

**THE MENNA LAW FIRM**

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\*\*\* **CONFIDENTIAL** \*\*\*

DIVORCE QUESTIONNAIRE w/CHILDREN

TODAY'S DATE: \_\_\_\_\_

**I. PLEASE ANSWER THESE QUESTIONS ABOUT YOURSELF:**

Name: First/Middle/Last \_\_\_\_\_

Birth date/Birthplace (State) \_\_\_\_\_ / \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Social Security Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver License Number and State \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Cell Telephone Number \_\_\_\_\_

Scars/Tattoos/Glasses/etc. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Other names by which you are or have been known: \_\_\_\_\_

Resident of \_\_\_\_\_ (County) for \_\_\_\_\_ (Years) and of the State of Michigan for \_\_\_\_\_ (Years)

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Work address: \_\_\_\_\_ Hours \_\_\_\_\_ Phone \_\_\_\_\_

Are you able to work? Yes \_\_\_ No \_\_\_ Occupation \_\_\_\_\_ Hourly rate? \_\_\_\_\_

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

How much did you earn last year (W-2/1099): \_\_\_\_\_

Do you typically work overtime? Yes \_\_\_ No \_\_\_ If so, how often and how many hours: \_\_\_\_\_

Do you make tips/bonuses/commissions? Yes \_\_\_ No \_\_\_ If so, how much/when paid? \_\_\_\_\_

Please describe your TYPICAL work schedule over a two-week period of time (include days and times): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you graduate from high school? Yes \_\_\_ No \_\_\_ If so, from where and what year? \_\_\_\_\_

Did you attend college? Yes \_\_\_ No \_\_\_ If yes:

College \_\_\_\_\_ Degree: \_\_\_\_\_ Years attended: \_\_\_\_\_

College \_\_\_\_\_ Degree: \_\_\_\_\_ Years attended: \_\_\_\_\_

College \_\_\_\_\_ Degree: \_\_\_\_\_ Years attended: \_\_\_\_\_

Please list any trade or other schooling received (incl. year attended): \_\_\_\_\_

Did you attend any of the above during the marriage? Yes \_\_\_ No \_\_\_

Do you receive any of the following (please check all that apply):

Social Security \_\_\_ How much per month? \_\_\_\_\_

Social Security Disability \_\_\_ How much per month? \_\_\_\_\_

Medicare/Medicaid \_\_\_ \_\_\_\_\_

Food stamps \_\_\_ \_\_\_\_\_

Unemployment \_\_\_ How much per week? \_\_\_\_\_

Worker's Compensation \_\_\_ From who? \_\_\_\_\_ How much \_\_\_\_\_ per week/month

Retirement/pension \_\_\_ From who? \_\_\_\_\_ How much \_\_\_\_\_ per week/month

Other benefits \_\_\_ From who? \_\_\_\_\_ How much \_\_\_\_\_ per week/month

**II. PLEASE ANSWER THESE QUESTIONS ABOUT YOUR SPOUSE:**

Name: First/Middle/Last \_\_\_\_\_

Birth date/Birth place (State) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Social Security Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver License Number and State \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Cell Telephone Number \_\_\_\_\_

Scars/Tattoos/Glasses/etc. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Other names by which your spouse does or has been known: \_\_\_\_\_

Resident of \_\_\_\_\_ (County) for \_\_\_\_\_ (Years) and of the State of Michigan for \_\_\_\_\_ (Years)

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Work address: \_\_\_\_\_ Hours \_\_\_\_\_ Phone \_\_\_\_\_

Is your spouse able to work? Yes \_\_\_ No \_\_\_ Occupation \_\_\_\_\_ Okay to call your spouse at work? Yes \_\_\_ No \_\_\_

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

Does your spouse typically work overtime? Yes \_\_\_ No \_\_\_ If so, how often and how many hours: \_\_\_\_\_

Does your spouse make tips/bonuses/commissions? Yes \_\_\_ No \_\_\_ If so, how much? \_\_\_\_\_

How much did your spouse earn last year (W-2/1099): \_\_\_\_\_

Do your spouse typically work overtime? Yes \_\_\_ No \_\_\_ If so, how often and how many hours: \_\_\_\_\_

Do your spouse make tips/bonuses/commissions? Yes \_\_\_ No \_\_\_ If so, how much/when paid? \_\_\_\_\_

