



DISSOLUTION, LEGAL SEPERATION, ANNULMENT QUESTIONNAIRE

Please complete this questionnaire to the best of your knowledge and as much as possible.

We will contact you if there's any items left blank that require a response.

SECTION 1: TYPE OF CASE (Check One)

- New Divorce
- Finish Existing Divorce
- New Legal Separation
- Finish Existing Legal Separation

Please Check One: Reason of Divorce / Separation:

Dissolution of marriage based on (check one, if applicable)

- Irreconcilable Differences (Family Code Section 2301 (a))
- Incurable Insanity (Family Code Section 2310 (b))

Nullity of Void marriage based on (check one, if applicable)

- Incestuous Marriage (Family Code Section 2200)
- Bigamous Marriage (Family Code Section 2201)

Nullity of Voidable marriage based on (check one, if applicable)

- Petitioner's age at time of Marriage (Family Code Section 2210 (a))
- Prior Existing Marriage (Family Code Section 2220 (b))
- Unsound Mind (Family Code Section 2220 (c))
- Fraud (Family Code Section 2220 (d))
- Force (Family Code Section 2220 (e))
- Physical Incapacity (Family Code Section 2220 (f))

Legal Separation based on (check one if applicable)

- Irreconcilable Differences (Family Code Section 2301 (a))
- Incurable Insanity (Family Code Section 2310 (b))

- *Please send a copy of your:* California Driver's License or Identification Card and two most recent paycheck stubs, if currently employed.
- *Only for an existing case provide a copy of the:* Summons, Petition, Proof of Service of Summons, and/ or any other documents filed with the court.

SECTION 2: PETITIONER'S INFORMATION: (Person Filing)

Name: _____

Address: _____

_____ How

long have you had resided in current county? _____ How long

have you resided in the State of CA? _____

Phone: _____ Email: _____

Do you want your personal address / phone confidential? **Yes []** **No []** Date

Of Birth: _____ Age: _____

Active Military: **Yes []** **No []**

Name & Address of Your Employer:

_____ Your

Occupation: _____

Gross Monthly Earnings: \$ _____

Do you Rent or Own? _____

How much is your Rent Or Mortgage Payment? \$ _____

If Mortgage - Principle and Interest Payment? \$ _____

Check One: Do you receive any of the following types of AID? Yes [] No []

CalWORKS (AFDC), SSI, SSP, Food Stamps, General Relief (G.R.) OR General Assistance (G.A.) SSA,

Disability, Pension, VA Compensation, Worker's Comp, Retirement, Unemployment

Highest year of education: _____

Total of minor children from other relationships you legally support? _____

Is Wife currently pregnant? **Yes** [] **No** []

Total number of minor children born prior to marriage with spouse: _____

Has a Voluntary Declaration Of Paternity been signed? **Yes** [] **No** []

Is this an Agreed Divorce or Separation? Check Yes or No:

Yes [] My spouse and I expect to agree to the terms and conditions of our divorce.

No [] My spouse and I do not have an agreement and the proceeding may be contested.

Previously filed for a Divorce of this marriage? **Yes** [] **No** []

Date of Marriage: _____ Years _____ Months

Approximate Date of Separation: _____

Do you want to return to your former name? (if applicable) **Yes** [] **No** [] If

yes, what's your former name? _____

Current Employer _____

Past Employer (If Not Employed) _____

Start - End Dates: _____

LIST ALL PERSONS / MINOR CHILDREN LIVING IN YOUR HOME AND THEIR INCOME:

Name	Child Birth Place	Age / Child DOB	SSN Child	Relationship	Gross Income

SECTION 3: RESPONDENT'S INFORMATION: (Spouse's Information, Write UNKOWN, if unsure)

Name: _____

Address: _____

How long has he / she resided in current county? _____

How long has he / she resided in the State of CA? _____

Phone: _____

DOB: _____ Age: _____

Active Military: Yes [] No []

Name & Address of Respondent's Employer:

Respondent's Occupation: _____

Gross Monthly Earnings: \$ _____

RESIDENCY REQUIREMENTS: (check applicable) Wife Husband

Has resided in California for at least 6 months and in this county for at least 3 months.

