

# Divorce Questionnaire

For Any Divorce

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## Process

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In order for us to process your paperwork, we will need you to complete this questionnaire. This questionnaire is structured for any divorce. Please leave blank all items that do not apply (for example if you do not have children leave this section blank). You should save this questionnaire to your desktop or somewhere on your computer that you can easily find. Once you complete the questionnaire, you can return it by ONLINE SUBMISSION or by printing and MAILING TO: 116 S.E. MAGNOLIA EXTENSION, OCALA, FLORIDA 34471, FAXING TO: 1-800-706-9563, or EMAILING TO: SUPPORT@COURTSOURCE123.COM

### *Fees:*

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The filing fees for this process varies from state to state and in some instances, counties have different filing fees. You should call the clerk of the court in your county to verify the exact fees, view our website or call us at (352) 897-6500.

### *Questions while completing this questionnaire:*

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If you have any questions while completing the questionnaire, please do not hesitate to contact us, either through the chat located on any page of the website or by calling us at (352) 897-6500.

**Throughout this questionnaire**, you will see sections as the one below this paragraph. They are for you to add any additional information you think we should know regarding the section of the questionnaire you are working on. Feel free to use them to add additional information or leave us comments to help us improve on our questionnaire.

Additional info add here:

### *Please select which county you will be filing in:*

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Please tell us which county you want to file in:

### *How would you like us to return your documents?*

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- Return to you by Priority Mail
- Return by secure/encrypted email

# Divorce With Dependent Children Questionnaire OR Property OR

No Children or Property (leave blank any section that doesn't apply)

*Please select party to be Petitioner:*

Who will be the petitioner? ( <input type="checkbox"/> ) Wife ( <input type="checkbox"/> ) Husband	Will both parties be signing the documents? ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
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## Wife Information:

First Name			
Middle Name			
Last Name			
Maiden Name			
Does she want to change her name?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No		
Print full name to change to:			
Social Security Number			
Driver's License Number		State	
Telephone Number	(    )		
E-mail Address			
Date of Birth mm/dd/yyyy			
State of Birth			
Is wife pregnant?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No		
Is wife in the military?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No		
Additional info add here:			

## Wife's Address:

Address		County	
City		State	
		Zip Code	

## Wife's Mailing Address:

Is street address different from mailing address?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No		
Address		County	

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City		State		Zip Code	
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## Husband Information:

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First Name					
Middle Name					
Last Name					
Social Security Number					
Driver's License Number		State			
Telephone Number	( )				
E-mail Address					
Date of Birth mm/dd/yyyy					
State of Birth					
Is husband in the military?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No				
Additional info add here:					

### *Husband's Address:*

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Address				County	
City		State		Zip Code	

### *Husband's Mailing Address:*

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Is street address different from mailing address?	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No				
Address				County	
City		State		Zip Code	

## Employment Information:

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### *Wife's Employment*

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Occupation or Position Title	
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Name of Company					
Address					
City		State		Zip Code	
Telephone Number	( )				

## Husband's Employment

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Name of Company					
Address					
City		State		Zip Code	
Telephone Number	( )				

## Relationship Information:

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Did the parties reside in Florida during the last 6 months? ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	
Have you or your spouse filed for divorce in this marriage before? ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	
Date of Marriage mm/dd/yyyy	
City of Marriage	
State of Marriage	
County of Marriage	
The date of separation is the date on which you decided your marriage ended and stopped living as husband and wife. This means a physical separation - not a legal one. You can be separated and still occupy the same residence as long as it is clear that you have decided to terminate the marriage.	
Are the parties separated? ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	
Date of Separation mm/dd/yyyy	
If you entered a separation date check all that apply towards date entered:	
	( <input type="checkbox"/> ) the parties moved into separate residences
	( <input type="checkbox"/> ) the parties divided their assets and liabilities
	( <input type="checkbox"/> ) separation will be the day petitioner files this petition.
	( <input type="checkbox"/> ) both parties agreed is the date of separation
	other:
Did the parties ever reside in Florida while married? ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	

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Select all that apply:

<input type="checkbox"/>	your spouse is currently residing in Florida.
<input type="checkbox"/>	you and your spouse lived in Florida during your marriage and you continue to reside in Florida.
<input type="checkbox"/>	you are a member of the armed forces stationed in this state.
<input type="checkbox"/>	you are a member of the armed forces and consider Florida your home state.
<input type="checkbox"/>	you and your spouse conceived a child while with Florida.
Additional info add here:	

## Dividing up Property & Debts

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IMPORTANT: You should check one or more boxes after each question in this section and fill in any blanks after the boxes, which you check. If you are describing a piece of property, be very specific so that it will not be confused with another piece of property.

