

Telephone Numbers(including area codes):

Home: _____

Work: _____

Cellular: _____

Other: _____

Closest relative: _____
name and relationship

_____ street address including apartment# if applicable

_____ city/suburb county state zip

Telephone Numbers(including area codes):

Home: _____

Work: _____

Cellular: _____

Other: _____

Rate your health: Good: _____ Fair: _____ Poor: _____

Physician's name: _____

Under treatment for: _____

PRESENT MARRIAGE

Date of marriage: _____

Place of marriage: _____
city county state

Were you previously married? Yes No

If so, when and where was your marriage dissolved? _____

(continued from previous page YOUR INFORMATION)

Date of dissolution: _____

Place of dissolution: _____
city county state

Are you receiving or paying any money for the support of children of a former marriage?

If so, are you: Yes No
 Receiving Paying

Number of children: _____ Amount: \$ _____

Are any arrearages due for support? Yes No

If so, amount: \$ _____

Are you receiving from or paying maintenance to previous spouse? Yes No

If so, are you: Receiving Paying

Amount: \$ _____ per _____

Arrears: \$ _____

SPOUSE

Name of spouse: _____
 first middle last

Age and date of birth: _____

Religion and ethnic origin: _____

Education: _____

Length of time resident in Arizona: _____

Present address:

_____ street address including apartment# if applicable

_____ city/suburb county state zip

Living with: _____

Living at: _____

Physical or emotional disabilities of children: _____

CHILDREN OF PREVIOUS MARRIAGES

	full name	birth date	age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

With whom are they living? _____

Who has legal custody of these children? _____

Do any of the children have income? Yes No

ADDITIONAL INFORMATION

Are you (or your wife) pregnant or could you (or your wife) be pregnant? Yes No

Are the parties in the same home? Yes No

If not, date of separation: _____

Previous separations: _____

Date started: _____

Date ended: _____

(continued from previous page ADDITIONAL INFORMATION)

Previous court action:

Date filed by attorney: _____

Dismissed? Yes No

Do you consider your marital problems irreconcilable? Yes No

Have you had marriage counseling? Yes No

If so, when? _____

Name of counselor: _____

Address: _____

Phone: _____

Professional affiliation of counselor: _____

Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a marriage dissolution, would be helpful? Yes No

Does your spouse have a girl/boy friend? Yes No

If yes, give name, age, and address: _____

Do you have a girl/boy friend? Yes No

If yes, give name, age, and address: _____

Do you have reason to believe there will be a dispute as to the custody of your minor children?

Yes No

If so, why?: _____

Who is, or is likely to be, your spouse's attorney? _____

Do you wish to have your former name restored? Yes No

If so, what is your former name? _____

FINANCIAL INFORMATION

Husband (fill out either (1) or (2), or both, as applicable)

(1) Employment

Employed by: _____ for _____ years

Address: _____

Phone: _____

Occupation: _____

Gross salary: \$ _____ per _____

Bonus: \$ _____ per _____

List all deductions from gross:

Federal tax: \$ _____

State tax: \$ _____

FICA: \$ _____

Other: \$ _____ Purpose: _____

\$ _____ Purpose: _____

Net salary (take home): \$ _____ per _____

Social security number: _____

Number of exemptions claimed for withholding purposes: _____

Commission: _____ Expense account: _____

Profit sharing: _____ Stock interest: _____

Savings plan: _____ Pension plan: _____

What other benefits are provided by the employer? _____

Does husband also do any additional part-time work? Yes No

Explain: _____

(2) Business

Name of company: _____

Address: _____

Phone: _____

Service or product: _____

Date acquired: _____ Cost of investment: _____

Position held: _____

Other partners: _____

Stock interest: _____ Number of shareholders: _____

Directors/officers: _____

Spouse's interest: _____

Wife (fill out either (1) or (2), or both, as applicable)

(1) Employment

Employed by: _____ for _____ years

Address: _____

Phone: _____

Occupation: _____

Gross salary: \$ _____ per _____

Bonus: \$ _____ per _____

List all deductions from gross:

Federal tax: \$ _____

State tax: \$ _____

FICA: \$ _____

Other: \$ _____ Purpose: _____

\$ _____ Purpose: _____

Net salary (take home): \$ _____ per _____

Social security number: _____

Number of exemptions claimed for withholding purposes: _____

Commission: _____ Expense account: _____

Profit sharing: _____ Stock interest: _____

Savings plan: _____ Pension plan: _____

What other benefits are provided by the employer? _____

Does husband also do any additional part-time work? Yes No

Explain: _____

(2)Business

Name of company: _____

Address: _____

Phone: _____

Service or product: _____

Date acquired: _____ Cost of investment: _____

Position held: _____

Other partners: _____

Stock interest: _____ Number of shareholders: _____

Directors/officers: _____

Spouse's interest: _____

Are there any child care costs incurred while the parents work? Yes No

If so, amount: \$ _____

Spouse's previous work history and skills, including approximate dates: _____

If no answers to previous questions, what has spouse done or what is spouse capable of doing to help support himself/herself?

