

SIMPLE DIVORCE SERVICES
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PLEASE NOTE: I am not an attorney or paralegal. All I do is type forms approved by the Supreme Court of Florida. I cannot nor will I provide any legal advice, neither can I represent anyone in the court of law. A Disclosure from Non-lawyer will be provided which will further explain my limitations.

I can only prepare documents based on your direction. For legal advice please contact an attorney.

INFORMATION NEEDED FOR DIVORCE WITH CHILDREN

MARRIAGE

Date of Marriage _____ Place of Marriage _____ Date of Separation _____

PETITIONER

Name _____

Current address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Telephone _____ Fax (if applicable) _____

Email _____

Are any of the parties in the military? If yes, who _____

Maiden Name (if wife desires to have her maiden name restored) _____

RESPONDENT

Name _____

Current address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Telephone _____ Fax (if applicable) _____

Email _____

Maiden Name (if wife desires to have her maiden name restored) _____

CHILDREN (1):

First and Last Name: _____

Current address _____

Where Was the Child Born? _____

Date of Birth _____ Social Security Number _____

Where and with who has the child lived within the last 5 years

From Month/Year _____ To Current

Address: _____

With Who? _____

From Month/Year _____ To Month/Year _____

Address: _____
With Who? _____

From Month/Year _____ To Month/Year _____
Address: _____
With Who? _____

From Month/Year _____ To Month/Year _____
Address: _____
With Who? _____

CHILDREN (2):

First and Last Name: _____

Current address _____

Where Was the Child Born? _____

Date of Birth _____ Social Security Number _____

Where and with who has the child lived within the last 5 years

From Month/Year _____ To Current
Address: _____
With Who? _____

From Month/Year _____ To Month/Year _____
Address: _____
With Who? _____

From Month/Year _____ To Month/Year _____
Address: _____
With Who? _____

From Month/Year _____ To Month/Year _____
Address: _____
With Who? _____

If more than 2 children, please add another sheet with their information

PARENTING and TIME SHARING:

Would both parents share parenting decisions? Yes ___ No ___
In mutual agreement cases the answer is always Yes.

Who will be responsible for medical insurance for the children? _____

How much is the CHILD's medical and dental insurance monthly? _____ Who Pays for It? _____
Is it payroll deducted? _____

How will out of pocket medical expenses be distributed? _____
Typically 50% split or by the child support guidelines.

How much is the CHILD's daycare and/or after school monthly expense? _____

Who pays for it? _____

How do you want to handle the income tax exemption? _____

Mother, father or alternating every year? Please be specific
Is there going to be any alimony? _____ Who is going to pay it? _____

What are the terms of the alimony? _____
Examples: Permanent, temporary, bridge the gap. Alimony is a very complex topic, please consult an attorney.

How's the visitation arrangement? Please be as specific as possible. Most judges want to establish a parenting plan where the child spends specific time with both parents. There is never too much detail in this area.

Weekly or Bi-Weekly _____ From what day _____ To what day _____

Winter Vacation (alternating weeks, etc) _____

Summer Vacation (alternating months, weeks, all summer vacation, etc.)

Other _____

Overnights child/ren will spend with the mother _____ father _____ MUST TOTAL 365 nights.

IMPORTANT: Please review the Parenting Plan upon receiving the completed documents and feel free to manually add anything else you would like to clarify in the documents.

Are there any related cases such as Child Support or Visitation? If so please provide the following:

Case Number _____ Court _____ Date _____

Type of Case _____ Amount to be Paid (if child support) _____

Please attach a copy of the final court order.

FINANCIAL INFORMATION:

Please provide a financial affidavit for both parties.

The husband's financial affidavit should only include the income and expenses, assets, etc. of the husband. The same information is required for the wife in her financial affidavit.

If there are joint assets and/or liabilities, they should be listed on both but marking who is keeping them.

Child Support: It is a State requirement that child support is calculated for all divorce cases with children. If you and your spouse have an agreement please let us know.

PETITIONER

Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly
() other: _____

MONTHLY GROSS INCOME:

1. \$ _____ Monthly gross salary or wages
2. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
3. _____ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts
4. _____ Monthly disability benefits/SSI
5. _____ Monthly Workers' Compensation
6. _____ Monthly Unemployment Compensation
7. _____ Monthly pension, retirement, or annuity payments
8. _____ Monthly Social Security benefits
9. _____ Any other income of a recurring nature (list source) _____
10. _____
11. \$ _____ **TOTAL MONTHLY GROSS INCOME** (Add lines 1–10)

PRESENT MONTHLY DEDUCTIONS:

12. \$ _____ Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - a. Filing Status _____
 - b. Number of dependents claimed _____
13. _____ Monthly FICA or self-employment taxes
14. _____ Monthly Medicare payments
15. _____ Monthly mandatory union dues
16. _____ Monthly mandatory retirement payments
17. _____ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
18. _____ Monthly court-ordered child support actually paid for children from another relationship
19. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s): \$ _____
20. \$ _____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 12 through 19).
21. \$ _____ **PRESENT NET MONTHLY INCOME** (Subtract line 11 from line 20)

SECTION II. AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

Mortgage or rent \$ _____ Property taxes \$ _____ Utilities \$ _____
 Telephone \$ _____ Food \$ _____ Meals outside home \$ _____
 Maintenance/Repairs \$ _____ Other: _____ \$ _____

A. AUTOMOBILE

Gasoline \$ _____ Repairs \$ _____ Insurance \$ _____

B. INSURANCE

Medical/Dental \$ _____ Life \$ _____ Other: _____ \$ _____

PAYMENTS TO CREDITORS

TYPE OF CREDITOR	CREDITOR	MONTHLY PAYMENT	AMOUNT OWED
MORTGAGE			
SECOND MORTGAGE			
AUTO LOAN			
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			

SECTION III. ASSETS AND LIABILITIES

Use the nonmarital column only if this is a petition for dissolution of marriage and you believe an item is "nonmarital," meaning it belongs to only one of you and should not be divided. You should indicate to whom you believe the item(s) or debt belongs. (Typically, you will only use this column if property/debt was owned/owed by one spouse before the marriage.)

A. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Nonmarital (check correct column)	
		husband	wife
Cash (on hand)	\$		
Cash (in banks or credit unions)			
Stocks, Bonds, Notes			
Real estate: (Home)			
(Other)			
Automobiles			
Other personal property			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Other			
Total Assets (add next column)	\$		

RESPONDENT

Occupation: _____ Employed by: _____

Business Address: _____

Pay rate: \$ _____ () every week () every other week () twice a month () monthly
() other: _____

MONTHLY GROSS INCOME:

- 22. \$ _____ Monthly gross salary or wages
- 23. _____ Monthly bonuses, commissions, allowances, overtime, tips, and similar payments
- 24. _____ Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts
- 25. _____ Monthly disability benefits/SSI
- 26. _____ Monthly Workers' Compensation
- 27. _____ Monthly Unemployment Compensation
- 28. _____ Monthly pension, retirement, or annuity payments
- 29. _____ Monthly Social Security benefits
- 30. _____ Any other income of a recurring nature (list source) _____
- 31. _____
- 32. \$ _____ **TOTAL MONTHLY GROSS INCOME** (Add lines 1-10)

PRESENT MONTHLY DEDUCTIONS:

- 33. \$ _____ Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)
 - c. Filing Status _____
 - d. Number of dependents claimed _____
- 34. _____ Monthly FICA or self-employment taxes
- 35. _____ Monthly Medicare payments
- 36. _____ Monthly mandatory union dues
- 37. _____ Monthly mandatory retirement payments
- 38. _____ Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship
- 39. _____ Monthly court-ordered child support actually paid for children from another relationship
- 40. _____ Monthly court-ordered alimony actually paid (Add 25a and 25b)
 - 25a. from this case: \$ _____
 - 25b. from other case(s): \$ _____
- 41. \$ _____ **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES**
(Add lines 12 through 19).
- 42. \$ _____ **PRESENT NET MONTHLY INCOME** (Subtract line 11 from line 20)

SECTION II. AVERAGE MONTHLY EXPENSES

C. HOUSEHOLD:

Mortgage or rent \$ _____ Property taxes \$ _____ Utilities \$ _____
 Telephone \$ _____ Food \$ _____ Meals outside home \$ _____
 Maintenance/Repairs \$ _____ Other: _____ \$ _____

D. AUTOMOBILE

Gasoline \$ _____ Repairs \$ _____ Insurance \$ _____

E. INSURANCE

Medical/Dental \$ _____ Life \$ _____ Other: _____ \$ _____

PAYMENTS TO CREDITORS

TYPE OF CREDITOR	CREDITOR	MONTHLY PAYMENT	AMOUNT OWED
MORTGAGE			
SECOND MORTGAGE			
AUTO LOAN			
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			

SECTION III. ASSETS AND LIABILITIES

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B. ASSETS:

DESCRIPTION OF ITEM(S). List a description of each separate item owned by you (and/or your spouse, if this is a petition for dissolution of marriage). LIST ONLY LAST 4 DIGITS OF ACCOUNT NUMBERS. Check the line next to any asset(s) which you are requesting the judge award to you.	Current Fair Market Value	Non-marital (check correct column)	
		husband	wife
Cash (on hand)	\$		
Cash (in banks or credit unions)			
Stocks, Bonds, Notes			
Real estate: (Home)			
(Other)			
Automobiles			
Other personal property			
Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
Other			
Total Assets (add next column)	\$		