***Understanding Community Property: Property and profits received by a husband and wife during the marriage, with the exception of inheritances, specific gifts to one of the spouses, and property and profits clearly traceable to property owned before marriage, all of which is separate property.***

### Part A:

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Has all property in this section "Part A" already been divided? If yes, then skip to "PART B".	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional info add here:	

### ***Section 1: FURNITURE, DISHES, SILVERWARE, TOOLS, CLOTHING, AND JEWELRY***

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"We have already divided these items, and the husband and wife should keep what each now has in his or her possession." If this statement is true then answer true. If true, skip to Section 2; otherwise, select false and complete the following:		<input type="checkbox"/> True <input type="checkbox"/> False
The WIFE should receive the following furniture,	List Community Property:	List Separate Property:

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dishes, silverware, tools, clothing or jewelry in addition to that which she now has in her possession		
The HUSBAND should receive the following furniture, dishes, silverware, tools, clothing or jewelry in addition to that which he now has in his possession:	List Community Property:	List Separate Property:
Additional info add here:		

***Section 2: BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, AND SAFE DEPOSIT BOXES***

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<p>“We have already divided these items, and the husband and wife should keep what each now has in his or her possession.” If this statement is true then answer true. If true, skip to Section 3; otherwise, select false and complete the next two sections.</p>	<input type="checkbox"/> True <input type="checkbox"/> False
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***Wife's Accounts:***

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Name of Bank	Account No.	For each account listed select one or the other:	
		Community Property	Separate Property
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
Additional info add here:			

***Husband's Accounts:***

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Name of Bank	Account No.	For each account listed select one or the other:	
		Community Property	Separate Property
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
Additional info add here:			

***Section 3: AUTOMOBILES, TRUCKS, MOTORCYCLES, AND OTHER VEHICLES***

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“We have already divided these items, and the husband and wife should keep what each now has in his or her possession.” If this statement is true then answer true. If true, skip to Section 4; otherwise, select false and complete following:	( <input type="checkbox"/> ) True ( <input type="checkbox"/> ) False
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***Wife’s Community Property Vehicles:***

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Year of Vehicle	Make/Model	Type of Vehicle	License Number

***Wife’s Separate Property Vehicles:***

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Year of Vehicle	Make/Model	Type of Vehicle	License Number

***Husband’s Community Property Vehicles:***

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Year of Vehicle	Make/Model	Type of Vehicle	License Number



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## Husband's Separate Property Vehicles:

Year of Vehicle	Make/Model	Type of Vehicle	License Number
Additional info add here:			

## Section 4: TRAILERS, MOBILE HOMES, BOATS, AND AIRPLANES

"We have already divided these items, and the husband and wife should keep what each now has in his or her possession." If this statement is true then answer true. If true, skip to Section 5; otherwise, select false and complete following:

(  ) True  
(  ) False

## Wife's Community Property Vehicles:

Year of Vehicle	Make/Model	Type of Vehicle	License Number

## Wife's Separate Property Vehicles:

Year of Vehicle	Make/Model	Type of Vehicle	License Number

## Husband's Community Property Vehicles:

Year of Vehicle	Make/Model	Type of Vehicle	License Number

## Husband's Separate Property Vehicles:

Year of Vehicle	Make/Model	Type of Vehicle	License Number

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Additional info add here:			

## Section 5: LIFE INSURANCE

“Neither of us has any life insurance policies.” If this statement is true then answer true. If true, skip to Section 6; otherwise, select false and complete following:	<input type="checkbox"/> True <input type="checkbox"/> False
The HUSBAND should get the following policies.	
Life Insurance Company Name	Policy Number
The WIFE should get the following policies.	
Life Insurance Company Name	Policy Number
Additional info add here:	