IF NO MINOR CHILDREN SKIP TO: SECTION 6 -2. – SPOUSAL SUPPORT

SECTION 4: CUSTODY ISSUES: (Decide how you wish to split custody of your minor children with your spouse.)

Legal (Legal Decisions) Petitioner Respondent Joint Other

Legal Custody: Parent (s) have the right and responsibility to make decisions relating to the child's health, education, and welfare.

Physical (Residence) Petitioner Respondent Joint Other

Physical Custody: Child lives with and be under the supervision of the parent, subject to the power of the court to order visitation for the other parent.

Primary Caretaker: Petitioner Respondent Joint Other

Primary Caretaker: Often used instead of using the term "Sole Physical Custody" as it has a similar legal meaning but doesn't have the implication that only one parent has the child.

LOCATION OF YOUR CHILDREN FOR THE LAST 5 YEARS:

From – To	Person’s Name	Address	Lived With

Have you participated as a “party” or a “witness,” or in some other capacity in another litigation or custody action in CA or elsewhere, about custody of a child in this legal action?

No Yes If yes, name of child: _____

Capacity of declaring person: party witness other

Court name, location: _____ Case No. _____

Court judgment date: _____

Do you have information about a custody action pending in CA or any other court about a child in this legal action, other than the above?

No Yes If yes, Name of child: _____

Kind of proceeding: Legal Separation guardianship adoption other

Case No. _____ Court Name, location: _____

Status: _____

Do you know any person who is NOT a party to this legal action who has physical custody, claims to have custody of or visitation rights with any child of this legal action?

No Yes

If yes, Name, address of person who has physical custody claims custody rights

claims visitation rights of child:

#1 _____

#2 _____

SECTION 5 - VISITATION TERMS: (Which times, days, weeks, weekends, holidays, other such times as agreed between the parties. Be specific.) (If no visitation to the other party, explain in detail as to why and be prepared to submit valid written documentation. If you want the other party to have supervised Visitation, explain in detail as to why and be prepared to submit valid written documentation.)

VISITATION TO: PETITIONER RESPONDENT JOINT NONE (Explain below)
 CHECK HERE IF VISITATION IS TO BE OPEN AND UNSPECIFIED

CHILDREN'S HEALTH INSURANCE:

Medical Insurance for minor children, if any, is provided: Wife's Employer Husband's Employer Healthy Families

Name & address of the insurance company

Dental Insurance for minor children, if any, is provided: Wife's Employer Husband's Employer Healthy Families

Name & address of the insurance company

If you do NOT receive State aid, do you want your spouse to share the medical / dental costs of the minor (s)? **Yes** **No** What percentage? 50/50 Other

Do you have extraordinary health care expenses or unusual health care costs? **Yes** **No**

How much: \$_____ Describe: _____

TRANSPORTATION COSTS:

Do you want your spouse to share 50% of transportation costs between visitation / custody periods? **Yes** **No**

SECTION 6: CHILD / FAMILY / SUPPORT: (If you ARE receiving State Aid, support is mandatory through the Dept of Child Support Services) Are there any existing orders in other proceedings regarding Child Support? Yes No

If yes, please explain terms of order:

If there have been no previous orders and you are NOT receiving State Aid:

SECTION 6 – 1 CHILD SUPPORT

Do you want child support? Yes No Reserve

Support is to be based upon: Guideline support Agreed Amount \$ _____

Children living with: Father _____% Mother _____% Other _____%

Which county? _____

Payment once per month 2x per month

Do you want family support (combined child/ spousal support)?

Yes No Reserve

SECTION 6 – 2 SPOUSAL SUPPORT:

Do you want spousal support?

