

DIVORCE or LEGAL SEPARATION with CHILDREN INFORMATION INTAKE FORM**CLIENT (PETITIONER) INFORMATION**FULL LEGAL NAME [] MALE [] FEMALE

ADDRESS

CITY, STATE, ZIP

BEST PHONE NO.

SECOND PHONE NO.

BIRTHDAY

SS NO.

OCCUPATION (JOB TITLE)

LENGTH OF TIME IN ARIZONA SINCE LAST RETURNED
TO STATEACTIVE MILITARY MEMBER?
[] YES [] NO**NON-CLIENT (RESPONDENT) INFORMATION**

FULL LEGAL NAME

ADDRESS

CITY, STATE, ZIP

BIRTHDAY

SS NO.

OCCUPATION (JOB TITLE)

LENGTH OF TIME IN ARIZONA SINCE LAST RETURNED
TO STATEACTIVE MILITARY MEMBER?
[] YES [] NO

DATE, CITY, STATE OF MARRIAGE

AN ADDITIONAL CHARGE OF \$225 WILL BE REQUIRED FOR A COURT APPEARANCE FEE IF THE WIFE IS
NOT THE CLIENT/PETITIONER AND WISHES TO RETURN TO HER FORMER NAME.

DOES THE WIFE WISH TO RETURN TO FORMER NAME? [] YES [] NO

IF YES, WHAT IS THE WIFE'S **FULL** LEGAL FORMER NAME?

IS THE WIFE PREGNANT? [] YES [] NO IF YES, DUE DATE?

IF YES, IS THE BABY THE HUSBAND'S? [] YES [] NO

SPOUSAL MAINTENANCE TO BE PAID? [] YES [] NO IF YES, WHO PAYS?

HOW MUCH?

HOW LONG?

ASSETS CHECK LIST[] REAL PROPERTY (HOME), LAND, MANUFACTURED HOME ATTACHED TO LOT. **WE WILL NEED THE
ADDRESS AND LEGAL DESCRIPTION AS IT READS ON THE DEED IN PARAGRAPH FORM**

[] PETITIONER

[] RESPONDENT

[] VEHICLES (cars, trucks, boats, motorcycles, trailers, etc.) YEAR, MAKE, MODEL, VIN

[] PETITIONER

[] RESPONDENT

[] OTHER ASSETS (sm. business, timeshare, rental property) NAME, ADDRESS, NUMBER

[] PETITIONER

[] RESPONDENT

DEBTS CHECK LISTWe are happy to list your debts (credit cards, student loans, medical/dental bills, etc.) if you desire,
however, even if we list them, the creditors may still attempt to collect debts that are in default. Also, if
we do list the debts, once the matter is final, the debt information does become public record.

[] PETITIONER

[] RESPONDENT

MINOR CHILDREN INFORMATION *(INVOLVED WITH THIS MATTER ONLY)*

Use the back of this form for additional children information.

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

FULL LEGAL NAME

BIRTHDAY

SS NO.

CITY AND STATE OF BIRTH

OTHER MINOR CHILDREN INFORMATION *(NOT INVOLVED WITH THIS MATTER)*

Use the back of this form for additional children information.

PETITIONER

FULL LEGAL NAME

BIRTHDAY

SS NO.

FULL LEGAL NAME

BIRTHDAY

SS NO.

RESPONDENT

FULL LEGAL NAME

BIRTHDAY

SS NO.

FULL LEGAL NAME

BIRTHDAY

SS NO.

CHILD SUPPORT CALCULATION INFORMATION

CLIENT IS PETITIONER or RESPONDENT

PETITIONER IS FATHER MOTHER RESPONDENT IS FATHER MOTHER

PARENT WITH PRIMARY PHYSICAL CUSTODY OR SOLE LEGAL CUSTODY FATHER MOTHER

GROSS INCOME Use Either: 1) Yearly Salary ÷ 12; 2) Hourly Wage x 40 Hours per Week x 4.33 weeks per month or 3) Hourly Wage x 40 Hours per Week x 52 Weeks per year ÷ 12 months per year.	FATHER	MOTHER
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Father's Calculation:	\$	
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Mother's Calculation:		\$
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SPOUSAL MAINTENANCE please indicate if paid (-) or received (+)	\$	\$
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OTHER COURT ORDERED CHILD SUPPORT paid	\$	\$
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OTHER CHILDREN with another relationship		
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NUMBER OF MINOR CHILDREN in this matter		
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NUMBER OF MINOR CHILDREN 12 AND OVER		
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MEDICAL/DENTAL/VISION PREMIUMS for the children's portion only. The difference between what Employee would pay out of pocket for Employee ONLY and what Employee pays out of pocket for Employee plus children divided by members covered times number of minor children.	MEDICAL	\$	\$
	DENTAL/ VISION	\$	\$

MONTHLY CHILD CARE AMOUNT (Sometimes different in summer. 36 school weeks ~ 13 summer weeks ~ 3 other weeks) YEARLY AMOUNT ÷ 12 for MONTHLY AMOUNT.	\$	\$
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EXTRA EDUCATION COSTS tutoring or private school upon agreement of parents.	\$	\$
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EXTRAORDINARY/SPECIAL NEEDS EXPENSES ongoing fixed medical treatment, medicines, or special needs situations for the child/ren.	\$	\$
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PARENTING TIME DAYS ~ "One day" means more than 12 continuous and consecutive hours or an overnight. "One-half day" means greater than 4 and up to and including 12 continuous and consecutive hours. "One-quarter day" means up to and including 4 continuous and consecutive hours. Actual time is calculated taking into consideration either the current court order, historical practice, or unreasonable restrictions placed on parenting time by the primary custodial parent.

COUNT THE NORMAL WEEKS PER YEAR Weeks per year = 52, Subtract Summer weeks (-), Subtract Holiday weeks (Christmas/Winter Break, Easter/Spring Break) (-), **TOTAL 'Normal' weeks per year (=)**

ADD THE DAYS		
Add Summer Days (Summer weeks x 7) (+).....		_____
Add Holiday Days (add 5-10 average) (+).....		_____
Add Every other weekend (normal weeks ÷ 2 x 2) (+).....		_____
Add One evening every week less than 4 hours (normal weeks x .25) (+).....		_____
TOTAL days per year (=)		_____

UNINSURED MEDICAL/DENTAL/VISION EXPENSES RESPONSIBILITY PERCENTAGES (Co-pays, Deductibles, Braces or any other expenses not covered by insurance) [%___] FATHER [%___] MOTHER

PARENTING TIME (VISITATION) RELATED TRAVEL EXPENSES (applicable when the parents live more than 100 miles from each other) [%___] FATHER [%___] MOTHER

CLAIMING THE CHILD(REN) AS TAX EXEMPTIONS (should be an allocation of the federal tax exemptions applicable to the minor child(ren) which as closely as possible approximates the percentages of child support being provided by each of the parents) Four (4) choices, complete ONLY ONE choice.

1) FATHER claims all every year; 2) MOTHER claims all every year;

3) FATHER claims all every even odd year AND MOTHER claims all every even odd year.

4) FATHER claims ___ child(ren) every year and MOTHER claims ___ child(ren) every year.