## Section 6: RETIREMENT BENEFITS - PENSIONS (INCLUDING MILITARY), 401(k) PLANS, IRAs, ETC.

<b style="color: red;">Community Property.</b> Retirement benefits acquired during the marriage (pension, profit sharing, 401(k) plans, IRAs, etc.) are community property. Each spouse is entitled to half of whatever either of you acquired during the marriage and the court can split up the retirement benefits so that payments are made directly to you. You should investigate any retirement benefits to which your spouse is entitled to see if they were acquired during the marriage. You can do this by contacting the plan administrator.	
“Neither of us has any benefits.” If this statement is true then answer true. If true, skip to Section 7; otherwise, select false and complete following:	<input type="checkbox"/> True <input type="checkbox"/> False
The WIFE should receive all her retirement benefits with the following employers businesses	
Name of Benefit	Type of Benefit

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The HUSBAND should receive all his retirement benefits with the following employers businesses

Name of Benefit	Type of Benefit

**Retirement Benefits to Be Divided.** If either of you are to receive a portion of a retirement benefit earned by the other party, a special order will have to be prepared called a qualified domestic relations order (QDRO). The QDRO awards each of you a portion of the retirement benefit and directs the retirement administrator to pay that portion directly to the recipient. The QDRO will have to be submitted to the company before the divorce is final to make sure that it will be effective. The additional fee for a QDRO is from \$75, call (352) 897-6500 for a quote. If you want a retirement benefit divided, list it here.

**The Husband earned benefits with the following employer which should be divided**

Employer Name	Type of Plan
The wife should receive	(1)        % of the benefits OR        (2) \$        per month.

**The Wife earned benefits with the following employer which should be divided**

Employer Name	Type of Plan
The husband should receive	(1)        % of the benefits OR        (2) \$        per month.

Additional info add here:	
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***Section 7: STOCKS, BONDS, AND MUTUAL FUNDS NOT IN IRAs OR RETIREMENT PLANS***

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“Neither of us has any of these items.” If this statement is true then answer true. If true, skip to Section 8; otherwise, select false and complete following:	<input type="checkbox"/> True <input type="checkbox"/> False
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Wife should get the following	Husband should get the following

Additional info add here:	
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***Section 8: BUSINESS INTERESTS AND PARTNERSHIPS***

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“Neither of us has any of these items.” If this statement is true then answer true. If true, skip to Section 9; otherwise, select false and complete following:		<input type="checkbox"/> True <input type="checkbox"/> False
Wife should get the following business assets	Husband should get the following business assets	
Additional info add here:		

***Section 9: MONEY OWED TO US (FOR PROPERTY WE SOLD, LOANS, ACCIDENTS, ETC.)***

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“Neither of us has any of these items.” If this statement is true then answer true. If true, skip to Section 10; otherwise, select false and complete following:		<input type="checkbox"/> True <input type="checkbox"/> False
Wife should get the following monies	Husband should get the following monies	
Additional info add here:		

## Part B: Real Estate

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If all property in this section “PART B REAL ESTATE” has already been divided and does not require listing please select this box ( <input type="checkbox"/> ) “all property has already been divided to the satisfaction of both parties”, then skip to Part C.
IMPORTANT: You do not have to fill out this PART B if you do not own or have an option to buy any interest in real estate, and you are not buying or selling any real estate. If you do not fill out this PART B, we will assume that neither of you owns, has an option, or is buying or selling any interest in real estate.
Additional info add here:

***Part B: FIRST PIECE OF REAL ESTATE***

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Address					
City		State		Zip Code	

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Legal Description	
The WIFE should get this property and any buildings on it.	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
The HUSBAND should get this property and any buildings on it.	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No
This real estate should be distributed as follows:	

## ***Part B: SECOND PIECE OF REAL ESTATE***

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Address					
City		State		Zip Code	
Legal Description					
The WIFE should get this property and any buildings on it.	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No				
The HUSBAND should get this property and any buildings on it.	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No				
This real estate should be distributed as follows:					