Do you receive or does your spouse receive any financial assistance from a welfare department, social security, unemployment compensation, etc.? Yes No

If so, amount: \$ _____

From whom? _____

For whom? _____

Do you receive or does your spouse receive pension, disability, or retirement payments from the Veterans Administration, from a former employer, or from any other source? Yes No

If so, amount: \$ _____

From whom? _____

For whom? _____

ASSETS

Homestead:

Address: _____
street address including apartment# if applicable

city/suburb	county	state	zip
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Is this homestead abstract property or torrens property? _____

Plat number: _____ Parcel number: _____

Legal description: _____

Date purchased: _____ Price: \$ _____

In name of: _____

Present mortgage balance: \$ _____

Payable: \$ _____ per _____

Name and address of contract for deed holder: _____

Your market value of property: \$ _____

Approximate equity: \$ _____

Real estate taxes: \$ _____

Insurance: \$ _____

Included in house payment? Yes No

House payments are in arrears by: \$ _____

Taxes are in arrears by: \$ _____

Date, type, and cost of any major improvements since purchase: _____

OTHER REAL ESTATE

Location: _____

Type: _____

Legal description: _____

Date purchased: _____ Price: \$ _____

In name of: _____

Approximate present value: \$ _____

Approximate present equity: \$ _____

Mortgage balance: \$ _____

Payable: \$ _____ per _____

Taxes: \$ _____

Contract for deed balance: \$ _____

Payable: \$ _____ per _____

Any rental income from property?: Yes No

If yes, state amount: \$ _____

List any additional real estate below: _____

OTHER PERSONAL ASSETS

Savings account or savings certificates at: _____

Approximate balance: \$ _____

In name of: _____

Checking account at: _____

Approximate balance: \$ _____

In name of: _____

Stocks:

Company name: _____

Number of shares: _____ Value: \$ _____

In name of: _____

Company name: _____

Number of shares: _____ Value: \$ _____

In name of: _____

Bonds:

Type: _____

In name of: _____

Value: \$ _____

Bonds (continued):

Type: _____

In name of: _____

Value: \$ _____

Do you or your spouse have any money or property held by others? Yes No

If yes, give details: _____

At the time of marriage, did you or your spouse have money or property in excess of \$1,000?

Yes No

If yes, explain: _____

What part, if any, of your marriage estate was received by you or your spouse by inheritance, gift, or damages resulting from personal injury claims (state by whom received, from whom received, nature, and date received): _____

Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved): _____

Life Insurance Privately Obtained

Policy number: _____

Company: _____

On life of: _____ for _____

Beneficiary: _____

Yearly premium: \$ _____

Cash surrender or loan value: \$ _____

Life Insurance Through Employer

Describe any life insurance you or your spouse has through an employer or labor union, in the same terms as above, if possible: _____

Policy number: _____

Company: _____

On life of: _____ for _____

Beneficiary: _____

Yearly premium: \$ _____

Cash surrender or loan value: \$ _____

Medical Insurance

Check any of the following that are applicable:

Medical _____ Hospital _____ Major medical _____

Dental _____ Glasses _____

Provided by employer or labor union

Cost to you: \$ _____ Cost to spouse: \$ _____

Purchased privately By whom? _____

Cost: \$ _____

If any of the above insurance does not cover the entire family, explain: _____

Individual Retirement Trust Account

For yourself: Name of institution deposited with: _____

Amount currently on deposit: \$ _____

For your spouse: Name of institution deposited with: _____

Amount currently on deposit: \$ _____

Automobiles or Other Motor Vehicles

Husband: Year _____ Make _____ Model _____

In name of: _____

Security interest: \$ _____ payable \$ _____ per _____

Wife: Year _____ Make _____ Model _____

In name of: _____

Security interest: \$ _____ payable \$ _____ per _____

List and describe, including approximate value and encumbrances, any boats, motors, trailers, motorcycles, snowmobiles, campers, or other motor vehicles: _____

Furniture

General description: _____

Security interest: \$ _____ payable \$ _____ per _____

Antiques

General description: _____

Security interest: \$ _____ payable \$ _____ per _____

Tools and Yard Equipment

General description: _____

Approximate value: \$ _____

DEBTS

Give name of creditor, purpose of debt or for whom, present balance, monthly payment, whose obligation (husband, wife, joint)

	<u>Name</u>	<u>Purpose</u>	<u>Balance</u>	<u>Payment</u>	<u>Whose</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

List credit cards you have, in whose name, how many cards and balance

	<u>Name</u>	<u>Balance</u>	<u>Payment</u>	<u>Whose</u>
1.				
2.				
3.				
4.				
5.				

