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DIVORCE WORKSHEET

A. CLIENT INFORMATION:

Full Name: (Mr. or Mrs.) _____

Maiden / Prior Name (if applicable) _____

Residence Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone No.: _____ Cell No.: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Annual Gross Income: \$ _____ Commission (Yes / No)

How do you get paid: Hourly \$ _____ Salary \$ _____ Weekly, Bi-weekly, other: _____

Date of Birth: _____ City and State of Birth: _____

Social Security No.: _____ # of times Married: _____ Race: _____

B. SPOUSE INFORMATION:

Full Name: (Mr. or Mrs.) _____

Maiden / Prior Name (if applicable) _____

Residence Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone No.: _____ Cell No.: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Annual Gross Income: \$ _____ Commission (Yes / No)

How does your spouse get paid: Hourly \$ _____ Salary \$ _____ Weekly, Bi-weekly, other: _____

Date of Birth: _____ City and State of Birth: _____

Social Security No.: _____ # of times Married: _____ Race: _____

Name and Address of Spouse's Attorney (if known): _____

Does the wife desire to have her maiden name or prior name restored at the time of the finalization of this case? If so, please state the FULL name as it shall appear on the Final Judgment and Decree: _____

C. GENERAL INFORMATION:

City / State / County of Marriage: _____

Date of Marriage: _____ Date of Separation: _____

Is either party in the military (specify) _____

Which party left the family residence? _____

Reason(s) for Divorce: (check all that apply)

Consanguinity	Habitual Intoxication	Irretrievably Broken	
Mental Capacity	Sentenced to Prison	Incurable Mental Illness	
Adultery	Desertion	Habitual Drug Addiction	
Cruel Treatment	Pregnant by Another Man	Other	
Impotence	Menace or Duress		

Explain: _____

D. CHILDREN:

Children from THIS marriage:

Full Name: M or F Date of Birth Age Currently Resides With:

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- Father (all issues)
- Medical only to be determined by (circle one) Mother / Father / Pediatrician or Medical Provider...
- Dental only to be determined by (circle one) Mother / Father / Dentist or Orthodontist...
- Education to be determined by (circle one) Mother / Father / School Teacher or Counselor
- Religion to be determined by (circle one) Mother / Father / Other: _____

Visitation or custody period for the non-custodial parent can be any arrangement that you and your spouse can agree to, however, a specific schedule must be included in your Agreement. Please describe the visitation schedule that you like for the non-custodial parent.

- Please indicate by checking the box, if you would prefer to have alternating (every other year) visitation schedule rather than specify each holiday.

HOLIDAY	ODD NUMBERED YEARS HUSBAND (H) WIFE (W)	EVEN NUMBERED YEARS HUSBAND (H) WIFE (W)
A. <u>Martin Luther King, Jr. holiday</u> 6:00 p.m. Friday thru 6:00 p.m. Monday		
B. <u>President's Day</u> (6:00 p.m. Friday thru 6:00 p.m. Monday)		
C. <u>Spring Break</u> 6:00 p.m. on the day before the first day of Spring Break through 6:00 p.m. on the day before school resumes		
D. <u>Easter Weekend</u> 6:00 p.m. Friday until 6:00 p.m. Sunday		
E. <u>Mother's Day Weekend</u> 6:00 p.m. Friday until 6:00 p.m. Sunday		
F. <u>Memorial Day</u> 6:00 p.m. Friday thru 6:00 p.m. Monday		
G. <u>Father's Day Weekend</u> 6:00 p.m. Friday until 6:00 p.m. Sunday		
H. <u>July 4th</u> 6:00 p.m. on July 3 rd until 10:00 p.m. on July 4 th		
I. <u>Labor Day</u> 6:00 p.m. Friday thru 6:00 p.m. Monday		
J. <u>Halloween</u> 4:00 p.m. thru 8:00 p.m.		
K. <u>Thanksgiving</u> from 6:00 p.m. on Wednesday before Thanksgiving thru 6:00 p.m. Sunday following Thanksgiving		
L. <u>Christmas</u> from 6:00 p.m. the day the children are released from school until 2:00 p.m. on Christmas Day		
M. <u>Christmas</u> 2:00 p.m. Christmas Day thru 6:00 p.m. the day before school resumes in school district in which the children reside		
N. <u>Father's Birthday</u> 8:00 a.m. until 8:00		

p.m., but if a school day, 5:00 p.m. until 8:30 p.m.		
O. <u>Mother's Birthday</u> 8:00 a.m. until 8:00 p.m., but if a school day, 5:00 p.m. until 8:30 p.m.		
P. <u>Child's Birthday</u> 8:00 a.m. until 8:00 p.m., but if a school day, 5:00 p.m. until 8:30 p.m.		
Q. <u>Teacher's Work Day</u> 6:00 p.m. on the day before the holiday until 6:00 p.m. on the holiday		
R. <u>Passover</u>		
S. <u>Rosh Hashana</u>		
T. <u>Yom Kippur</u>		
U. <u>Chanuka</u>		
V. <u>Simchas Torah</u>		
W. <u>Purim</u>		
X. <u>Other Religious Holidays</u>		
Y. <u>Summer Vacation</u> Two weeks (14 days of uninterrupted physical custody upon written notice by May 1 st of each year		
<u>Other Holidays</u> 1. 2. 3.		

