ _____ \$ _____
- Could you easily sell your stocks or bonds? YES NO
5. Real property \$ _____ \$ _____
6. Personal property \$ _____ \$ _____
7. Other \$ _____ \$ _____

Does anyone live with you? Yes No

If so please list their name, age and relationship to you:

1. _____ age _____ relationship _____
2. _____ age _____ relationship _____
3. _____ age _____ relationship _____
4. _____ age _____ relationship _____

5. _____ age _____ relationship _____

Does anyone living with you or not contribute to your expenses?

(rent, food, etc.) YES NO

If so please list whom, what and how much:

ANY OTHER SOURCES OF INCOME NOT MENTION PLEASE LIST:

ANY OTHER EXPENSES NOT MENTIONED PLEASE LIST

This must be available if the court requests it please be prepared.

Income: Last 3 month pay stubs, last year tax return- W2's, any other income you receive (last two months), investment income, self employment income, assets, disability, public assistance, spousal support, partner support, pension, retirement, social security, unemployment, workers compensation, military payments, rental property income, stocks, bonds, any and all other income sources. **Expenses:** medical, dental, health care premiums, child support for other children, spousal support, necessary job related expenses – not reimbursed by employer, any and all other expenses.

THERE MAYBE MORE QUESTIONS WE NEED TO ASK YOU BASED ON YOUR ANSWERS IN THIS QUESTIONNAIRE. THIS IS A SHORTENED VERSION TO ASK YOU THE MOST COMMON AND RELEVANT QUESTIONS.

IF YOU ARE LOW INCOME YOU MAY QUALIFY FOR A FEE WAIVER – PLEASE ASK ASSISTANT.