Please describe your spouse's TYPICAL work schedule over a two week period of time (include days and times): \_\_\_\_\_

Did your spouse graduate from high school? Yes \_\_\_ No \_\_\_ If so, from where and what year? \_\_\_\_\_

Did your spouse attend college? Yes \_\_\_ No \_\_\_ If yes:

College \_\_\_\_\_ Degree: \_\_\_\_\_ Years attended: \_\_\_\_\_

College \_\_\_\_\_ Degree: \_\_\_\_\_ Years attended: \_\_\_\_\_

College \_\_\_\_\_ Degree: \_\_\_\_\_ Years attended: \_\_\_\_\_

Please list any trade or other schooling received (incl. year attended): \_\_\_\_\_

Did your spouse attend any of the above during the marriage? Yes \_\_\_ No \_\_\_

Does your spouse receive any of the following (please check all that apply and include any case numbers):

Social Security \_\_\_ How much per month? \_\_\_\_\_

Social Security Disability \_\_\_ How much per month? \_\_\_\_\_

Medicare/Medicaid \_\_\_ \_\_\_\_\_

Food stamps \_\_\_ \_\_\_\_\_

Unemployment \_\_\_ How much per week? \_\_\_\_\_

Worker's Compensation \_\_\_ From who? \_\_\_\_\_ How much \_\_\_\_\_ per week/month

Retirement/pension \_\_\_ From who? \_\_\_\_\_ How much \_\_\_\_\_ per week/month

Other benefits \_\_\_ From who? \_\_\_\_\_ How much \_\_\_\_\_ per week/month

**PLEASE PROVIDE A COPY OF YOUR LAST PAY STUB FOR A 40-HOUR WEEK AND MOST RECENT FEDERAL INCOME TAX RETURN(S) (FOR BOTH PARTIES)**

**III. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD(REN):**

A. How many children were born to or adopted by you and your spouse? \_\_\_\_\_

FULL NAME OF CHILD	BIRTH DATE	AGE	SOCIAL SECURITY NO.

B. List addresses where the minor children have lived for the last five years and the person in charge of their care and their relationship to you.

ADDRESS	YEARS	PERSON(S)	RELATIONSHIP TO YOU

		IN CHARGE	

- C. Is there a Family Support Order? Yes \_\_\_ No \_\_\_ If so, amount paid per child per week \$ \_\_\_\_\_  
What is your Family Support Order Number? \_\_\_\_\_
- D. Has any amount of child or spousal support been agreed upon? Yes \_\_\_ No \_\_\_ Amount to be paid per week \$ \_\_\_\_\_
- E. Is your spouse receiving any public assistance? Yes \_\_\_ No \_\_\_ Amount (if known): \$ \_\_\_\_\_
- F. Do you want custody? Yes \_\_\_ No \_\_\_ Does your spouse want custody? Yes \_\_\_ No \_\_\_ Are you interested in joint custody? Yes \_\_\_ No \_\_\_
- G. Is there any other information that you want to give about the children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Describe any special circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Who will claim income tax exemption(s)? \_\_\_\_\_
- J. Are there work-related child care expenses? Yes \_\_\_ No \_\_\_ If so, state name and address of the child care provider(s).  
Licensed? Yes \_\_\_ No \_\_\_ Amount of weekly child care expense: \$ \_\_\_\_\_ Days/Time periods child care generally used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PLEASE ANSWER THESE QUESTIONS CONCERNING YOUR MARRIAGE:**

Are you interested in marriage counseling? Yes \_\_\_ No \_\_\_ Is your spouse interested? Yes \_\_\_ No \_\_\_

Have you already participated in marriage counseling? Yes \_\_\_ No \_\_\_ Are you still in counseling? Yes \_\_\_ No \_\_\_

Date of Marriage: \_\_\_\_\_ Married by: Judge/Minister/Justice of the Peace/Priest/Rabbi (Circle one)

Married at: \_\_\_\_\_ (City/State/County)

Date of Separation: \_\_\_\_\_ (if already separated) Have you previously separated and gotten back together? Yes \_\_\_ No \_\_\_  
When? \_\_\_\_\_

Have either of you filed for divorce from each other? Yes \_\_\_ No \_\_\_ If yes, who filed? \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_/  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Year County State

