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DOMESTIC RELATIONS INFORMATION

FILL OUT AS COMPLETELY AS POSSIBLE

A. CLIENT'S STATISTICS:

1. Name _____ Telephone _____

Email: _____ Cell Phone _____

Home Address _____

Maiden Name _____ Soc. Sec. # _____

Date of Birth _____ State of Birth _____ Drivers License # _____

How long have you lived in Washington _____

2. Extent of education & training _____

Did you work before marriage? _____ During marriage? _____

Employer _____ How long? _____

Business Address _____

_____ Bus. Phone _____

Work schedule: _____

Gross Salary \$ _____ (wk/bimonthly/mo.) Net Salary \$ _____

Payroll Deductions: _____ Income Tax \$ _____

Bonds \$ _____ FICA \$ _____

Cr. Union \$ _____ Mandatory Pension \$ _____

Savings \$ _____ Union Dues \$ _____

Maintenance for other relationships \$ _____

Other (specify) _____ \$ _____

Other source of income? _____ Amount \$ _____

3. How is your health? _____

4. Have you been married before? _____ To whom? _____

Date and place of previous marriage _____

How was the marriage terminated? _____

Date and place of termination? _____

Do you have children by previous marriage? _____ Number _____

Names and birth dates of those children _____

In whose custody are they? _____

Child support paid/received per month per child \$ _____

5. Did you have any property or cash at the time of this marriage?

Describe: _____

How was it acquired? _____

Do you still have this property? _____

B. SPOUSE'S STATISTICS:

1. Name _____ Telephone _____
 Email: _____ Cell Phone _____
 Home Address _____
 Maiden Name _____ Soc. Sec. # _____
 Date of Birth _____ State of Birth _____ Drivers License # _____
2. Extent of education & training _____
 Did spouse work before marriage? _____ During marriage? _____
 Employer _____ How long? _____
 Business Address _____
 _____ Bus. Phone _____
 Work schedule: _____
 Gross Salary \$ _____ (wk/bimonthly/mo.) Net Salary \$ _____
 Payroll Deductions:

Income Tax	\$ _____
Bonds \$ _____	FICA \$ _____
Cr. Union \$ _____	Mandatory Pension \$ _____
Savings \$ _____	Union Dues \$ _____
Maintenance for other relationships	\$ _____
Other (specify) _____	\$ _____

 Other source of income? _____ Amount \$ _____
3. Health of spouse? _____
4. Has spouse been married before? _____ To whom? _____
 Date and place of previous marriage _____
 How was the marriage terminated? _____
 Date and place of termination? _____
 Does spouse have children by previous marriage? _____ Number _____
 Names and birth dates of those children _____

 In whose custody are they? _____
 Child support paid/received per month per child \$ _____
5. Did spouse have any property or cash at the time of this marriage?
 Describe: _____

 How was it acquired? _____
 Does spouse still have this property? _____

C. STATISTICS OF THIS MARRIAGE:

Date of Marriage _____ Date of Separation _____
Place of Marriage: City _____ County _____ State _____
Prior to marriage, did you & your spouse live together: _____ How long: _____

D. SPOUSAL MAINTENANCE

Are you or will your spouse seek maintenance (alimony): _____
How much per month is needed: _____
How long will maintenance be needed: _____
List the reasons for seeking maintenance: _____

Are you or your spouse considering further education or job training: _____
Describe: _____

E. CUSTODY/PARENTING PLAN

1. Number of children of this Marriage _____

Name:	Birth date:	Soc. Sec. #	Whose Custody:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is wife pregnant? _____ Date child expected? _____
What is a fair amount of Child Support? \$ _____

2. Which parent will have residence of the children the majority of the time?

_____ Mother _____ Father

3. Do you expect that alternating weekends, alternating holidays and a portion of the summer will be the residential schedule for the other parent? _____ Yes _____ No

