

JUSTICE FOR ALL LEGAL CENTERS, INC.
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El Cajon, California 92020
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LDA #32

YOUR PERSONAL INFORMATION

_____/_____/_____/_____
First name you go by **First Name (legal)** **m.i.** **Last Name (legal)**

_____/_____/_____/_____/_____/_____
Street/ mailing address **Apt. No.** **City** **State** **Zip Code**

_____/_____/_____/_____/_____/_____
Home Telephone Number **Work Telephone Number** **Cell Telephone Number** **Message Telephone Number**

_____/_____/_____/_____/_____/_____
Date of Birth **Age** **Social Security No.** **E-Mail address**

_____/_____/_____/_____/_____/_____
Present Employer **Position or title** **Employed since (month & year)**

_____/_____/_____/_____/_____/_____
Street / mailing address **Ste No.** **City** **State** **Zip Code**

HOURS WORKED: From: _____ **(a.m./p.m.) To:** _____ **(a.m./p.m.)**

OTHER PARTY'S INFORMATION

_____/_____/_____/_____
First name you go by **First Name (legal)** **m.i.** **Last Name (legal)**

_____/_____/_____/_____/_____/_____
Street/ mailing address **Apt. No.** **City** **State** **Zip Code**

_____/_____/_____/_____/_____/_____
Home Telephone Number **Work Telephone Number** **Cell Telephone Number** **Message Telephone Number**

_____/_____/_____/_____/_____/_____
Date of Birth **Age** **Social Security No.** **E-Mail address**

_____/_____/_____/_____/_____/_____
Present Employer **Position or title** **Employed since (month & year)**

_____/_____/_____/_____/_____/_____
Street / mailing address **Ste No.** **City** **State** **Zip Code**

HOURS WORKED: From: _____ **(a.m./p.m.) To:** _____ **(a.m./p.m.)**

FORM COMPLETED BY: _____ **DATE COMPLETED:** _____

HOW DID YOU HEAR ABOUT US? (i.e., friend, yellow pages, Internet,) _____

RESIDENCY STATUS

I have been Other party has been a resident of this state (California) for at least six (6) consecutive months and a resident of San Diego County for at least six (6) months and for at least three (3) months immediately prior to this date.

MARITAL INFORMATION

Date of Marriage (exact) _____ Date of Separation (approximate) _____

MILITARY STATUS

- I am presently "enlisted" in the active military service of the United States of America.
 Other party is presently "enlisted" in the active military service of the United States of America.

REASON FOR LEGAL ACTION

- DIVORCE LEGAL SEPARATION NULLITY (dissolves marriage as if it never occurred)
- We have differences that cannot be resolved or settled (Irreconcilable Differences)
 Party to marriage has been declared insane by a doctor (Incurable Insanity)
 Reason for Nullity: _____

WIFE'S FORMER NAME RESTORED

- WIFE elects to retain her present married name of: _____
 WIFE elects to restore her former name of: _____

NOTE: Husband cannot elect to restore Wife's former name without her written consent.

SPOUSAL SUPPORT (ALIMONY)

- Terminate forever spousal support payable to: Husband Wife
 Reserve the right to request spousal support to: Husband Wife
- SPOUSAL SUPPORT PAYABLE TO: Husband Wife
Amount per month \$ _____ Beginning Date: _____ AND continuing each and every month UNTIL either party dies, recipient remarries or cohabitates with an unrelated party of the opposite sex for 30 consecutive days or more or the following date:
 TERMINATION DATE: _____ (usually ½ the length of marriage unless more than 10 yr. marriage) OR
 TERMINATE AFTER _____ CONSECUTIVE YEARS AND _____ CONSECUTIVE MONTHS
- SERVE or HOLD Wage Assignment on Payor's employer.

