

**LAW OFFICE OF DAWN CALACHE. P.A.
ATTORNEY AT LAW**

- B. HAVE YOU HIRED A PRIOR ATTORNEY FOR THIS MATTER? YES NO
If yes, name: _____
May we contact your prior attorney? YES NO

10. ADDRESS WHERE YOU CAN BE SERVED WITH LEGAL PAPERS:

11. ADDRESS WHERE THE OPPOSING PARTY CAN BE SERVED WITH LEGAL PAPERS: _____

12. DOES THE OPPOSING PARTY HAVE AN ATTORNEY? YES NO UNKNOWN
If known, attorney's name: _____

13. CHILDREN BORN OR ADOPTED DURING THE MARRIAGE:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>CURRENTLY LIVING WITH MOTHER/FATHER/OTHER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN BORN OR ADOPTED FROM ANOTHER RELATIONSHIP:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>CURRENTLY LIVING WITH MOTHER/FATHER/OTHER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. CHILD SUPPORT

ARE YOU ORDERED/PAYING CHILD SUPPORT FOR CHILDREN FROM ANOTHER RELATIONSHIP? YES NO
If yes, how much per month? _____

ARE YOU RECEIVING CHILD SUPPORT FOR

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- CHILDREN FROM ANOTHER RELATIONSHIP? YES NO
If yes, how much per month? _____
15. ARE YOU PARTICIPATING IN COUNSELING? YES NO
If yes, with whom? _____
- DO YOU HAVE A DRUG OR ALCOHOL PROBLEM? YES NO
If yes, are you participating in Alcoholics
Anonymous or Narcotics Anonymous? YES NO
- ARE THE OPPOSING PARTY AND/OR CHILDREN
PARTICIPATING IN COUNSELING? YES NO
If yes, with whom? _____
- DOES THE OPPOSING PARTY HAVE A DRUG
OR ALCOHOL PROBLEM? YES NO
If yes, is the opposing party participating in Alcoholics
Anonymous or Narcotics Anonymous? YES NO
16. IN WHAT STATES HAVE YOUR CHILDREN RESIDED IN DURING
THE LAST SIX (6) MONTHS? _____
Where do the children presently live? _____
17. ARE YOU EXPECTING A CHILD? YES NO
If yes, is the expected child from the marriage relationship? YES NO
- If expected child is of a relationship outside of this marriage, who
Is the other biological parent? _____
18. YOUR PLACE OF EMPLOYMENT: _____
ADDRESS: _____

19. YOUR YEARLY INCOME: _____
Weekly income, if yearly income unknown: _____
20. OPPOSING PARTY'S PLACE OF EMPLOYMENT: _____
ADDRESS: _____

21. OPPOSING PARTY'S YEARLY INCOME: _____

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Weekly income, if yearly income unknown: _____

22. ASSETS:

A. MARITAL HOME

Address: _____

Date Purchased: _____

Purchase Price: _____

Current Fair Market Value: _____

Current Mortgage/Credit Line Balance(s): _____

Name(s) on the Deed: _____

B. OTHER REAL ESTATE

Address: _____

Date Purchased: _____

Purchase Price: _____

Current Fair Market Value: _____

Current Mortgage/Credit Line Balance(s): _____

Name(s) on the Deed: _____

C. TRANSPORTATION (Cars, Trucks, Motorcycles, Boats, etc.)

What vehicle do you drive?

MAKE/YEAR: _____

Date Purchased: _____

Purchase Price: _____

Current Fair Market Value: _____

Current Loan Balance: _____

Name(s) on the Title: _____

What vehicle does the opposing party drive?

MAKE/YEAR: _____

Date Purchased: _____

Purchase Price: _____

Current Fair Market Value: _____

Current Loan Balances: _____

Name(s) on the Title: _____

D. ADDITIONAL TRANSPORTATION

MAKE/YEAR: _____

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Date Purchased: _____

Purchase Price: _____

Current Fair Market Value: _____

Current Loan Balance: _____

Name(s) on the Title: _____

E. ADDITIONAL TRANSPORTATION

MAKE/YEAR: _____

Date Purchased: _____

Purchase Price: _____

Current Fair Market Value: _____

Current Loan Balance: _____

F. OTHER ITEMS OF SIGNIFICANT VALUE: (ART, TOOLS, COLLECTIONS, ETC.)

ITEM

VALUE

ITEM	VALUE

G. INTANGIBLE ASSETS:

CASH ON HAND: _____

BANK ACCOUNTS: _____

STOCKS, BONDS, MONEY MARKETS: _____

IRA'S OR OTHER RETIREMENT OR PENSION PLANS: _____

23. NON-MARITAL ASSETS: [Defined as assets acquired outside the marriage – such as gifts, inheritances, items owned prior to marriage, etc.] List any items, approximate values, and circumstances under which each item was acquired:

ITEM	VALUE	CIRCUMSTANCES

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24. DO YOU FEAR THE OPPOSING PARTY WILL DISPOSE
OR ATTEMPT TO HIDE MARITAL ASSETS? YES NO

If yes, why: _____

25. DO YOU EXPECT CUSTODY TO BE CONTESTED? YES NO

If yes, why: _____

26. DO YOU EXPECT VISITATION TO BE A PROBLEM? YES NO

If yes, why: _____

27. IS THE OPPOSING PARTY VIOLENT TO YOU OR
YOUR CHILDREN? YES NO

If yes, explain: _____

HAVE PETITION(S) FOR DOMESTIC
VIOLENCE BEEN FILED? YES NO

If yes, how many? _____

HAVE PETITIONS FILED BEEN
DISMISSED BY A JUDGE? YES NO

If yes, how many? _____

28. ARE YOU CURRENTLY COVERED
BY HEALTH INSURANCE? YES NO

Through whom? [My Employment] [Opposing Party's Employment]

Does this insurance cover the entire family? YES NO

29. DO YOU WANT YOUR FORMER NAME
RESTORED TO YOU? YES NO

If yes, clearly print your full name [include middle name]:

HAVE YOU EVER FILED BANKRUPTCY? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
TYPE(S) OF CRIME(S) [Circle applicable]: FELONY MISEMEANOR

Please explain: _____

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