4. If not, what is your **preference** for the residential schedule? _____

5. With whom have the children **resided** with for the last 12 months? _____

6. List all **addresses** of the children for the last 5 years: _____

7. The court will only limit a parent's time with the children or require supervised visitation for specific reasons (i.e. child abuse, domestic violence, mental or physical illness, severe abandonment or neglect, severe conflict with spouse, severe alcohol or drug abuse, severe denial of access to spouse, or kidnapping). If you seek to **limit** the other parent's residential time with the children, please list below your reasons for doing so, giving specific examples and dates (use additional pages if necessary): _____

8. Visitation during the **summer** break can be anything from two weeks to all of the summer. How much time do you think it should be? _____

9. How should **Christmas** break and **spring** break be scheduled? _____

10. Please list the distance between the residences of the two parents and what provisions should be made for **transportation**? _____

11. Both parents will normally be given the power to make emergency medical decisions and minor decisions for the children while they are residing with them. Who should have the **decision-making** authority for major decisions (i.e. residence, education, non-emergency medical and dental, religious affiliation, day care providers, sports participation, etc.)?
_____ Mother _____ Father _____ Both parents jointly?

12. Describe in detail each parent's **performance** of the day-to day functions for the care of the children during the **last 12 months**. (e.g. feeding, clothing, bathing, assisting with homework, morning and evening routines, school activities, medical care, etc.): _____

13. Describe in detail each parent's **current performance** of these day-to-day functions, and the reasons for any change in those functions during the past 12 months. _____

14. Describe each parent's work and child care **schedules** for the last **12 months**: _____

15. Describe each parent's **current** work and child care **schedules**: _____

16. Are you or your children now seeing or have you or your children ever seen a social worker, **counselor**, or psychologist? _____ If so, describe, giving names, dates and reasons: _____

F. PROPERTY:

1. REAL PROPERTY:

(a) Home:

Address: _____

Occupied now by? _____ Do you want the home? _____

Date purchased? _____ Purchase Price \$ _____

Down Payment \$ _____ Source: _____ Balance Due \$ _____

Mortgage or contract holder _____

Monthly payments \$ _____ (Including taxes and reserves?) _____

Estimated present market value \$ _____

Legal Description:

(b) If other real property, check here [] and use back of this form.

2. BUSINESS INTEREST:

Name of business: _____

Address: _____

Type of business: _____

Date started: _____ Number of employees: _____

Percentage ownership in the business (or number of shares of stock): _____

Your position in the business: _____

Your spouse's position in the business: _____

Where are the books kept: _____

Net Worth (last quarter or year): _____

Profit or loss last quarter: _____ Last year: _____

3. BANK ACCOUNTS:

(a) Checking Account(s):

Name of Bank _____ Branch _____

Account No. _____ Balance \$ _____

In whose name? _____

Name of Bank _____ Branch _____

Account No. _____ Balance \$ _____

In whose name? _____

(b) Savings Account(s):

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

Name of Bank _____ Branch _____
Account No. _____ Balance \$ _____
In whose name? _____

4. **AUTOMOBILES:**

Year _____ Make _____ Model _____
License No. _____ Do you want this? _____
Date Purchased? _____ Title in whose name? _____
Purchase Price \$ _____ Present Value \$ _____
Balance Owing \$ _____ Monthly Payments \$ _____
Lien Holder _____

Year _____ Make _____ Model _____
License No. _____ Do you want this? _____
Date Purchased? _____ Title in whose name? _____
Purchase Price \$ _____ Present Value \$ _____
Balance Owing \$ _____ Monthly Payments \$ _____
Lien Holder _____

Year _____ Make _____ Model _____
License No. _____ Do you want this? _____
Date Purchased? _____ Title in whose name? _____
Purchase Price \$ _____ Present Value \$ _____
Balance Owing \$ _____ Monthly Payments \$ _____
Lien Holder _____

Year _____ Make _____ Model _____
License No. _____ Do you want this? _____
Date Purchased? _____ Title in whose name? _____
Purchase Price \$ _____ Present Value \$ _____
Balance Owing \$ _____ Monthly Payments \$ _____
Lien Holder _____

(If other motor vehicles, including motor bikes, etc., use back of this form.)