## ***Part B: THIRD PIECE OF REAL ESTATE***

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Address					
City		State		Zip Code	
Legal Description					
The WIFE should get this property and any buildings on it.	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No				
The HUSBAND should get this property and any buildings on it.	( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No				
This real estate should be distributed as follows:					

## **Part C:**

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### ***Section 1: WRITTEN PRENUPTIAL OR PROPERTY DIVISION AGREEMENTS***

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( <input type="checkbox"/> )	Check if you have no written prenuptial or property settlement agreement regarding the division of your property
( <input type="checkbox"/> )	Check if you have a written prenuptial or property settlement agreement regarding the division of your property
We will contact you for further information if you have a written prenuptial.	
Additional info add here:	

## Section 2: DEBTS

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( <input type="checkbox"/> ) True	“Neither of us has any unpaid charge accounts, house payments, car payments, loans, taxes, or other debts.” If this statement is true then answer true. If true, skip to Part D; otherwise, select false and complete following:
( <input type="checkbox"/> ) False	

### Wife should pay the following:

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Company or Person whom debt is owed	Amount Owed	For each account listed select one or the other:	
		Community Debt	Separate Debt
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
Additional info add here:			

### Husband should pay the following:

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Company or Person whom debt is owed	Amount Owed	For each account listed select one or the other:	
		Community Debt	Separate Debt
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )

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		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
		( <input type="checkbox"/> )	( <input type="checkbox"/> )
Additional info add here:			

**IMPORTANT:** You should contact each of the above creditors to have your name taken off the accounts your spouse is to pay and to have your spouse's name taken off the accounts you are to pay. This will prevent you from being liable for charges your spouse may make in the future. If the creditor will not make the change you request, you should write a letter to the creditor stating that you are obtaining a divorce and that you will no longer be responsible for charges made by your spouse. You should keep a copy of the letter as evidence that you sent it.

### Part D: SPOUSAL MAINTENANCE (ALIMONY)

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( <input type="checkbox"/> )	Neither party should be ordered to pay spousal maintenance (alimony).		
( <input type="checkbox"/> )	The WIFE should be ordered to pay spousal maintenance (alimony).		
( <input type="checkbox"/> )	The HUSBAND should be ordered to pay spousal maintenance (alimony).		
\$	per month	On the first day of each month for a period of _____ months	
		Beginning on (give date; mm/dd/yyyy)	
Additional info add here:			

### Part E: RESTRAINING ORDERS/PROTECTIVE ORDERS

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( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No	Are there any protective orders or restraining orders filed by either party against the other?
( <input type="checkbox"/> )	The WIFE has a protective order against the husband.
( <input type="checkbox"/> )	The WIFE has a restraining order against the husband.
( <input type="checkbox"/> )	The HUSBAND has a protective order against the wife.
( <input type="checkbox"/> )	The HUSBAND has restraining order against the wife.
County	
State	
Case No.	
Additional info add here:	

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## Part F: Information regarding Children from both Wife and Husband

### *Dependent Children:*

The following dependent children are considered children of this marriage and must be listed in this section: (1) children born or conceived during this marriage; (2) children adopted by one or both of you during this marriage; and (3) children born before the marriage if the husband and wife are the parents of the children.

### *1<sup>st</sup> Child:*

First Name			
Middle Name			
Last Name			
Social Security Number			
Date of Birth mm/dd/yyyy			
Who is the custodial parent?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
<b>INCOME TAX EXEMPTION</b>			
	Custodial parent should receive exemption every year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Custodial parent should receive exemption	<input type="checkbox"/> Even Year	<input type="checkbox"/> Odd Year
Other:			
Child's home address, if left blank the child lives with the custodial parent.			
Address			
City	State	Zip Code	
If, during the past five years, this child has lived (1) outside the State of Florida or (2) with any person other than you or your spouse, list each city and state and the names and present addresses of the persons with whom the child lived at that time:			
Name			
Address			
City	State	Zip Code	
Dates resided at prior address:	-		



