



## REQUEST FOR ORDER QUESTIONNAIRE

**Type of Orders Seeking:**

**NEW ORDER**  **MODIFICATION** in Case No. \_\_\_\_\_ County of \_\_\_\_\_  
 File-stamped date of order seeking to modify: \_\_\_\_\_

<input type="checkbox"/> <b>Child Support</b>	<input type="checkbox"/> <b>Child Custody</b>	<input type="checkbox"/> <b>Child Visitation</b>
<input type="checkbox"/> <b>Spousal Support</b>	<input type="checkbox"/> <b>Property Restraint</b>	<input type="checkbox"/> <b>Property Control</b>
<input type="checkbox"/> <b>Change of Venue</b>	<input type="checkbox"/> <b>Bifurcation</b>	<input type="checkbox"/> <b>Other</b> _____

**Do you require expedited ordered (orders on shortened/ex parte notice)?**

**YES** (an additional fee will be required)  **NO**

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Driver's Lic #:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Other Party:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Driver's Lic #:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

MINOR CHILDREN OF THIS RELATIONSHIP	
<b>Child #1 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____	<b>Child #4 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____
<b>Child #2 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____	<b>Child #5 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____
<b>Child #3 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____	<b>Child #6 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____







# REQUEST FOR ORDER QUESTIONNAIRE

PLEASE PROVIDE COPIES OF YOUR PAY STUBS FOR THE LAST TWO MONTHS AND PROOF OF ANY OTHER INCOME.

5. **Income** (list all sources that you have received for the last 12 months –for average income, divide by 12)
  - a. Salary or wages (gross before taxes) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b. Overtime (gross, before taxes) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Commissions or bonuses .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - d. Public assistance (TANF, SSI, GA.GR) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - e. Spousal support  this  other marriage:.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - f. Pension/retirement fund payments .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - g. Social Security Retirement (Not SSI) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - h. Disability  Social Security (not SSI)  
 State Disability (SDI)  Private .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - i. Unemployment compensation.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - j. Worker’s compensation .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - k. Other (military basic allowance, etc).....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  
6. **Investment Income**
  - a. Dividends/interest .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b. Rental Property income.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Trust Income.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - d. Other (specify).....\$ \_\_\_\_\_ \$ \_\_\_\_\_

(Attach a schedule showing gross receipts less cash expenses for each property)
  
7. **Income from self-employment after business expenses for**
  - a. For each business.....\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Sole Proprietor  Partner  Other \_\_\_\_\_  
 Number of years in this business: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_  
 (Attach a profit and loss statement for last 2 years or a Schedule C from last federal tax return. If more than 1 business, provide same information for each)
  
8. **Additional Income**
  - a. Additional one-time money received during past 12 months: \$ \_\_\_\_\_  
 (Lottery winnings, inheritance, etc.)
  
9. **Change in income**  
 My financial situation has changed significantly over the past 12 months because: \_\_\_\_\_
  
10. **Deductions**
  - a. Required Union dues: .....\$ \_\_\_\_\_
  - b. Required retirement payments (not social security, FICA, 401K or IRA).....\$ \_\_\_\_\_
  - c. Medical, hospital, dental and other health insurance  
 Premiums (total monthly amount).....\$ \_\_\_\_\_
  - d. Child support pd. for children of other relationships:.....\$ \_\_\_\_\_
  - e. Spousal support paid for other relationships: .....\$ \_\_\_\_\_
  - f. Job-related expenses not reimbursed by employer: .....\$ \_\_\_\_\_
  
11. **Assets**
  - a. Cash and checking, savings and other deposit accts.....\$ \_\_\_\_\_
  - b. Stocks, bonds and other assets easily saleable.....\$ \_\_\_\_\_
  - c. All other property:  real  personal (less loan bal.) .....\$ \_\_\_\_\_

## REQUEST FOR ORDER QUESTIONNAIRE

12. The following people live with me:

Name	Age	Relationship	Gross Monthly Income	Pays some of household expenses?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average Monthly  Estimated  Actual  Proposed Needs

a. My home:

(1)  Rent  Mortgage ..... \$ \_\_\_\_\_

(2) If mortgage, include:

Average Principal: \$ \_\_\_\_\_

Average Interest: \$ \_\_\_\_\_

(3) Real property taxes: ..... \$ \_\_\_\_\_

(4) Homeowner's or renter's insurance not in payment ..... \$ \_\_\_\_\_

(5) Maintenance and repair ..... \$ \_\_\_\_\_

b. Health-care costs not paid by insurance ..... \$ \_\_\_\_\_

c. Child care ..... \$ \_\_\_\_\_

d. Groceries and household supplies ..... \$ \_\_\_\_\_

e. Eating out ..... \$ \_\_\_\_\_

f. Utilities (gas, electric, water, trash) ..... \$ \_\_\_\_\_

g. Telephone, cell phone, email ..... \$ \_\_\_\_\_

h. Laundry and cleaning ..... \$ \_\_\_\_\_

i. Clothes ..... \$ \_\_\_\_\_

j. Education (*specify*): ..... \$ \_\_\_\_\_

k. Entertainment, gifts and vacation ..... \$ \_\_\_\_\_

l. Auto expenses and transportation (*insurance, gas, repairs*) ..... \$ \_\_\_\_\_

m. Insurance (*life, accident – not auto, home or health*) ..... \$ \_\_\_\_\_

n. Savings and investments ..... \$ \_\_\_\_\_

o. Charitable contributions ..... \$ \_\_\_\_\_

14. Monthly payments (*itemize below or attached separate sheet*) ..... \$ \_\_\_\_\_

Paid to	For	Amount	Balance	Last Pmt date

a. Other (*specify*) ..... \$ \_\_\_\_\_

b. TOTAL EXPENSES: ..... \$ \_\_\_\_\_

c. Amount of expense paid by others: ..... \$ \_\_\_\_\_

15. Attorney Fees (*This is required is requesting attorneys fees*)

a. To date I have paid my attorney for fees and costs: ..... \$ \_\_\_\_\_

b. The source of this money was: \_\_\_\_\_

c. I owe to date the following unpaid fees and costs: ..... \$ \_\_\_\_\_

d. My attorney's hourly rate is ..... \$ \_\_\_\_\_



# REQUEST FOR ORDER QUESTIONNAIRE

**16. Number of Children**

- a. I have \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_% of time with me and \_\_\_\_\_% of time with the other parent (If not sure about percentage or it has not been agreed upon, please describe your parenting schedule here) \_\_\_\_\_

**17. Children's health-care expenses**

- a.  I do  do not have health insurance for my children thru work
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. Monthly cost for children's health insurance is or would be: \$ \_\_\_\_\_  
(do not include amount paid by employer)

**18. Additional expenses for the children in this case:**

- a. Child care so I can work or get job training ..... \$ \_\_\_\_\_
- b. Children's health care not covered by insurance ..... \$ \_\_\_\_\_
- c. Travel expenses for visitation..... \$ \_\_\_\_\_
- d. Children's educational or other special needs: ..... \$ \_\_\_\_\_  
Specify: \_\_\_\_\_

**19. Special hardships:**

- a. Extraordinary health expenses not included in above ..... \$ \_\_\_\_\_  
For how many months? \_\_\_\_\_
  - b. Major losses not covered by insurance ..... \$ \_\_\_\_\_  
For how many months? \_\_\_\_\_
  - c. Expenses for minor children from other relationships who live with you..... \$ \_\_\_\_\_  
For how many months? \_\_\_\_\_
- Child support you receive for those children:..... \$ \_\_\_\_\_

**Explain why these expenses create an extreme financial hardship:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**20. Other information you want the court to know about your case:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

**NOTICE TO CONSUMER**

**DO NOT SIGN ANYTHING BEFORE YOU READ THIS PAGE**

In the first conversation when you contacted the legal document assistant did he/she explain...

