

CUSTODY & POST DECREE INFORMATION SHEET

RESPONSE TO COMPLAINT (If Applicable) - Bullet points of rebuttal and counterclaims. Email Preferred.

RESPONSE TO MOTION (If Applicable) –Bullet points of rebuttal and counterclaims. Email Preferred.

PRODUCTION OF DOCUMENTS

- Last two years tax returns
- Last three paycheck stubs
- Copy of your credit report Go to the following website to obtain a copy of your free credit reports:
www.AnnualCreditReport.com
- Receipts or other documentation on any personal property purchased ,sold , or disposed of in the last 12 months.
- List of any personal property items claimed as: gifts to you or your separate property.
- An appraisal or Kelley Blue Book evaluation for all vehicles. Please go to www.kbb.com use the trade-in value and print out the estimate of value.
- Copy of most recent appraisal on the residence. Go to the following website for a basic estimate for real property:
www.zillow.com.

CHRONOLOGY EXAMPLE:

Started dating on October 31, 2000. We got engaged on January 20, 2001. We married in Sacramento, CA on June 20, 2001. We had 1 child in 2006. Filed for divorce on June 8, 2007.

CHRONOLGY OF YOUR RELATIONSHIP- Attached separate sheet if needed

Name: _____

Spouse: _____

Date of Marriage: _____

City & State of Marriage: _____

Does wife wish to keep married name? Yes _____ No _____

Name wife wishes to take:

First Name: _____ Middle: _____ Last: _____

CHILD CUSTODY & SUPPORT

List children of this marriage or adopted by both parents, age 18 and under, or age 19 if still in high school

Name: _____

DOB: _____ SS#: _____

Name: _____

DOB: _____ SS#: _____

Name: _____

DOB: _____ SS#: _____

Name: _____

DOB: _____ SS#: _____

Legal Custody of Child(ren): Husband Wife Joint

CURRENT CHILD SUPPORT

Name: _____ pays to Name: _____

Amount \$ _____

Who provides medical/health insurance for the minor child(ren)? Husband Wife

Reimbursement for medical & health costs in decree? Yes No

CURRENT VISITATION SCHEDULE

Mom's Visitation:

Days of week: _____

Time: _____ am/pm through _____ am /pm.

Dad's Visitation:

Days of week: _____

Time: _____ am/pm through _____ am /pm.

Requested Holiday(s):

Other Visitation Instructions:

ALIMONY & SPOUSAL SUPPORT

Each party waives spousal support? Yes _____ No _____

If no, please indicate:

Name: _____ will pay to Name: _____

In the amount of \$ _____ for _____ months.

WITNESSES RELEVANT TO YOUR CASE

Name: _____

Phone: _____ Email: _____

Anticipated testimony of witness: _____

Name: _____

Phone: _____ Email: _____

Anticipated testimony of witness: _____

Name: _____

Phone: _____ Email: _____

Anticipated testimony of witness: _____