

# **THE POCKET LAWYER<sup>®</sup>**

## **Document Preparation Service**

### **/// Workbook ///**

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**UNCONTESTED DIVORCE - CALIFORNIA**



**PART "A"**

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# **THE POCKET LAWYER<sup>®</sup>**

## *Document Preparation Service Workbook*

**“Self-Help” Series**

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# The **POCKET LAWYER**<sup>®</sup> Document Preparation Service

## Divorce Client Questionnaire

|   |   |  |                |
|---|---|--|----------------|
| <p><b>INSTRUCTIONS:</b> Answer <u>All</u> questions with an answer or a N/A. For Joint questions, put an “H” before husband’s information and a “W” before wife’s information. Today’s date _____</p> <p><input type="checkbox"/> Dissolution of Marriage   <input type="checkbox"/> Legal Separation   <input type="checkbox"/> Nullity of Marriage   <input type="checkbox"/> Declaration Under Uniform Child Custody Jurisdiction Act.   If more space is needed, use the space below or attach blank pages.</p> |   |  |                |
| 1   | Your first name (Petitioner)  | Middle   | Last           |
| 2   | Social Security #   | Date of Birth  |                |
| 3   | Street Address  | City   | State      Zip |
| 4   | County of residence   | Lived in County for at least 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| 5   | Mailing Address (if different)  |  |                |
| 6   | Telephone, home   | Telephone, business  |                |
| 7   | Resident of California for at least 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |
| 8   | Spouse’s first name (Respondent)  | Middle   | Last           |
| 9   | Social Security #   | Date of Birth  |                |
| 10  | Street Address  | City   | State      Zip |
| 11  | County of residence   | Lived in County for at least 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| 12  | Mailing Address (if different)  |  |                |
| 13  | Telephone, home   | Telephone, business  |                |
| 14  | Resident of California for at least 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |
| 15  | List <u>all</u> your residences during the last two (2) years and dates                               |  |                |
| 16  | Address   | Dates  |                |
| 17  | Address   | Dates  |                |
| 18  | Date of marriage  | Place of marriage  |                |
| 19  | Date of separation  | Period between marriage and separation: Years ____ Months ____                                 |                |
| 20  | Name of divorce attorney, if any  | Bar #  |                |
| 21  | Address   | Phone  | Fax            |
| 22  | Name of divorce petition preparer, if any   | SS#  |                |
| 23  | Address   | Phone  | Fax            |
| <b>If additional space is needed, number and insert below.</b>  |   |  |                |
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| Divorce Client Questionnaire (Continued)                       |  |                  |
|--|--|------------------|
| 24   | Name of 1 <sup>st</sup> child  | Relationship     |
| 25   | Currently lives with whom?   | Date of birth    |
| 26   | Name of 2 <sup>nd</sup> child  | Relationship     |
| 27   | Currently lives with whom?   | Date of birth    |
| 28   | Name of 3 <sup>rd</sup> child  | Relationship     |
| 29   | Currently lives with whom?   | Date of birth    |
| 30   | Name of 4 <sup>th</sup> child  | Relationship     |
| 31   | Currently lives with whom?   | Date of birth    |
| 32   | During the last five (5) years each minor child has lived in no state other than California and with no person other than petitioner or respondent or both <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |
| 33   | Petitioner has not participated in any capacity in any litigation or proceeding in any state concerning custody of any minor child of this marriage <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| 34   | Petitioner has no information of any pending custody proceeding or of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights concerning any minor child of this marriage <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| <b>If additional space is needed, number and insert below.</b> |  |                  |
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| 35   | <b>YOU CAN USE THE SUMMARY DISSOLUTION PROCEDURE ONLY IF ALL OF THE FOLLOWING STATEMENTS ARE TRUE:</b>   |                  |
| 36   | We have both read and understand the Summary Dissolution Information booklet <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |
| 37   | We have been married no longer than five years <input type="checkbox"/> Yes <input type="checkbox"/> No  | Date of Marriage |
| 38   | No children were born to us before or during our marriage <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| 39   | We have no adopted children under 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| 40   | The wife is not now pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |
| 41   | Neither of us owns any part of any land or buildings <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |
| 42   | Our community property is not worth more than \$33,000. <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not count cars)   |                  |
| 43   | Neither of us has separate property worth more than \$33,000. <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not count cars)   |                  |
| 44   | Our community obligations are less than \$5,000. <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not count cars)  |                  |
| 45   | At least one of us has lived in California for the past six months or longer, and in the county where we are filing for Dissolution for the past three months or longer <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
|  |  |                  |