**that *Legal Document Assistants* is not an attorney, and**

***Legal Document Assistants* is not a law firm.**

***Legal Document Assistants* cannot represent you in court.**

***Legal Document Assistants* cannot advise you about your legal rights or the law.**

***Legal Document Assistants* cannot select legal forms for you.**

*Angela Jones*, owner of Legal Document Assistants, is registered in *Sacramento* County  
Registration number is 2016-01  
To confirm that *Angela Jones* is registered, you may contact the *Sacramento* County  
clerk's office at: 916-874-6334

**Choose one:**

**Yes, he/she explained.**

**No, he/she did not explain.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



**LDA PRO**

**Legal Document Assistants**

**www.LDAPRO.com**

**3550 Watt Ave., Suite 140,  
Sacramento CA 95821  
(916) 620-2446  
Contact@LDAPRO.com**

**LEGAL DOCUMENT ASSISTANT  
CONTRACT FOR SELF-HELP SERVICES**

**This is a contract between Legal Document Assistants and you,**

**\_\_\_\_\_**, for the self-help services described in  
**Part I below. I am the "legal document assistant" and you are the "client."**

**IMPORTANT NOTICES**

1. You should read and understand this entire contract before you sign it. You should understand the kinds of services that I can and cannot perform for you (see Part I below).
2. **I am not an attorney. I cannot perform the legal services that an attorney performs. I cannot engage in the practice of law.**
3. **The county clerk has not evaluated *or* approved my knowledge or experience or the quality of my services.**
4. I cannot keep your original documents if you request that I return them to you. I cannot keep your original documents if you and I do not sign this contract or if this contract terminates (ends) for any reason. I cannot keep your original documents after all the contract services have been provided (see Part I below). It is a violation of California law if I keep your original documents under any of these circumstances.
5. It is a violation of California law if I make any false or misleading statement to you.
6. I cannot obtain special favors from, and I do not have any special influence with, any court or any state or federal agency.
7. As required by law, I have filed a bond or made a cash deposit and have registered as a legal document assistant in each county where I will perform services on your behalf.

**I. SELF-HELP SERVICES**



*Kinds of services that I can perform for you:* I can perform the following self-help services for you in connection with a legal matter in which you are representing yourself: I can type or otherwise complete, as you specifically direct, legal documents that you have selected. I can provide you general published factual legal information that has been written or approved by an attorney, to help you represent yourself. I can provide you published legal documents. I can file and serve legal forms and documents as you specifically direct.

These are the only kinds of services that I can perform for you. I cannot provide you any service if you need additional services. If you need additional services, then you require the services of an attorney.

*Kinds of services that I cannot perform for you:* I cannot provide you any self-help service unless you are representing yourself in a legal matter and the self-help service relates to that legal matter.

**I cannot engage in the practice of law. This means that I cannot give you any kind of advice, explanation, opinion or recommendation about possible legal rights, remedies, defenses, strategies or options that you may have. I cannot give you any advice, explanation, opinion or recommendation regarding selection of forms.**

## II. FEES AND EXPENSES

If the other party responds and this becomes a contested matter there will be additional fees and cost. An additional contract for services will have to be executed between parties herein or you may consult with an attorney to finalize your case. You agree to pay me the following fees, costs and expenses. Service of process includes 3 attempts. I will provide you all the following services (list all services for which the client is being charged):

- A. New Case Child Custody, Child Support, or Spousal Support - \$595
- B. Existing Case Child Custody, Child Support, or Spousal Support - \$495

Mandatory Court Filing Fee For New Case w/o Case Number -\$435 (Unless You Qualify For Fee Waiver)

Modification Of Current Agreement w/ Case Number -\$60 (Unless You Qualify For Fee Waiver)

Ex Parte Orders - \$95

You are paying me only for those services listed above and no others. It is unlawful for me to make any guarantee or promise to you unless it is written in this contract and unless I have a factual basis for making the guarantee or promise.