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If any persons other than you or your spouse have physical custody of this child or claim to have custody or visitation rights with respect to this child, list them here	
Describe any legal action in any state which has happened in the past or which is going on now concerning the custody, paternity or dependency of this child	
Additional info add here:	

### 2nd Child:

First Name			
Middle Name			
Last Name			
Social Security Number			
Date of Birth mm/dd/yyyy			
Who is the custodial parent?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
<b>INCOME TAX EXEMPTION</b>			
Custodial parent should receive exemption every year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Custodial parent should receive exemption	<input type="checkbox"/> Even Year	<input type="checkbox"/> Odd Year	
Other:			
Child's home address, if left blank the child lives with the custodial parent.			
Address			
City	State	Zip Code	
If, during the past five years, this child has lived (1) outside the State of Florida or (2) with any person other than you or your spouse, list each city and state and the names and present addresses of the persons with whom the child lived at that time:			
Name			
Address			
City	State	Zip Code	
Dates resided at prior address:	-		
If any persons other than you or your spouse have physical custody of this child or claim to			

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have custody or visitation rights with respect to this child, list them here	
Describe any legal action in any state which has happened in the past or which is going on now concerning the custody, paternity or dependency of this child	
Additional info add here:	

### 3rd Child:

First Name			
Middle Name			
Last Name			
Social Security Number			
Date of Birth mm/dd/yyyy			
Who is the custodial parent?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
<b>INCOME TAX EXEMPTION</b>			
Custodial parent should receive exemption every year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Custodial parent should receive exemption	<input type="checkbox"/> Even Year	<input type="checkbox"/> Odd Year	
Other:			
Child's home address, if left blank the child lives with the custodial parent.			
Address			
City	State	Zip Code	
If, during the past five years, this child has lived (1) outside the State of Florida or (2) with any person other than you or your spouse, list each city and state and the names and present addresses of the persons with whom the child lived at that time:			
Name			
Address			
City	State	Zip Code	
Dates resided at prior address:	-		
If any persons other than you or your spouse have physical custody of this child or claim to have custody or visitation rights with respect to this child, list them here			

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Describe any legal action in any state which has happened in the past or which is going on now concerning the custody, paternity or dependency of this child	
Additional info add here:	

### Residential Schedule for Children:

The following dependent children are considered children of this marriage and must be listed in this section: (1) children born or conceived during this marriage; (2) children adopted by one or both of you during this marriage; and (3) children born before the marriage if the husband and wife are the parents of the children.

**THE COURT WILL NOT GRANT YOUR DIVORCE UNLESS YOU HAVE SUBMITTED A PARENTING PLAN WITH A RESIDENTIAL SCHEDULE IN THE REQUIRED FORM.** The "Parenting Plan" requires that the residential schedule in your papers specify where your children will be on every day of the year. You can achieve this by putting some specific entry in each part of this section. **The judge will not accept phrases like "reasonable visitation" or "liberal visitation," and you CANNOT leave the decision to be made later with phrases such as "whenever he/she want to see the child" or "whenever the child wants" or "as agreed."**

	Mother Every Year	Father Every Year	Mother-Even Father-Odd Years	Father-Even Mother-Odd Years
New Years Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
ML King Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
President's Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Memorial Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Fourth of July	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Labor Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Veteran's Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Thanksgiving Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Christmas Eve	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Christmas Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Mother's Birthday	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Mother's Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Father's Day	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Father's Birthday	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

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Child's Birthday	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Other:	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Other:	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Other:	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Other:	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Other:	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

These special occasions begin at 9:00 a.m. on the special day and end at 9:00 a.m. the following day unless you inform us of different times.

Additional info add here:

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### PRE-SCHOOL SCHEDULE

Mother (  )

Father (  )

Children already in school (  )

Additional info add here:

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Prior to enrollment in school, the children will reside with the other parent at the following times:

(  ) The second and fourth full weekends of each month beginning at 6:00 p.m. on Friday and ending at 6:00 p.m. on Sunday.

(  ) Other:

Additional info add here:

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### SCHOOL YEAR SCHEDULE

1. During the children's school year, they shall reside primarily with

Mother (  )

Father (  )

2. The children will reside with the other parent at the following times during the school year:

(  ) The second and fourth full weekends of each month beginning at 6:00 p.m. on Friday and ending at 6:00 p.m. on Sunday.

