DISSOLUTION OF MARRIAGE QUESTIONNAIRE

Please complete the following questionnaire. The information is necessary for the attorney to accurately and competently handle your case. Your responses are protected by attorney/client privilege and will be held in strict confidence.

DA	ΓE:				
1.	NAME: _				
		First Name	Middle	Last 1	Name
2.	OPPOSIN	IG PARTY'S NAME:_			
3.	YOUR SO YOUR D	OCIAL SECURITY NU ATE OF BIRTH:	MBER:		
		IG PARTY'S SOCIAL : IG PARTY'S DATE OF			
4.	HOW LO	NG HAVE YOU LIVE	D IN FLORIDA?		
5.	DATE OF PLACE C	F MARRIAGE: F MARRIAGE:			
6.		AND STATE WHERE WED TOGETHER AS H			
7.	DATE OF	SEPARATION:			
8.	REASON	FOR SEPARATION: _			
9.	ALREAD	ISSOLUTION OF MAH Y BEEN FILED? what county and state?_		YES	
		AVE YOU BEEN SERV GAL PAPERS?	ED WITH	YES	NO
		you have copies of the	document with you?	YES	NO
	If y	you do not have the docu Do you have the cas	aments with you, se number?	YES	NO
Law	II y Office of Dawn	ves, please provide: Calache, P.A.		Phone: 386	 -872-4223

Fax: 888-678-6790

Law Office of Dawn Calache, P.A. 3959 S. Nova Rd. Suite 2 Port Orange FL, 32127 Email.dcalache@calachelaw.com

	B. HAVE YOU HIRED A PRIOR ATTORNEY FOR THIS MATTER?	YES	NO				
	If yes, name:	115					
	May we contact your prior attorney?	YES	NO				
10.	ADDRESS WHERE YOU CAN BE SERVED WITH LEG	AL PAF	PERS:				
11.	ADDRESS WHERE THE OPPOSING PARTY CAN BE S LEGAL PAPERS:	ERVED	WITH				
12.	DOES THE OPPOSING PARTY HAVE AN ATTORNEY? If known, attorney's name:	UNK	NOWN				
13.	CHILDREN BORN OR ADOPTED DURING THE MARK	RIAGE:					
NAME	DATE OF BIRTH SEX MOTHER						
	CHILDREN BORN OR ADOPTED FROM ANOTHER R	ELATIC	NSHIP				
NAME	CURREN <u>DATE OF BIRTH</u> <u>SEX</u> <u>MOTHER</u>	TLY LIVII /FATHEF					
14.	CHILD SUPPORT						
	ARE YOU ORDERED/PAYING CHILD SUPPORT FOR CHILDREN FROM ANOTHER RELATIONSHIP? If yes, how much per month?	YES	NO				
	ARE YOU RECEIVING CHILD SUPPORT FOR						

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CHILDREN FROM ANOTHER RELATIO If yes, how much per month?		NO
ARE YOU PARTICIPATING IN COUNSE If yes, with whom?		NO
DO YOU HAVE A DRUG OR ALCOHOL		NO
If yes, are you participating in Alcoho Anonymous or Narcotics Anonymous		NO
ARE THE OPPOSING PARTY AND/OR C PARTICIPATING IN COUNSELING? If yes, with whom?	YES	NO
DOES THE OPPOSING PARTY HAVE A	DRUG	
OR ALCOHOL PROBLEM? If yes, is the opposing party participal	YES ting in Alcoholics	NO
Anonymous or Narcotics Anonymous	_	NO
IN WHAT STATES HAVE YOUR CHILD: THE LAST SIX (6) MONTHS?		
Where do the children presently live?		
ARE YOU EXPECTING A CHILD? If yes, is the expected child from the marriage.	YES ge relationship? YES	NO NO
If expected child is of a relationship outside Is the other biological parent?	•	
YOUR PLACE OF EMPLOYMENT:ADDRESS:		
YOUR YEARLY INCOME:		
Weekly income, if yearly income unknown:		
OPPOSING PARTY'S PLACE OF EMPLO ADDRESS:		
OPPOSING PARTY'S YEARLY INCOME	 E:	

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ASS	ETS:
A.	MARITAL HOME
	Address:
	Date Purchased:
	Purchase Price:
	Current Fair Market Value:
	Current Mortgage/Credit Line Balance(s):
	Name(s) on the Deed:
В.	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:

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_	ned as assets acquired outside the marriage ed prior to marriage, etc.] List any items,				
IRA'S OR OTHER RETIR	REMENT OR PENSION PLANS:				
STOCKS, BONDS, MONEY MARKETS:					
CASH ON HAND: BANK ACCOUNTS:					
INTANGIBLE ASSETS:					
COLLECTIONS, ETC.) ITEM	SNIFICANT VALUE: (ART, TOOLS, VALUE				
	2:				
Purchase Price:					
Date Purchased:					
	»:				
	Current Loan Balance: Name(s) on the Title: ADDITIONAL TRANSP MAKE/YEAR: Date Purchased: Purchase Price: Current Fair Market Value Current Loan Balance: OTHER ITEMS OF SIG COLLECTIONS, ETC.) ITEM INTANGIBLE ASSETS: CASH ON HAND: BANK ACCOUNTS: STOCKS, BONDS, MON IRA'S OR OTHER RETIF				

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23.

DO YOU FEAR THE OPPOSING PARTY WILL DISPOSE 24. OR ATTEMPT TO HIDE MARITAL ASSETS? YES NO If yes, why: 25. DO YOU EXPECT CUSTODY TO BE CONTESTED? YES NO If yes, why: DO YOU EXPECT VISITATION TO BE A PROBLEM? YES NO 26. 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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	HAS THE OPPOSING PARTY EVER BEEN CONVICTED OF A CRIME? YES NO TYPE(S) OF CRIME(S): [Circle applicable]: FELONY MISDEMEANOR Please explain:
30.	LIABILITIES:
	MEDICAL BILLS:
	CREDIT CARDS:
	MORTGAGES:
	OTHER DEBTS:
Addi	itional Information:

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