Divorce Client Questionnaire (Continued)

- 46 We have prepared and signed an agreement which states how we want our possessions and our debts to be divided between us (Or which states that we have no community property or community debts)  Yes  No
- 47 We will both sign the Joint Petition and all other papers needed to carry out this agreement  Yes  No
- 48 We both want to end the marriage because of serious permanent differences  Yes  No
- 49 We have both agreed to use the Summary Dissolution procedure rather than the Regular Dissolution procedure  Yes  No
- 50 We are both aware that there is a six-month waiting period during which time either of us can stop the divorce  Yes  No
- 51 We are both aware that our marriage will be completely ended only if, after the waiting period, one of us files with the County Clerk a Request for Final Judgment  Yes  No
- 52 We are both aware that after the Dissolution becomes final, neither of us has any right to expect money or support from the other, except for what is included in the Property Settlement Agreement  Yes  No
- 53 We are both aware that by choosing the Summary Dissolution procedure we give up certain rights that we would have if we had used the Regular Dissolution procedure  Yes  No

**If additional space is needed, number and insert below.**

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54 If minor child visitation and other issues are to be agreed upon in a written **Settlement Agreement**, check this box  and complete and attach the **“Supplemental Divorce Agreement Questionnaire”**.

**PROPERTY SETTLEMENT AGREEMENT INFORMATION**

| 56 | COMMUNITY PROPERTY ITEM | ACCOUNT # | AMOUNT | (W) RECEIVES | (H) RECEIVES |
|----|-------------------------|-----------|--------|--------------|--------------|
|----|-------------------------|-----------|--------|--------------|--------------|

Accounts

|    |                         |  |  |  |  |
|----|-------------------------|--|--|--|--|
| 57 | Bank Account            |  |  |  |  |
| 58 | Bank Account            |  |  |  |  |
| 59 | Credit Union Account    |  |  |  |  |
| 60 | Retirement Funds        |  |  |  |  |
| 61 | Cash Value of Insurance |  |  |  |  |
| 62 | Stocks / Bonds          |  |  |  |  |

Divorce Client Questionnaire (Continued)

Items Owned Outright

|    |                      |  |  |  |  |
|----|----------------------|--|--|--|--|
| 63 | Sports Gear          |  |  |  |  |
| 64 | Furniture            |  |  |  |  |
| 65 | Household Items      |  |  |  |  |
| 66 | Tools                |  |  |  |  |
| 67 | Interest In Business |  |  |  |  |
| 68 | Jewelry              |  |  |  |  |
| 69 | OTHER                |  |  |  |  |
| 70 | OTHER                |  |  |  |  |
| 71 | OTHER                |  |  |  |  |
| 72 | OTHER                |  |  |  |  |
| 73 | SUBTOTAL             |  |  |  |  |

**If additional space is needed, number and insert below.**

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Items Bought On Credit With A Remaining Balance

| 74 | COMMUNITY PROPERTY<br>ITEM | FMV | AMT<br>OWED | NET<br>FMV | (W) RECEIVES | (H) RECEIVES |
|----|----------------------------|-----|-------------|------------|--------------|--------------|
| 75 | Stereo Equipment           |     |             |            |              |              |
| 76 | Appliances                 |     |             |            |              |              |
| 77 | Furniture                  |     |             |            |              |              |
| 78 | Tools                      |     |             |            |              |              |
| 79 | OTHER                      |     |             |            |              |              |
| 80 | OTHER                      |     |             |            |              |              |
| 81 | OTHER                      |     |             |            |              |              |
| 82 | OTHER                      |     |             |            |              |              |
| 83 | OTHER                      |     |             |            |              |              |
| 84 | SUBTOTAL                   |     |             |            |              |              |