(  ) Other:

(  ) Other:

Additional info add here:

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### WINTER (CHRISTMAS) VACATION SCHEDULE

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1. During the children's Winter Vacation each year, they shall reside primarily with:	Mother ( <input type="checkbox"/> )	Father ( <input type="checkbox"/> )
2. The children will reside with the other parent at the following times during the Winter Vacation each year:		
( <input type="checkbox"/> )	The second half of the winter vacation each year.	
( <input type="checkbox"/> )	Other:	
( <input type="checkbox"/> )	Other:	
Additional info add here:		

### SPRING VACATION SCHEDULE

1. During Spring Vacations from school each year, the children shall reside primarily with:	Mother ( <input type="checkbox"/> )	Father ( <input type="checkbox"/> )
2. The children will reside with the other parent at the following times during the Spring Vacation each year:		
( <input type="checkbox"/> )	The second half of the spring vacation each year.	
( <input type="checkbox"/> )	Other:	
( <input type="checkbox"/> )	Other:	
Additional info add here:		

### SUMMER VACATION SCHEDULE

1. During Summer Vacations from school each year, the children shall reside primarily with:	Mother ( <input type="checkbox"/> )	Father ( <input type="checkbox"/> )
2. The children will reside with the other parent at the following times during the Summer Vacation each year:		
( <input type="checkbox"/> )	The second half of the summer vacation each year.	
( <input type="checkbox"/> )	Other:	
( <input type="checkbox"/> )	Other:	
Additional info add here:		

### VACATION WITH PARENTS

The children should spend each parent's vacation with that parent each year	( <input type="checkbox"/> )
Vacations with parents should be as follows:	

# Divorce Questionnaire

	Other:
	Other:
	Other:
Additional info add here:	

<b>TRANSPORTATION ARRANGEMENTS – NOT EXPENSES</b>	
If you want any provisions in the parenting plan regarding transportation arrangements (other than expenses) between the parents, list them here:	
	Other:
	Other:
	Other:
Additional info add here:	

<b>DECISION MAKING AND DISPUTE RESOLUTION</b>			
<b>1. Primary decisions regarding the children should be made as follows:</b>			
Education Decisions:	Mother ( <input type="checkbox"/> )	Father ( <input type="checkbox"/> )	Joint ( <input type="checkbox"/> )
Non-emergency Health Care:	Mother ( <input type="checkbox"/> )	Father ( <input type="checkbox"/> )	Joint ( <input type="checkbox"/> )
Religious Upbringing:	Mother ( <input type="checkbox"/> )	Father ( <input type="checkbox"/> )	Joint ( <input type="checkbox"/> )
<input type="checkbox"/>	The other party should be excluded from all decision making for the reason or reasons checked on the next page.		

<b>2. Disputes between the parties should be handled by (check one):</b>	
<input type="checkbox"/>	Counseling by local county family services or by _____
<input type="checkbox"/>	Mediation by local county family services or by _____
<input type="checkbox"/>	Arbitration by local county family services or by _____
<input type="checkbox"/>	Court action ONLY - You may only check this box if you have also checked at least one reason for special restrictions in Section "REASONS FOR SPECIAL RESTRICTIONS" below.
Additional info add here:	

<b>3. The cost of any counseling, mediation or arbitration should be paid:</b>
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## Divorce Questionnaire

<input type="checkbox"/>	___ % by the mother and ___ % by the father
<input type="checkbox"/>	based on each party's proportional income from line 6 of the child support worksheets
<input type="checkbox"/>	as determined in the dispute resolution process
Additional info add here:	

<b>4. The dispute resolution process shall be commenced by notifying the other party by:</b>	
<input type="checkbox"/>	written request
<input type="checkbox"/>	certified mail
<input type="checkbox"/>	other:
Additional info add here:	