Wife's maiden name: \_\_\_\_\_, and/or previous name(s) \_\_\_\_\_

Wife's last name before this marriage: \_\_\_\_\_

Seeking Maiden Name Restored: Yes \_\_\_ No \_\_\_ Seeking New Name? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Have you or your spouse ever been married before? Yes \_\_\_ No \_\_\_ If yes, did the marriage(s) end by divorce or death? \_\_\_\_\_

You: 1st marriage \_\_\_\_\_/what year \_\_\_\_\_/how ended \_\_\_\_\_  
2nd marriage \_\_\_\_\_/what year \_\_\_\_\_/how ended \_\_\_\_\_  
Spouse: 1st marriage \_\_\_\_\_/what year \_\_\_\_\_/how ended \_\_\_\_\_  
2nd marriage \_\_\_\_\_/what year \_\_\_\_\_/how ended \_\_\_\_\_

Is wife pregnant now? Yes \_\_\_ No \_\_\_ Due When? \_\_\_\_\_ If yes, is this child of this marriage? Yes \_\_\_ No \_\_\_

If not, the father's name/address and details: \_\_\_\_\_  
\_\_\_\_\_

Has your spouse ever physically or emotionally abused you/child(ren)? Yes \_\_\_ No \_\_\_ If yes, please give details of such abuse and the dates this abuse occurred. (Use back of this form for additional space) \_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse ever been involved in any extra-marital relationships? Yes \_\_\_ No \_\_\_ Please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse ever had a problem with alcohol/marijuana/cocaine/other drugs? Yes \_\_\_ No \_\_\_ Please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse ever been accused or convicted of any crime(s)? Yes \_\_\_ No \_\_\_ Please explain giving dates and nature of crime(s). \_\_\_\_\_  
\_\_\_\_\_

**V. HEALTH CARE COVERAGE**

A. please provide the following about your health insurance, including any State provided insurance:

Medical:

Monthly premium \$ \_\_\_\_\_ Paid by whom? You \_\_\_ Spouse \_\_\_

Insurance Company \_\_\_\_\_ Contract No. \_\_\_\_\_

Group Number \_\_\_\_\_

Dental:

Monthly premium \$ \_\_\_\_\_ Paid by whom? You \_\_\_ Spouse \_\_\_

Insurance Company \_\_\_\_\_ Contract No. \_\_\_\_\_

Group Number \_\_\_\_\_

Optical:

Monthly premium \$ \_\_\_\_\_ Paid by whom? You \_\_\_ Spouse \_\_\_

Insurance Company \_\_\_\_\_ Contract No. \_\_\_\_\_

Group Number \_\_\_\_\_

B. Is your insurance employer provided or State assistance: Employer Provided \_\_\_ State Provided \_\_\_

**VI. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PROPERTY:**

A. Have you or your spouse been involved in a Bankruptcy within the past five (5) years? Yes \_\_\_ No \_\_\_ Do you and/or your spouse plan to file? Yes \_\_\_ No \_\_\_

B. Are you and/or your spouse owners of (or buying) Real Estate? Yes \_\_\_ No \_\_\_ If yes, for each piece of Real Estate give:

(1) (Marital Residence) (attach copy of deed/land contract)

1. Full address: \_\_\_\_\_
2. Name(s) of Purchaser(s): \_\_\_\_\_
3. Date Purchased: \_\_\_\_\_ Land contract: \_\_\_ Mortgage: \_\_\_\_\_
4. Purchase price: \$ \_\_\_\_\_
5. Date and Appraisal value (if any): \_\_\_\_\_ \$ \_\_\_\_\_
6. Approximate value of capital improvements: \$ \_\_\_\_\_
7. Present (or assessed) Fair Market Value: \$ \_\_\_\_\_
8. SEV (State Equalized Value): \$ \_\_\_\_\_
9. Balance owed: \$ \_\_\_\_\_
10. Monthly house payment: \$ \_\_\_\_\_
11. Mortgage Company name and address: \_\_\_\_\_
12. Loan Number: \_\_\_\_\_
13. Are there any second loans (home equity, etc)? Yes \_\_\_ No \_\_\_
14. Lender Name and address: \_\_\_\_\_
15. Loan Number: \_\_\_\_\_
16. Amount of loan: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_
17. House Description: Bedrooms \_\_\_ Bathrooms \_\_\_ Living Room? \_\_\_ Family Room? \_\_\_  
Basement? \_\_\_ If yes, full or half? \_\_\_\_\_ Finished? \_\_\_ Garage \_\_\_ Attached? \_\_\_  
Lot size \_\_\_\_\_ Style (ranch, colonial, quad, etc.) \_\_\_\_\_  
Year built: \_\_\_\_\_ Please describe any special features of home: \_\_\_\_\_