5. **BOAT/TRAILER/CAMPER/ETC.:**

Year _____ Make _____ Model _____
License No. _____ Do you want this? _____
Date Purchased? _____ Title in whose name? _____
Purchase Price \$ _____ Present Value \$ _____
Balance Owing \$ _____ Monthly Payments \$ _____
Lien Holder _____

6. **FURNITURE AND APPLIANCES:**

Number and types of rooms: _____

Is it paid for? _____ If not, balance due \$ _____
Name of creditor? _____
Monthly Payments \$ _____ Estimated Present Value \$ _____
Do you want the furniture and appliances? _____ If so which? _____

7. **JEWELRY, FURS, PAINTINGS, ETC.:**

_____ Present Value \$ _____
_____ Present Value \$ _____
_____ Present Value \$ _____

8. **SECURITIES** (Stocks, Bonds and/or Mutual Funds):

Company: _____ Cert. No(s). _____
No. of shares _____ Date Purchased _____ Purchase Price \$ _____
Present Value \$ _____ Income \$ _____ Face Amount \$ _____
How held? _____ Do you want this? _____

Company: _____ Cert. No(s). _____
No. of shares _____ Date Purchased _____ Purchase Price \$ _____
Present Value \$ _____ Income \$ _____ Face Amount \$ _____
How held? _____ Do you want this? _____

Company: _____ Cert. No(s). _____
No. of shares _____ Date Purchased _____ Purchase Price \$ _____
Present Value \$ _____ Income \$ _____ Face Amount \$ _____
How held? _____ Do you want this? _____

(If other Securities, use back of this form.)

9. RETIREMENT/PENSION/401K/OTHER EMPLOYEE BENEFITS:

(Include the name of the company, whether vested, amount of employee and company contribution, amount entitled to (either lump sum or monthly), and age when entitled to retirement).

Husband: _____

Wife: _____

10. LIFE INSURANCE:

Company _____ Policy No. _____

Insured _____ Beneficiaries _____

Type _____ Face Amount \$ _____

(term, whole life, universal life) Surrender Value \$ _____

11. HEALTH/MEDICAL/HOSPITAL/DENTAL INSURANCE:

Company _____ Policy No. _____

Coverage _____

Premium \$ _____ (monthly/annually)

Is this through employment? _____ Whose? _____

12. INHERITANCE

Have you or your spouse received an inheritance: _____ Who: _____

When: _____ Amount: _____

Do you expect to receive an inheritance in the next 2 years: _____

13. MISCELLANEOUS:

Give details of any pending lawsuits you or your spouse are involved in: _____

Income Tax Refund? _____ Amount expected \$ _____ For year _____

Safe deposit box: Where? _____ In whose name? _____

Contents: _____

Other assets (describe):

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

G. GENERAL QUESTIONS:

1. Will spouse attempt to dispose of or hide property in event of a dissolution action?

3. Is there any property in the hands of a third party? ____ If so, describe and give the name of the third party: _____

4. Do you have a Will? _____ Does your spouse have a Will? _____
Do you have a Community Property Agreement? _____ (If so, please attach a copy)
Where are they located? _____

5. Do you have any separate property not covered above? _____ If so, please list. Also, if any of the foregoing property is separate, so indicate by placing an "S" by that property.

6. Do you want to change your name? ____ Name desired: _____

7. Have you ever filed for dissolution before? ____ If so, please supply all pleadings and papers related to that proceeding.

H. DEBTS AND OBLIGATIONS:

Please complete in detail the following schedule outstanding debts and obligations which are not monthly living expenses. As to each of the payments indicate by placing an "H" or "W" next to each payment whether you or your spouse should assume that particular debt and be liable therefor.