<b>REASONS FOR SPECIAL RESTRICTIONS</b>	
<input type="checkbox"/>	<b>1. There are no special restrictions on either parent (skip number 2 below)</b>
2. The following are the reasons for the special restrictions:	
<input type="checkbox"/>	Willful abandonment for an extended period of time or substantial refusal to perform parenting functions.
<input type="checkbox"/>	Physical, sexual or a pattern of emotional abuse of a child.
<input type="checkbox"/>	A history of domestic violence or an assault or sexual assault, which causes grievous bodily harm or the fear of such harm.
<input type="checkbox"/>	A long-term emotional or physical impairment which interferes with the performance of parenting functions.
<input type="checkbox"/>	The absence or substantial impairment of emotional ties between parent and child.
<input type="checkbox"/>	The abusive use of conflict by the parent, which creates the danger of serious damage to the child's psychological development.
<input type="checkbox"/>	A parent has withheld from the other parent access to the child for a protracted period without good cause.
Additional info add here:	

### CHILD SUPPORT INFORMATION:

**Florida State law REQUIRES that the following information be submitted to the court in every divorce case.** If the information is not provided, the court will not grant your divorce.

# Divorce Questionnaire

You must put some entry in EVERY blank. If you leave any blank empty, we will assume that the answer is "so". If you expect a change in jobs or income during the 90-day waiting period, you should put down the income you expect to receive after the change.

Child support calculations have been standardized by Florida State and to deviate below the standard calculation requires you show good cause to the court that your circumstance merits a deviation. We will prepare your documents anyway you request; however, ***if the judge refuses to grant you the deviation you will be required to pay an additional \$30 court fee and a \$100.00 document preparation fee for us to redo all necessary documents.*** We highly recommend you seek counsel with an attorney if you plan to deviate from the standard calculations. Courts have no issue granting an order for above the standard range when requested and agreed upon by the obligor.

If both parties have agreed to a lesser amount than the standard calculation please check here (  ) and then enter the agreed upon amount here \$ \_\_\_\_\_. Please state the reason for requesting a deviation below the standard calculation:

***You still must complete the following sections:***

If you are currently receiving/paying child support through Florida Department of Revenue/Child Support Enforcement, you must provide us with a CERTIFIED COPY of the order from Florida Department of Revenue/Child Support Enforcement prior to the end of the 90-day waiting period.

		<b>EVERY ENTRY MUST BE FOR A MONTH</b> - not hourly, weekly, etc. If you do not have pay stubs available, you can estimate. If you are not paid monthly, you will need to convert your pay to a monthly amount as follows:
		If you are paid WEEKLY, multiply weekly wage times # weeks/year divided by 12
		If you are paid EVERY TWO WEEKS, multiply bi-weekly wage times 26 divided by 12
		If you are paid SEMI-MONTHLY, multiply semi-monthly wage times 24 divided by 12

<b>1. MONTHLY GROSS INCOME:</b>		<b>Father</b>	<b>Mother</b>
	a. Wages, Salaries, & Tips	\$	\$
	b. Child Support or Public Assistance	\$	\$
	c. Interest and Dividend Income	\$	\$
	d. Business Income	\$	\$
	e. Spousal Maintenance (Alimony) Received From Former Spouse Or To Be Received From This Spouse	\$	\$
	f. Other Income From: _____	\$	\$



## Divorce Questionnaire

Additional info add here:	
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<b>2. MONTHLY DEDUCTIONS FROM GROSS INCOME:</b>	<b>Father</b>	<b>Mother</b>
a. Income Taxes	\$	\$
b. FICA and/or Self-Employment Taxes	\$	\$
c. State Industrial Insurance Deductions	\$	\$
d. Required Union/Professional Dues	\$	\$
e. Required Pension Plan Payments	\$	\$
f. Spousal Maintenance (Alimony) Paid To A Former Spouse Or To Be Paid To This Spouse	\$	\$
g. Normal Business Expenses	\$	\$
Additional info add here:		

<b>3. MONTHLY EXPENSES OF CHILDREN PAID DIRECTLY TO THIRD PARTIES:</b> List all expenses each parent is paying now and all expenses each parent should be ordered to pay. The following expense(s) should be paid by:	<b>Father</b>	<b>Mother</b>
a. Monthly Health Insurance Premiums	\$	\$
b. Uninsured Monthly Health Care Expenses	\$	\$
c. Day Care Expenses	\$	\$
d. Education Expenses	\$	\$
e. Long Distance Transportation Costs	\$	\$
f. Other Special Expenses (describe) _____	\$	\$
g. Other Special Expenses (describe) _____	\$	\$
Additional info add here:		