(2) (Other Property) (attach copy of deed/land contract)

1. Full address: \_\_\_\_\_
2. Name(s) of Purchaser(s): \_\_\_\_\_
3. Date Purchased: \_\_\_\_\_ Land contract: \_\_\_ Mortgage: \_\_\_\_\_
4. Purchase price: \$ \_\_\_\_\_
5. Date and Appraisal value (if any): \_\_\_\_\_ \$ \_\_\_\_\_

- 
6. Approximate value of capital improvements: \$ \_\_\_\_\_
7. Present (or assessed) Fair Market Value: \$ \_\_\_\_\_
8. SEV (State Equalized Value): \$ \_\_\_\_\_
9. Balance owed: \$ \_\_\_\_\_
10. Monthly house payment: \$ \_\_\_\_\_
11. Mortgage Company name and address: \_\_\_\_\_
12. Loan Number: \_\_\_\_\_
13. Are there any second loans (home equity, etc)? Yes \_\_\_ No \_\_\_
14. Lender Name and address: \_\_\_\_\_
15. Loan Number: \_\_\_\_\_
16. Amount of loan: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_
17. House Description: Bedrooms \_\_\_ Bathrooms \_\_\_ Living Room? \_\_\_ Family Room? \_\_\_  
Basement? \_\_\_ If yes, full or half? \_\_\_\_\_ Finished? \_\_\_ Garage \_\_\_ Attached? \_\_\_  
Lot size \_\_\_\_\_ Style (ranch, colonial, quad, etc.) \_\_\_\_\_  
Year built: \_\_\_\_\_ Please describe any special features of home: \_\_\_\_\_
- 

**(If you or your spouse have additional real estate, please attach a separate sheet at the end of this Questionnaire and answer questions B.1. through B.10. for the additional property).**

C. Are you or your spouse owners of any vehicles (autos/motorcycles/motor homes/boats)? Yes \_\_\_\_\_ No \_\_\_

	FIRST VEHICLE	SECOND VEHICLE	THIRD VEHICLE
DESCRIPTION (Make/model/year)			
COLOR			
SPECIAL FEATURES (Wheels, stereo, sunroof, etc.)			
VEHICLE ID#			
NAME(S) ON TITLE			
PRESENT VALUE			
AMOUNT OWED			
MONTHLY PAYMENT			
TO WHOM OWED			
MILEAGE ON VEHICLE			
WHO NORMALLY DRIVES VEHICLE			
WHO HAS POSSESSION			

(If you or your spouse have additional vehicles, attach separate sheet at end of the Questionnaire and answer above questions for each additional vehicle).

D. Do you or your spouse have any other property? Yes \_\_\_ No \_\_\_ If so, please tell us what the property is and how you want property divided:

1.

BANK/CREDIT UNION NAME/ADDRESS	TYPE (SAV/CHECKING)	AMOUNT	YOURS/SPOUSE/JOINT

2.

NAME OF STOCKS/BONDS	AMOUNT	TO CLIENT	TO SPOUSE

3. Other valuables (such as collections/jewelry/tools/guns/sports equipment. If more space is needed, please use back).

DESCRIBE ITEM	VALUE	TO CLIENT	TO SPOUSE



4. Please tell us how you want household furniture, other items divided:

- a. Each gets one-half: Yes \_\_\_ No \_\_\_
- b. Client gets all: Yes \_\_\_ No \_\_\_
- c. Spouse gets all: Yes \_\_\_ No \_\_\_
- d. Approximate total worth of household items: \$ \_\_\_\_\_
- e. Other division: \_\_\_\_\_

5. Life Insurance Policies:

- a. I have term policy at my employment. Yes \_\_\_ No \_\_\_
- b. Spouse has term policy at his/her employment. Yes \_\_\_ No \_\_\_
- c. I or my spouse have whole life or other policy(s) with cash surrender value(s): Yes \_\_\_ No \_\_\_

