

LAW OFFICE OF

DISSOLUTION QUESTIONNAIRE

WIFE (Full Name): _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

WORK PHONE: () _____ HOME PHONE: () _____
NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
(Street) (City) (State) (Zip)

STARTING DATE OF EMPLOYMENT: _____ OCCUPATION: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____ LENGTH OF STAY IN CALIFORNIA: _____

HIGHEST YEAR OF EDUCATION COMPLETED: _____ CALIFORNIA DRIVERS LICENSE NUMBER: _____

HUSBAND (Full Name): _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

WORK PHONE: () _____ HOME PHONE: () _____
NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
(Street) (City) (State) (Zip)

STARTING DATE OF EMPLOYMENT: _____ OCCUPATION: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____ LENGTH OF STAY IN CALIFORNIA: _____

HIGHEST YEAR OF EDUCATION COMPLETED: _____ CALIFORNIA DRIVERS LICENSE NUMBER: _____

IF AT PRESENT EMPLOYMENT FOR LESS THAN 10 YEARS, PLEASE LIST BELOW ALL PREVIOUS EMPLOYERS AND DATES OF EMPLOYMENT:

WIFE'S EMPLOYERS	DATES (FROM/TO)	HUSBAND'S EMPLOYERS	DATES (FROM/ TO)

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____

LAW OFFICE OF

ONLY APPLICABLE WHEN THERE ARE MINOR CHILDREN INVOLVED:

Child's Name: _____ Place of Birth: _____ Date of Birth: _____ Sex: _____

Period of Residence	Address	Person child lived with (name and present address)	Relationship
_____ to present	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____

Child's Name: _____ Place of Birth: _____ Date of Birth: _____ Sex: _____

Period of Residence	Address	Person child lived with (name and present address)	Relationship
_____ to present	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____

LAW OFFICE OF

Child's Name: _____ Place of Birth: _____ Date of Birth: _____ Sex: _____

Period of Residence	Address	Person child lived with (name and present address)	Relationship
_____ to present	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____

Child's Name: _____ Place of Birth: _____ Date of Birth: _____ Sex: _____

Period of Residence	Address	Person child lived with (name and present address)	Relationship
_____ to present	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____
_____ to _____	_____	_____	_____
	_____	_____	_____

LAW OFFICE OF

CUSTODY OF CHILDREN

Request custody of children to _____ with reasonable visitation to _____; or special visitation as follows:

Is health insurance for children available through your place of employment? _____

If so, monthly cost paid by you for health insurance of child(ren) only \$ _____. (Do not include the amount paid or payable by your employer or others.)

Do you have extraordinary health expenses? _____ If so, specify: _____

Do you have any uninsured catastrophic losses? _____ If so, specify: _____

If you have dependent minor children from a prior marriage or relationship, what would you estimate their minimum basic living expenses are? _____

If you have been separated for more than thirty days, what is the arrangement that you and your spouse have concerning custody and visitation of the minor children? _____

LAW OFFICE OF

COMMUNITY PROPERTY

REAL PROPERTY (The courts require the legal description of the property in addition to the address. The legal description is the tract, lot, and block number and can be obtained from your deed or your fax bill. Please bring in the deed for photocopying or attach a copy of your deed.)

For each of the above, describe property:

ADDRESS	TYPE (HOME/LOT/ APT. HOUSE)	APPROXIMATE VALUE	ENCUMBRANCES

FURNITURE AND FURNISHING (Provide a general description of al items that are valuable antiques, works of are. Do no list all the miscellaneous furniture and furnishings, but only those items of significant value.)

DESCRIPTION	APPROXIMATE VALUE	ENCOMBRANCE

JEWELRY/FURS/COINS COLLECTIONS

DESCRIPTION	APPROXIMATE VALUE	ENCUMBRANCE

LAW OFFICE OF

AUTOMOBILES

YEAR	MAKE AND MODEL	LICENSE NO.	APPROX. VALUE	ENCUMBRANCE

STOCKS,BONDS, MUTUAL FUNDS

NAME OF STOCK/ BOND/ MUTUAL FUND	CERTIFICATE/BOND/NO.	NUMBER OF SHARES	APPROXIMATE VALUE

BUSINESS INTERESTS (Give type of business interest, i.e.: corporation, partnership, sole proprietorship, etc.)

NAME AND TYPE OF BUSINESS	ADDRESS	% OWNERSHIP	VALUE

LAW OFFICE OF

BANK ACCOUNTS – List all bank accounts, including credit union savings. Give account number and branch or location for each account.

NAME & LOCATION OF BANK/ CREDIT UNION	ACCOUNT NUMBER	PRESENT BALANCE

PENSION/RETIREMENT BENEFITS

NAME OF COMPANY/BRANCH OF SERVICE	TYPE OF PLAN	FUNDS IN PLAN

LIFE INSURANCE POLICIES (with cash value) AND ANNUITIES

NAME OF COMPANY	POLICY NUMBER	TYPE OF POLICY	CASH VALUE

LAW OFFICE OF

BOATS/AIRPLANES/SNOWMOBILES/CAMPER UNITS, ETC.

MODEL/YEAR/MAKE/LICENSE NO.	APPROXIMATE VALUE	ENCUMBRANCE

MEMBERSHIPS

NAME OF CLUB/ORGANIZATION	APPROXIMATE VALUE OF MEMBERSHIP

LOANS/DEEDS OF TRUST/MORTGAGES/RENTALS

NAME OF OBLIGEE	TYPE OF OBLIGATION	DESCRIBE PROPERTY	APPROXIMATE VALUE

OTHER INFORMATION:

OTHER COMMUNITY PROPERTY (List here any community property not covered in categories above.)

DESCRIPTION	APPROXIMATE VALUE	ENCUMBRANCE

SEPARTATE PROPERTY OF PARTIES (Designate whether husband or wife's property.)

DESCRIPTION	HOW/WHEN ACQUIRED	APPROXIMATE VALUE	ENCUMBRANCE