HUSBAND'S RETIREMENT/PENSION BENEFITS

- Husband does "NOT" Husband DOES have retirement/pension benefits accumulated through either a previous and/or present employer and/or private IRA.
- Husband elects to KEEP "ALL" benefits acquired during the marriage as his separate property.
 Husband elects to DIVIDE one-half (1/2) of "ALL" benefits acquired during the marriage with Wife.
 Husband elects to KEEP "ALL" benefits acquired prior to the marriage and after the date of separation.

WIFE'S RETIREMENT/PENSION BENEFITS

- Wife does "NOT" Wife does have retirement/pension benefits accumulated through either a previous and/or present employer and/or private IRA.
- Wife elects to KEEP "ALL" benefits acquired during the marriage as her separate property.
 Wife elects to DIVIDE one-half (1/2) of "ALL" benefits acquired during the marriage with Husband.
 Wife elects to KEEP "ALL" benefits acquired prior to the marriage and after the date of separation.

SEPARATE PROPERTY/DEBTS

SEPARATE PROPERTY AND/OR DEBTS ARE ACQUIRED EITHER "BEFORE" THE DATE OF MARRIAGE OR "AFTER" THE DATE OF SEPARATION, INCLUSIVE OF GIFTS AND INHERITANCES ACQUIRED DURING THE MARRIAGE AND STUDENT LOANS INCURRED DURING THE MARRIAGE.

- Husband Wife DO NOT have separate property and/or separate debts to the best of my knowledge and awareness.
- Husband Wife DOES have separate PROPERTY to the best of my knowledge and awareness.
- Husband Wife DOES have separate DEBTS to the best of my knowledge and awareness.

COMMUNITY PROPERTY

- There is no community property acquired during the marriage.
- Both parties are in agreement regarding the division of our community property acquired during the marriage and request the preparation of a Marital Settlement Agreement.
- Both parties are NOT in agreement regarding the division of our community property acquired during the marriage and require a Schedule of Assets and debts to be prepared.

COMMUNITY DEBTS

- There is no community debt acquired during the marriage.
- Husband and Wife are in agreement regarding the division of our community debt acquired during the marriage and request the preparation of a Marital Settlement Agreement.
- Husband and Wife are NOT in agreement regarding the division of our community debt acquired during the marriage and require a Schedule of Assets and debts to be prepared.

HEALTH INSURANCE COVERAGE (SPOUSES)

- The parties will NOT be required to provide health insurance coverage for their spouse.
- Husband Wife will be required to provide health insurance coverage through their employer or COBRA to insure continuous coverage for the benefit of their spouse until:
 - Date the marital status ends between the parties.
 - Either Husband or Wife dies or remarries.
 - Spouse becomes gainfully employed full time AND health insurance coverage is available to them through their employer.

OTHER ISSUES TO ADDRESS

(I.e. QDRO, separate property contributed to community estate, reimbursement, life insurance, etc.)

MINOR CHILDREN OF THE MARRIAGE

Child's Full Legal Name	/	/	/	
Child's Full Legal Name	Age	Sex	Date of Birth	Place of Birth (City/State)
Child's Full Legal Name	/	/	/	
Child's Full Legal Name	Age	Sex	Date of Birth	Place of Birth (City/State)
Child's Full Legal Name	/	/	/	
Child's Full Legal Name	Age	Sex	Date of Birth	Place of Birth (City/State)
Child's Full Legal Name	/	/	/	
Child's Full Legal Name	Age	Sex	Date of Birth	Place of Birth (City/State)

RESIDENCE INFORMATION FOR THE LAST 5 YEARS OF MINOR CHILDREN

The Court requires the address information where the child(ren) have lived for the past 5 years:

FROM: _____ To: **PRESENT**

Current Address

FROM: _____ To: _____

Prior Address

FROM: _____ To: _____

Prior Address

FROM: _____ To: _____

Prior Address

FROM: _____ To: _____

Prior Address

- The child(ren) have lived out of the State of California during the past five (5) years.
- There has been or there is pending, a legal custody action regarding one or more of the children listed above.
- Another party, (other than Father or Mother) has, or claims to have, physical custody of any child listed above.