<b>PUBLIC ASSISTANCE (WELFARE) AND STATE MEDICAL ASSISTANCE</b>	
If either parent is receiving Public Assistance (welfare) or state medical assistance for the children,	
( <input type="checkbox"/> )	Neither parent is receiving Public Assistance (welfare) or state medical assistance for the children.
( <input type="checkbox"/> )	MOTHER is receiving Public Assistance (welfare) or state medical assistance for the children.

# Divorce Questionnaire

<input type="checkbox"/>	FATHER is receiving Public Assistance (welfare) or state medical assistance for the children.
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*If your child is receiving medical through the state, they may require the parent paying child support to also pay them for the medical coverage if none other is available.*

Additional info add here:	
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## OPTIONAL CHILD SUPPORT MATTERS

You must check one of the boxes in paragraph 1 (MEDICAL INSURANCE), but you are not required to check any of the other boxes on this page unless you want the parent paying support ordered to pay the expense you check IN ADDITION to regular monthly child support payments.

### 1. MEDICAL INSURANCE (REQUIRED):

The following parent's shall provide health insurance for the children if the insurance is available through employment or is union related and the cost of such coverage does not exceed 25% of the obligated parent's basic child support obligation:

Mother <input type="checkbox"/>	Father <input type="checkbox"/>	The current cost for coverage for children is : \$
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<input type="checkbox"/>	The same parent should be ordered to carry medical insurance even if it exceeds 25% and is available through employment, union related, or private insurance. The reason for this is: _____.
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Additional info add here:	
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### 2. DENTAL INSURANCE AND EXPENSES (NOT REQUIRED):

<input type="checkbox"/>	The parent paying support should also be ordered to purchase dental insurance on the dependent children even if the insurance is no longer available through that parent's employment. The reason for this is: _____.
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Dental expenses not covered by insurance shall be paid by the:	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Joint <input type="checkbox"/>
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Additional info add here:	
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### 3. HOW AND WHEN SUPPORT PAYMENTS SHALL BE MADE:

When should payment begin? (mm/dd/yyyy)
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Frequency of payments (e.g. 1st & 15th of month)
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Should the spouse that pays child support pay the other spouse directly or through Child Support Enforcement?

<input type="checkbox"/>	Directly to other spouse
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# Divorce Questionnaire

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<input type="checkbox"/>	Child Support Enforcement
The parent paying support should also pay ____ % of the following expenses of the children before they reach age eighteen:	
	Mother ( <input type="checkbox"/> )
	Father ( <input type="checkbox"/> )
	Joint ( <input type="checkbox"/> )
<input type="checkbox"/>	Day Care
<input type="checkbox"/>	Education
<input type="checkbox"/>	Long Distance Transportation
<input type="checkbox"/>	Other:
Additional info add here:	

<b>4. COLLEGE, BUSINESS SCHOOL, OR TRADE SCHOOL EXPENSES (NOT REQUIRED):</b>	
The following parent should be required to pay the college, business school or trade school expenses of the children:	
	Mother ( <input type="checkbox"/> )
	Father ( <input type="checkbox"/> )
	Joint ( <input type="checkbox"/> )
Additional info add here:	

### DEPENDENT STEPCHILDREN:

<input type="checkbox"/>	Neither of us has any dependent children of a previous relationship.		
<input type="checkbox"/>	We have the following dependent stepchildren:		
Wife's Children of Previous Relationships		Husband's Children of Previous Relationships	
<b>Full Name</b>	<b>Age</b>	<b>Full Name</b>	<b>Age</b>

I certify the following questionnaire is true and complete and authorize Court Source, Inc. to prepare my court documents exclusively from the information provided herein in accordance with the terms and conditions set forth in my Contract For Court Document Preparation Services.

\_\_\_\_\_  
Full Legal Name (print/Sign)

\_\_\_\_\_  
Dated