**If additional space is needed, number and insert below.**

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Divorce Client Questionnaire (Continued)

| 85   | SEPARATE PROPERTY ITEM  | ACCOUNT # | (W) RECEIVES | (H) RECEIVES |              |              |
|--|-------------------------|-----------|--------------|--------------|--------------|--------------|
| Accounts   |                         |           |              |              |              |              |
| 86   | Bank Account            |           |              |              |              |              |
| 87   | Bank Account            |           |              |              |              |              |
| 88   | Credit Union Account    |           |              |              |              |              |
| 89   | Retirement Funds        |           |              |              |              |              |
| 90   | Cash Value of Insurance |           |              |              |              |              |
| 91   | Stocks/Bonds            |           |              |              |              |              |
| Items Owned Outright   |                         |           |              |              |              |              |
| 92   | Jewelry                 |           |              |              |              |              |
| 93   | OTHER                   |           |              |              |              |              |
| 94   | OTHER                   |           |              |              |              |              |
| 95   | OTHER                   |           |              |              |              |              |
| 96   | OTHER                   |           |              |              |              |              |
| 97   | OTHER                   |           |              |              |              |              |
| 98   | OTHER                   |           |              |              |              |              |
| 99   | OTHER                   |           |              |              |              |              |
| 100  | OTHER                   |           |              |              |              |              |
| 101  | OTHER                   |           |              |              |              |              |
| 102  | OTHER                   |           |              |              |              |              |
| 103  | SUBTOTAL                |           |              |              |              |              |
| Items Bought On Credit With A Remaining Balance                |                         |           |              |              |              |              |
| 104  | SEPARATE PROPERTY ITEM  | FMV       | AMT DUE      | NET FMV      | (W) RECEIVED | (H) RECEIVED |
| 105  | OTHER                   |           |              |              |              |              |
| 106  | OTHER                   |           |              |              |              |              |
| 107  | OTHER                   |           |              |              |              |              |
| 108  | OTHER                   |           |              |              |              |              |
| 109  | OTHER                   |           |              |              |              |              |
| 110  | SUBTOTAL                |           |              |              |              |              |
| <b>If additional space is needed, number and insert below.</b> |                         |           |              |              |              |              |
|  |                         |           |              |              |              |              |
|  |                         |           |              |              |              |              |





Divorce Client Questionnaire (Continued)

**If additional space is needed, number and insert below.**

|     |  |  |
|-----|--|--|
| 129 | Respondent's occupation:   | Highest year of education completed?   |
| 130 | Are you presently employed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, name and address of employer:<br><br>If No, when did you last work (month/year) | If Yes, when did you start work there? _____<br><br>What were your gross monthly earnings? |
| 131 | Net monthly income   | Other money received   |
| 132 | What is the total of minor children you are legally obligated to support?  |  |
| 133 | Total monthly expenses from line 2q of <u>EXPENSE INFORMATION</u> : (See attached form)<br>Amount of these expenses paid by others:  |  |
| 134 | My estimate of the other party's gross monthly income is:  |  |

**REQUEST FOR WAIVER of COURT COSTS and FEES**

|     |   |   |                 |
|-----|---|---|-----------------|
| 135 | This request for waiver of court costs and fees is for <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent  |   |                 |
| 136 | How many people in your family that you support?  |   |                 |
| 137 | How much do you receive in gross wages, per month?  |   |                 |
| 138 | Do you receive any welfare, disability, unemployment or other financial assistance <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, type and amount: |   |                 |
| 139 | Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No Balance?   |   |                 |
| 140 | Monthly Expenses:   | Rent                                    | Food            |
| 141 | Clothing  | Laundry                                 | Medical/ Dental |
| 142 | School/ Child care  | Child/ spousal support (prior marriage) |                 |
| 143 | Transportation/ auto expenses   | Installment payments                    |                 |
| 144 | Wage assignments  | Other expenses                          | TOTAL           |
| 145 | Petitioner requests the following ( <i>choose only one</i> ):   |   |                 |

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Dissolution of Marriage based on irreconcilable differences         | <input type="checkbox"/> | Nullity of voidable marriage based on force                                |
| <input type="checkbox"/> | Dissolution of Marriage based on incurable insanity                 | <input type="checkbox"/> | Nullity of voidable marriage based on fraud                                |
| <input type="checkbox"/> | Nullity of void marriage based on incestuous marriage               | <input type="checkbox"/> | Nullity of voidable marriage based on petitioner's age at time of marriage |
| <input type="checkbox"/> | Nullity of void marriage based on bigamous marriage                 | <input type="checkbox"/> | Nullity of voidable marriage based on prior existing marriage              |
| <input type="checkbox"/> | Legal Separation of the parties based on incurable insanity         | <input type="checkbox"/> | Nullity of voidable marriage based on unsound mind                         |
| <input type="checkbox"/> | Legal Separation of the parties based on irreconcilable differences | <input type="checkbox"/> | Nullity of voidable marriage based on physical incapacity                  |

|     |   |
|-----|---|
| 146 | Does the wife want her former name restored? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----|---|