SERVICE

Please give an accurate physical description of your spouse (e.g., height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname). This information is necessary in order to ensure prompt service of papers on your spouse. Also, attach a recent photograph of your spouse if you have one.

Give make, model, year, color, and license number of car your spouse is driving: _____

When and where should dissolution papers be served on your spouse? _____

NOTE

In the event you must be reached by this office on short notice, give the name, address, and telephone number of the person most likely to know how you can be reached: _____

What do you consider as a fair (not what you want) award of property and support money from the assets and earnings of the parties? Describe by item:

PROPERTY: _____

SPOUSAL SUPPORT (FORMERLY CALLED ALIMONY): _____

SUPPORT FOR CHILDREN: _____

What do you consider the monetary value of all of the assets you and your spouse own? (market or cash value minus indebtedness):

FUTURE ESTIMATED MONTHLY LIVING EXPENSES

Rent, mortgage, or contract for deed payment: \$ _____

Taxes: \$ _____

Insurance: \$ _____

Furniture rental; \$ _____

Utilities

Heat and fuel: \$ _____

Water: \$ _____

Electricity: \$ _____

Gas (if separate from heat): \$ _____

Laundry and dry cleaning: \$ _____

Child support or spousal maintenance from previous marriage: \$ _____

Home maintenance: yard, repair, decorating: _____

Food and household items (meals eaten out): \$ _____

Payment of present indebtedness: \$ _____

Automobile: \$ _____

Gas and oil: \$ _____

Repairs: \$ _____

License and insurance (half): \$ _____

Installment payments: \$ _____

Personal

Grooming: \$ _____

Clothing: _____

Personal (continued):

Medical:

Doctor: \$ _____

Dentist: \$ _____

Drugs: \$ _____

Insurance:

Life: \$ _____

Medical: \$ _____

Miscellaneous

Dues: union or professional: \$ _____

Social obligations: \$ _____

Church or other donations: \$ _____

Newspapers and magazines: \$ _____

Entertainment and recreation: \$ _____

Other: _____ \$ _____

Children (number ____)

Clothing: \$ _____

Grooming \$ _____

Education: books, tuition: \$ _____

school activities: \$ _____

transportation: \$ _____

lunches: \$ _____

Medical: doctor: \$ _____

Dentist: \$ _____

Drugs: \$ _____

Children (continued):

Personal allowance: \$ _____

Babysitting: \$ _____

Visitation expenses: \$ _____

Entertainment, food, transportation: \$ _____

TOTAL ESTIMATED MONTHLY LIVING EXPENSES: \$ _____

DOCUMENTS, INSTRUMENTS, AND DATA NECESSARY
FOR DISSOLUTION PROCEEDINGS

A complete picture of the assets and income of you and your spouse is absolutely necessary, and by providing us with the information and items requested below, you will save time and money and assist us in preparing the necessary legal papers. In addition, possession of this information and these items will help in preventing your spouse from dissipating or secreting any assets.

The following items should be supplied to our office as soon as possible.

1. Your paycheck stubs from January 1 of the current year, if possible. Paycheck stubs for the last three months are required.
2. Your spouse's paycheck stubs, if you can get them, from January 1 of the current year, if possible, and at least for the last three months.
3. Copies of your joint or individual income tax returns, both state and federal, for the past three years.
4. Deeds, abstracts, and torrens certificates showing the legal description of your homestead and any other real estate owned by you or your spouse, individually or jointly. Secure these from your mortgage company or lending institution if you do not have them.
5. Mortgage or contract-for-deed balance on homestead and any other real estate. Bring the last monthly mortgage payment statement if you have one.
6. All papers and documents covering the initial purchase of your homestead, including purchase agreement.
7. Tax assessor's statements on homestead and other real properties.
8. Savings passbooks and savings certificates of individual or joint accounts held by you and/or your spouse.
9. List of corporate stocks and/or stock certificates, if possible, owned by you and your spouse, individually or jointly. Also, give name of broker or brokers.
10. Current life insurance policies, with statements of loans against them.
11. A list of the outstanding bills of you and your spouse and for whom and when incurred, amount still owed, name of creditor, and original amount.
12. A copy of any pension or retirement programs, profit-sharing or investment programs you or your spouse are involved in through employment, and records of any savings account reflecting your and your spouse's Individual Retirement Account (IRA).
13. Title or registration cards to all automobiles or other motor vehicles owned by you or your spouse, individually or jointly.
14. A copy of any financial statements or statements of net worth prepared by you or your spouse for the purpose of securing bank loans or for any other purpose.
15. Any other information that will help establish your net worth, your spouse's net worth, your joint net worth, your income, and your spouse's income.
16. Any pleadings and legal papers in your possession relating to this action, any other dissolution (divorce) proceeding, or any other legal proceeding involving you or your spouse.
17. Any social security records or documents reflecting your or your spouse's earnings and qualifications for retirement benefits.