

L&J Hill ENTERPRISE, INC. INFORMATION SHEET

Have you or your spouse been a resident of Florida for at least 6 months? (Circle One for each person) **Husband** -- Yes, No, / **Wife** -- Yes, No

If your spouse lives outside Florida - when did they last live in Florida _____
and for how long?_____.

Date Married: _____ Date Separated? _____

Place Married (City, County & State): _____

Is either party a member of the military service? _____

Do you or your Wife wish to return to your/her former name? ___ Yes ___ No

If yes, what name do you/does she wish to be known as? (include middle name) _____

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Petitioner's Full Name: _____ SS#: _____

Driver's License Number: _____

Address: (The Court will mail all paperwork to this address for next 3-4
months):_____

City, State & Zip _____ D.O.B. _____

Phone#: _____ (Home) _____ (Work)

Employer: _____ Work #: _____

Employer Address: _____ Occupation: _____

City, State & Zip _____

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Respondent's Full Name: _____

SS#: _____

Address: _____ Phone _____

City, State & Zip _____

D.O.B. _____

Employer: _____ Work #: _____

Employer Address: _____ Occupation: _____

City, State & Zip _____

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CHILDREN FROM YOUR MARRIAGE:

Children's Names Sex Birthdate Age Social Security # Place Born

Including children over 18 who are dependent on parents due to medical or physical disability.

Are any of the children adopted? _____. If so, which ones? _____

Are you, your Wife or significant other currently pregnant? _____ Due date _____.

Are there other children, not common to you both, born during the marriage? _____ If
so, who is the birth mother or birth father of the children? _____

These child/ren's names and birthdates: _____

CHILD SUPPORT:

The Court will decide on the amount of child support per the Florida Statutes Guidelines based on both of your incomes.

How is child support to be paid? ___ Income Deduction thru the Court ___ thru the Court ___ directly.

Child Support shall begin ___ at date of separation ___ at date of filing or ___ date of Final Judgment?

CUSTODY AND VISITATION:

Primary Residential Parent (Custody) shall be with? ___ Father ___ Mother

Visitation with the child(ren) shall be: Liberal/reasonable ie: ___ as per Circuit Guidelines. -

See Guidelines on Counter or ___ None ___ supervised (in who's presence)_____

supervised w/3rd party exchange (in who's presence and who will do the exchanging?) _____

Places and Persons with whom the child(ren) has/have lived during the last 5 years?

Addresses _____ dates (to-from) _____ Persons they lived with _____

Any Prior or Pending Court Cases involving custody or child support of the minor child(ren)?

Case # _____ Court: _____

Description: _____

INSURANCE:

- Is health and medical insurance reasonably available for the minor children at this time?

- If so, ___ Mother ___ Father shall be responsible to provide insurance?

- Uninsured health and medical expenses shall be divided as follows, (check one)

___ Shared equally by both parents ___ Prorated according to the child support guideline percentage ___ Paid by Father ___ Paid by Mother

- If life Insurance is reasonably available, the ___ Mother ___ Father - shall maintain a policy until child support is no longer an issue (Court usually requires person paying child support to get a policy on the minor child/ren).

- IRS Tax Deduction for the minor children to be taken by ___ Mother ___ Father or ___ Alternate, if so how do you plan to alternate? _____

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How much do you or your spouse pay each month for Day Care? _____

How much do you or your spouse pay each month for the children's health and dental insurance? _____

Marital Property & Debts: - anything purchased while you were married

Year Make of Car and or boats VIN number Who is keeping it?

Legal description of House: - This is the description from the deed or title (if a mobile home).

Marital Property and fair market value of property the Husband will keep:

Marital Property and fair market value of property the Wife will keep:

DEBTS: - any bills you acquired while you were married. _____

<u>Finance Company</u>	<u>Account #</u>	<u>Balance due</u>	<u>Who will pay</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Benefits/401K, Pensions etc. you are entitled to or ones you wish to retain:

Spousal Support: (Alimony) if you wish to request it:

I, _____, do hereby declare under penalty of perjury that the statements made above are true and correct.

Dated: _____

Petitioner

Any wrong information or changes required by you will be a \$25.00 charge. All papers and forms must be filed immediately. We will not be responsible for any errors, omissions or changes in the Court's forms after 30 days if you have not filed. We will only hold your completed paperwork in the office for a period of 90 days. Please read all forms carefully and check for correct spelling of names and correct dates.