<u>H or W</u>	<u>NAME OF CREDITOR</u>	<u>MONTHLY PAYMENT</u>	<u>TOTAL BALANCE</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTALS:		\$ _____	\$ _____

I. PROPERTY DIVISION:

A fair division of our property would be:

<u>Property</u>	<u>To Wife</u>	<u>To Husband</u>
Real property at _____	\$ _____	\$ _____
Real property at _____	\$ _____	\$ _____
Checking Accounts: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Savings Accounts: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Automobiles: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Boat/Trailer: _____	\$ _____	\$ _____
Furniture _____	\$ _____	\$ _____
Jewelry, Furs, Paintings _____	\$ _____	\$ _____
Stocks: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Bonds: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Mutual Funds: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Pension: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Life Insurance: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Assets: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Marital Lien (terms) _____		
_____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

Signature: _____ **Date:** _____

LAW ENFORCEMENT INFORMATION

**Do NOT serve or show this sheet to the restrained person!
Do NOT FILE in the court file. Give this form to law enforcement.**

Type or print clearly! This completed form is **required** by law enforcement. This information is **necessary** to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible.

Court:	Case Number:
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<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Nonparental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult <input type="checkbox"/> Sexual Assault

Restrained Person's Information (This is the person that you want the court to restrain.)

Name:	First	Middle	Last	Nickname	Relationship to Protected Person
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Address Street: City:	State: Zip:	Phone(s) w/Area Code	Need Interpreter? Yes or No Language:
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Employer	Employer's Address	WORK Hours: Phone: ()
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Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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Hazard Information Restrained Person's History Includes:
 Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) Assault Assault with Weapons Alcohol/Drug Abuse
Weapons: Handguns Rifles Knives Explosives Other:
Location of Weapons: Vehicle On Person Residence Describe in detail:

Current Status (Circle Yes, No or N/A.) Is the restrained person a current or former cohabitant as an intimate partner? **Y N**
 Are you and the restrained person living together now? **Y N** Does the restrained person know he/she may be moved out of the home? **Y N N/A**
 Does the restrained person know you're trying to get this order? **Y N** Is the restrained person likely to react violently when served? **Y N**

Protected Person's Information (This is the person you want the court to protect.)

Name:	First	Middle	Last
--------------	-------	--------	------

Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
---------------	--	------	--------	--------	-----------	------------	-----------	-------

If your information **is not confidential**, you must enter your address and phone number(s).

Current Address Street: City:	State: Zip:	Phone(s) w/Area Code	Need interpreter? Yes or No Language:
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If your information **is confidential**, you must provide the name, address and phone number of someone willing to be your "contact."

Contact Name	Contact Address	Contact Phone
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If you filed the petition for someone else, list your name, contact phone number and address :

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to		
							Protected Person	Restrained Person	
Name:	First	Middle	Last	Sex	Race	Birth date	Resides With		

Filled out by: _____ On (date): _____ See Reverse For Additional Information

Confidential Information (CIF)

Clerk: **Do not file in a public access file**

Superior Court of Washington, County: _____

Case No.: _____

Important! Only court staff and some state agencies may see this form. The other party and his/her lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

1. Who is completing this form? (Name): _____
2. Is there a current restraining or protection order involving the parties or children? Yes No
If Yes, who does the order protect? (Name/s): _____
3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one): Yes No
If Yes, explain why? _____

4. Your Information

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

If your case is **only** about a protection order, the information below is **not** required. Skip to 5.

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. #:
Employer's name:		Employer's phone:
Employer's address:		

5. **Other Party's Information** – This person is a (check one): Petitioner Respondent

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			

If your case is **only** about a protection order, the information below is **not** required. Skip to 6.

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Phone:	Email:	Social Sec. #:
Employer's name:		Employer's phone:
Employer's address:		

➤ **Skip sections 6 – 9 if your case does not involve children. Sign at the end.**

6. Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. #	Current location: lives with
.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____

7. Have the children lived with anyone other than Petitioner or Respondent during the last five years?

(Check one): No Yes If Yes, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

8. Do other people (not parents) have custody or visitation rights to the children?

(Check one): No Yes If Yes, fill out below:

Person with rights (name)	That person's current address
1.	
2.	



9. If you are asking for custody and are not the parent, list all other adults living in your home:

1. (Name):	Date of birth (MM/DD/YYYY):
2. (Name):	Date of birth (MM/DD/YYYY):

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the Attachment to Confidential Information, form FL All Family 002, and attach it to this form.

Signed at (city and state): _____ Date: _____

 _____  _____
 Petitioner/Respondent signs here Print name here