If you checked yes, give:

NAME OF INSURED	NAME POLICE OWNER	INS. CO. & ADDRESS	CASH VALUE

6. Pension/Investment:

- a. I have a pension at my employment Yes \_\_\_ No \_\_\_
- b. My spouse has a pension at his/her employment Yes \_\_\_ No \_\_\_

**CLIENT PENSION (DEFINED BENEFIT/401k/DEFERRED COMPENSATION):**

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

**SPOUSE PENSION (DEFINED BENEFIT/401k/DEFERRED COMPENSATION):**

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

**OTHER INVESTMENT ACCOUNTS:**

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

7. I or my spouse have a military pension. Yes \_\_\_ No \_\_\_

8. Business Interests:

- a. I or my spouse are involved in a business or partnership. Yes \_\_\_ No \_\_\_
- b. I or my spouse acquired a professional degree during our marriage. Yes \_\_\_ No \_\_\_

E. PLEASE list all debts and loans owed by you or your spouse, including mortgages/credit cards/auto loans/personal loans/etc. and attach copy of most recent statement(s):

CREDITOR Name/Address	ACCOUNT NUMBER	APPROX. BALANCE TODAY	MONTHLY PAYMENT	WHOSE ACCOUNT (You, spouse, joint)	IS THE ACCOUNT CURRENT?

F. Please tell us about any pending lawsuits/garnishments or Judgments against you or your spouse:

NAME OF SUIT/JUDGMENT	COURT NAME	CASE #	AMOUNT OWED
<u>Vs.</u>			
<u>Vs.</u>			
<u>Vs.</u>			

Do you or your spouse have any lawsuits pending against anyone? Yes \_\_\_ No \_\_\_ If yes Please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever talked to or hired an attorney before? Yes \_\_\_ No \_\_\_ If yes, please name the attorney and the reason for consultation:

\_\_\_\_\_

\_\_\_\_\_

**V. HAVE EITHER OF YOU APPLIED FOR ANY LOANS/LINES OF CREDIT, MORTGAGES/ETC. WITHIN THE LAST 10 YEARS? YES NO**  
**(IF YES, PLEASE LIST THE DATES/PLACES/ AMOUNTS)**

DATE	PLACE	AMOUNT	REASON FOR LOAN

**IF YOU ARE ABLE TO, PLEASE REMEMBER TO BRING WITH YOU FOR YOUR INTERVIEW, YOUR LAND CONTRACT(S), MORTGAGE(S), DEED(S), CLOSING STATEMENT(S), VEHICLE TITLE(S), LOAN APPLICATION(S), CHARGE ACCOUNT STATEMENT(S), YOUR MOST RECENT TAX RETURN(S). IF YOU HAVE ACCESS AND ARE ABLE TO MAKE YOUR OWN COPIES AHEAD OF TIME IT WILL SAVE YOU PHOTOCOPYING COSTS AND TIME. These documents are helpful to us in obtaining necessary information, however, we realize it may be difficult or impossible for you to provide them.**

You must provide us with *all* of the following information *which is required* for the Friend of the Court (if you do not know the answer, it is your responsibility to obtain it and provide us with the details):

**OTHER CHILDREN OF EITHER PARTY:**

1. Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_

FOR ATTORNEY USE ONLY

Date of initial client interview: \_\_\_\_\_

NOTES: \_\_\_\_\_  
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\_\_\_\_\_

Hourly Fee: \_\_\_\_\_ Retainer Agreed Upon: \_\_\_\_\_  
Agreement signed: \_\_\_\_\_ Significant dates to be recorded: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guidelines amounts: Him \_\_\_\_ Her \_\_\_\_ Recommendation \_\_\_\_\_

PLEADINGS NEEDED:

- \_\_\_\_\_ Summons
- \_\_\_\_\_ Complaint for Divorce
- \_\_\_\_\_ Answer and Counter-Complaint
- \_\_\_\_\_ Stipulation/Order for Temporary Support & Custody
- \_\_\_\_\_ Mutual Preliminary Injunctive Order
- \_\_\_\_\_ Affidavit of Indigence
- \_\_\_\_\_ Record of Divorce
- \_\_\_\_\_ FOC Statement
- \_\_\_\_\_ Motion \_\_\_\_\_
- \_\_\_\_\_ Interrogatories \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_