HEALTH AND DENTAL INSURANCE FOR MINOR CHILDREN

HEALTH INSURANCE COVERAGE:

- Father or Mother or Both to provide health insurance coverage, as available through their employer, for the benefit of the minor child(ren) of the parties.

HEALTH RELATED EXPENSES NOT COVERED BY INSURANCE:

- Father AND Mother to equally share and share alike "all" health related expenses incurred for the minor Child(ren) of the parties that are "not" covered by any insurance policies provided by either of the parents.
- Father OR Mother: to be solely responsible for "all" uncovered health related expenses, as above, incurred for the minor child(ren) of the parties.

LEGAL AND PHYSICAL CUSTODY OF MINOR CHILDREN OF THE MARRIAGE

Custody of children is broken into the two (2) categories of legal and physical custody. **LEGAL CUSTODY** means that the parents share decision making regarding the children's health, education and general welfare and **PHYSICAL CUSTODY** means the children's primary residence where the children reside more than fifty percent (50%) of the time.

I REQUEST THE FOLLOWING CUSTODY ARRANGEMENTS:

- Joint legal custody and control of the minor child(ren) (Both parents make decisions regarding the children)
- Father to have sole legal custody and control of the minor child(ren) (Only Father makes decisions regarding the children)
- Mother to have sole legal custody and control of the minor child(ren) (Only Mother makes decisions regarding the children)
- Joint physical care and custody of the minor child(ren) (Typically when parents equally share custody of the children)
- Father to have sole physical care and custody of the minor child(ren) (Primary residence with Father)
- Mother to have sole physical care and custody of the minor child(ren) (Primary residence with Mother)

VISITATION FOR NONCUSTODIAL PARENT OF MINOR CHILDREN OF THE MARRIAGE

Reasonable visitation (unrestricted and unlimited as mutually arranged by the parents) with reasonable notice to the parent with sole physical custody of their intentions to visit child(ren)

Specific visitation of alternate weekends from Friday at _____ until Sunday at _____ and one/two evenings a Week from _____ until _____ and alternate major holidays and one/two/three/four/five/six consecutive weeks during the summer school vacation and with 24/48/72 hours' notice to the custodial parent of the visiting parent's intent to exercise visitation rights and at least 30 days' notice for summer vacation. Visitation shall include other times as mutually agreed upon between the parties.

OTHER: _____

Restricted, limited and: supervised by an adult of my choosing no overnight visitation

24 hours' notice 48 hours' notice 72 hours' notice 30 days' notice

Father Mother shall not remove the child(ren) from the following areas:

County of San Diego State of California

Father Mother shall not exercise visitation while under the influence of drugs and/or alcohol

CHILD SUPPORT OF MINOR CHILDREN OF THE MARRIAGE

IF the Court were to set the child support amount, the Judge would base the support on CA guidelines, however, you may "agree" upon any amount of support that meets the needs of the children. You may request a printout of the support guidelines based on your particular case, so you can make an informed decision. Printouts are included in the price of your legal action or are provided for \$75.00 if you are not proceeding with your case at this time:

CHILD SUPPORT PAYABLE TO: Father Mother as follows:

\$ _____ per month, per child for _____ children for TOTAL MONTHLY CHILD SUPPORT \$ _____

Due and payable on the 1st day of each and every month OR

divided per pay period Commencing: _____ (date)

Child Support to be reserved under the jurisdiction of the Court at this time (neither party is currently seeking child support)

Father and Mother to share equally in the costs of child care.

Father and Mother to share equally in the costs of extra-curricular activities for the minor children.

SERVE Wage Assignment on Payor's employer. (\$75.00 fee for Wage Assignment to be put in place on Payor's employer)

HOLD Wage Assignment and do NOT serve Payor's employer.