Yes No Reserve

Support is to be based upon: Guideline Support Agreed amount \$ _____

Payment once per month 2x per month Weekly

What day of the month? _____

Do you want a Notarized Stipulation Agreement? Yes No

(We always recommend a Notarized Stipulation Agreement if either spouse owns Retirement and / or Real Property. You can also choose to pursue an uncontested divorce based on a default judgment. However, a default judgment can be overturned or argued later by the other party. A notarized stipulation agreement helps to avoid any potential conflicts arising in the future.)

SECTION 7 – JOINT / COMMUNITY / QUASI – COMMUNITY PROPERTY:

REAL PROPERTY: Answer ALL the following questions concerning real property below: List all REAL PROPERTY (Real Estate = LAND, HOUSES, MOBILE HOMES, RENTALS, ETC.):

- Our real property should be divided as indicated on this page
- There is no real property to divide but there are other assets to divide
- There is no real or personal property to divide

Property No. 1: In whose name (s) is the Title:

Current Debt: \$ _____ Present Value: \$ _____

House to be sold? Yes No

Which party will live in property until close of escrow? _____

Is this a rental? Yes No Rental amount: \$ _____

What is the agreement regarding debt servicing (who will pay the mortgage, etc.) maintenance and upkeep prior to sale of property? _____

List the conditions concerning the disbursement of property:

Do you want this office to prepare an INTER-SPOUSAL TRANSFER GRANT DEED for this property? Yes No (This service carries an additional charge per Deed, plus Notary fee.) If so, it is necessary to present a copy of the last recorded Deed in your name. Current identification will be necessary at the signing of the new Deed.

Property No. 2: In whose name (s) is the Title:

Current Debt: \$ _____ Present Value: \$ _____

House to be sold? Yes No

Which party will live in property until close of escrow? _____

Is this a rental? Yes No Rental amount: \$ _____

What is the agreement regarding debt servicing (who will pay the mortgage, etc.) maintenance and upkeep prior to sale of property? _____

List the conditions concerning the disbursement of property:

Do you want this office to prepare an INTER-SPOUSAL TRANSFER GRANT DEED for this property? Yes No (This service carries an additional charge per Deed, plus Notary fee.) If so, it is necessary to present a copy of the last recorded Deed in your name. Current identification will be necessary at the signing of the new Deed.

**If additional real property, please attach a separate piece of paper and provide the information requested above for each property.*

[] Check here if there is no community property (personal property) to divide.

DIVISION OF ASSETS: Please list how you would like your assets to be divided.

Indicate their estimated value. DO NOT INCLUDE REAL ESTATE OWNED. Please include:

Bank accounts and investments (checking, savings, IRA's, pensions, annuities, 401k, stock, bonds, etc. **Automobiles:** Autos, trailers, motorcycles, planes, boats, quads. **Household Items:** (household furniture, furnishings, appliances, linens, blankets, curtains, pictures, etc.) **Collector items** (coins, stamps, guns, antiques, art, etc.) **Other:** (Jewelry, tools, outdoor maintenance equipment, recreational, and camping supplies, etc.)

PERSONAL PROPERTY TO PETITIONER:

Description of Item	Value

DIVISION OF ASSETS

PERSONAL PROPERTY TO RESPONDENT:

Description of Item	Value

RESPONDENT'S SEPARATE ASSETS AND / OR DEBTS (DESCRIPTION)	VALUE (ASSETS ONLY)	LOAN BALANCE / AMOUNT OWED

WAIVER OF COURT FEES: Do you qualify for a waiver of the court filing fee?

Visit <http://www.courts.ca.gov/documents/fw001.pdf>

Yes [] No [] If yes, do you want us to prepare a Fee Waiver Application and Order? Yes []

LDA - NON ATTORNEY - 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 has been 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.

Date: _____ 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 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

**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

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 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:

\$ _____