## III. CANCELLATION

**You may cancel this contract for any reason within 24 hours after we both have signed it.**

**If you cancel the contract, I must immediately refund any fees which you have paid me. The only fees that I may keep are fees for services which I have actually, necessarily and reasonably performed on your behalf during the 24-hour period. I cannot keep any fees for services performed during the 24-hour period unless you knew that I would perform those services and you expressly agreed in this contract that I would perform them.**

To cancel this contract, send me a written notice stating that you are canceling the contract. Mail the notice by first-class mail with the correct postage, and send it to me at my address (see Part V below). Cancellation takes effect on the date of the postmark on the notice. You can also cancel

this contract by delivering a written notice of cancellation to my address within the 24-hour period.

You may also cancel this contract at any time if I:

- Fail to give you a copy of this contract before providing any services to you, or
- Fail to specify in the contract the services which I will perform and the costs of those services, or
- Fail to give you a copy of the contract in English and in any other language that you understand and that was principally used in any oral sales presentation or negotiation leading to execution of the contract.

If you cancel this contract for any of these reasons, I must immediately refund in full any fees which you have paid me.

You may also cancel this contract at any time if you have legal cause.

#### IV. ATTORNEY'S FEES AND COSTS

In the event of suit for damages arising from this contract or to enforce any of its provisions, the court may award the prevailing party his or her reasonable attorney's fees and costs. The venue for any disputes about this contract is the county where you live in California.

#### V. DESCRIPTION OF THE PARTIES

##### *Legal Document Assistant*

Full Name: Angela Jones  
Business Name: Legal Document Assistants  
Street Address of Business: 333 University Ave. Ste. 200  
City, State, ZIP: Sacramento, CA 95825  
Telephone Number: 916-620-2446  
Email: contact@Ldapro.com  
LDA Registration Information: 2016-01

I have filed a bond in Sacramento County, California.

##### *Client*

**Name of Client(s):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Best Phone Number(s):** \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Title or brief description of the legal matter in which the client is representing himself or herself:

\_\_\_\_\_

*Notices to Client*

You may obtain information from the local bar association or a legal aid or legal services office regarding free or low-cost representation by a lawyer.

You may contact the local police, sheriff, district attorney or legal aid or legal services office if you believe that you are the victim of fraud, unauthorized practice of law or other injury.

\_\_\_\_\_  
**(Client)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Client)**

\_\_\_\_\_  
**(Date)**

**THIS CONTRACT IS NOT VALID OR BINDING UNTIL THE LEGAL DOCUMENT ASSISTANT HAS GIVEN ALL CLIENT PARTIES A FULLY EXECUTED COPY OF IT, INCLUDING AN ACCURATE TRANSLATION OF IT IN ANY LANGUAGE OTHER THAN ENGLISH THAT THE CLIENT UNDERSTANDS AND THAT WAS PRINCIPALLY USED IN ANY ORAL SALES PRESENTATION OR NEGOTIATION LEADING TO EXECUTION OF THE CONTRACT.**

Authority cited: The use of this contract is required by Section 6410 of the California Business and Professions Code. Reference: Sections 6401.6, 6402, 6405, 6408, 6409, 6410, 6411, Business and Professions Code. The standard form of this contract is mandated by the California Department of Consumer Affairs, California Administrative Code title 16, § 3950.

NOTE: I am a member of the California Association of Legal Document Assistants, Inc. (CALDA), which promotes and encourages high standards of ethical and professional conduct by its members. CALDA has a Dispute Resolution Process which is designed to resolve disputes between consumers and CALDA member LDAs. You may learn more about this process by visiting [www.calda.org](http://www.calda.org) in the Board of Directors/"Code of Ethics" tab.

How did you find out about us?

\_\_\_\_\_



LDA PRO

## Credit Card Authorization Form

Name On Credit Card \_\_\_\_\_

Credit Card Type: VISA [ ] MASTERCARD [ ] AMEX [ ] DISCOVER [ ]

### CREDIT CARD INFORMATION

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### AUTHORIZATION OF CARD USE

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby authorize LDA to charge my card in the amount of:

\$ \_\_\_\_\_