Religious holidays should be determined by:

- Christian

- Jewish
- Other: _____

Child Support is to be determined according to specific guidelines set by the State of Georgia and calculated according to the annual gross income of the non-custodial parent as follows:

# of minor children of THIS marriage:	Percentage Range of Gross Income:
1	17% to 23%
2	23% to 28%
3	25% to 32%
4	29% to 35%
5 or more	31% to 37%

Which party is to pay child support?

- Husband
- Wife
- Neither

If neither, please explain: _____

Child support shall be paid:

- Weekly on _____ (day of the week)
- Bi-Weekly (every other week)
- Monthly on _____ (day of month)
- Bi-Monthly on _____ and on _____ (days of the month)
- Other: _____

Child Support shall be paid by:

- Check or money order hand-delivered directly to recipient
- Check or money order mailed to recipient
- Income Deduction Order *Please note: If Income Deduction Order is requested additional fees will be assessed.

E. ALIMONY:

- No
- Yes
 - Husband shall pay to Wife
 - Wife shall pay to Husband

If yes, please state the reason you feel alimony is needed:

F. MARITAL RESIDENCE: (At the time of separation)

The marital residence is a:

- Rental house or apartment

Who will be permitted to reside in the house?

- Wife
- Husband

Leased in the name of the:

- Wife
- Husband
- Both parties
- Other: _____

- Purchased home or condominium

Who will be permitted to reside in the house

- Wife
- Husband

Titled in the name of the:

- Wife
- Husband
- Both
- Other: _____

Mortgage Company: _____

Address: _____

Phone Number: _____ Account No. _____

If the home was purchased, is the legal title to be:

- Transferred to the Wife
- Transferred to the Husband
- Left Unchanged

If the residence is to be sold, which party shall continue to reside in the home until sold:

- Wife
- Husband

Proceeds of the sale of the marital residence to be paid to the:

- Wife
 - How much and how paid: _____
- Husband
 - How much and how paid: _____
- Equal amount to each party
- Other: _____

Other Real Estate:

Titled in the name of the:

- Wife
- Husband
- Both
- Other: _____

Mortgage Company: _____

Address: _____

Phone Number: _____ Account No. _____

H. PERSONAL AND MARITAL DEBTS:

List all debts the WIFE is financially obligated to pay: (debts where the wife's name is the only name on the account, loan, credit card, etc.)

CREDITOR: ACCOUNT # BALANCE: MONTHLY PAYMENT:

CREDITOR:	ACCOUNT #	BALANCE:	MONTHLY PAYMENT:

List all debts the HUSBAND is financially obligated to pay: (debts where the husband's name is the only name on the account, loan, credit card, etc.)

CREDITOR: ACCOUNT # BALANCE: MONTHLY PAYMENT:

CREDITOR:	ACCOUNT #	BALANCE:	MONTHLY PAYMENT:

List all JOINT debt and specify which party (H=husband or W=wife) you believe should be financially responsible for repayment: (debts where the name of both the husband and wife are on the account, loan, credit card, etc.)

CREDITOR: ACCOUNT # BALANCE: MONTHLY PAYMENT:

CREDITOR:	ACCOUNT #	BALANCE:	MONTHLY PAYMENT:

I. INCOME TAXES:

How have you and your spouse filed income tax returns in the past?

- Joint
- Separate

How do you plan to file tax returns for this year?

- Joint
- Separate

Refunds are to be paid to:

- Husband
- Wife
- Split Equally
- Other: _____

Do either of you owe taxes:

- No
- Yes:
 - Owed by: _____ Husband _____ Wife _____ Both
 - Georgia State Tax: Amount owed: \$_____ Monthly payment: \$_____
 - Federal Tax Amount owed: \$_____ Monthly payment: \$_____
 - Who will pay taxes:
 - Husband
 - Wife
 - Equally
 - Party who caused deficiency

If the marital residence is owned, which party is to claim the mortgage interest on their personal income tax returns?

- Husband
- Wife

If there are children of this marriage, which party shall be permitted to claim the child/children on their personal income tax returns?

- Husband
- Wife
- Switch off every other year

J. BANK ACCOUNTS AND INVESTMENTS:

Please list all accounts which need to be divided and specify whose name the account is in as well as which party will be entitled to the balance in the account once the divorce is finalized (H=Husband, W=Wife, J=Joint). Accounts should include but not be limited to checking and savings accounts, money markets, IRA, 401k, Stock, Bonds, CD's and Pension plans:

Type of Acct.	Account #	Balance	Whose Acct	Transfer to

*Please note: If funds are being transferred by means of a Qualified Domestic Relations Order (QDRO), additional fees will be assessed.

K. MEDICAL INSURANCE:

If there is currently health insurance in effect, who carries the coverage for:

- Husband: _____
- Wife: _____
- Children: _____

Once the divorce is final, who will maintain medical insurance for the benefit of:

- Wife: _____
- Husband: _____
- Children: _____

Is the requirement to maintain medical coverage to end on a specific date? If yes, specify:

In reference to the deductible:

- Each party pays their own deductible
- Husband pay's Wife's deductible
- Husband pay's children's deductible
- Wife pay's Husband's deductible
- Wife pay's children's deductible
- Each party will split deductible and other unreimbursed medical expenses for the children equally
- Other: _____

