

ATTORNEY ASSISTED CALIFORNIA CENTERS
1740 West Katella Avenue, Suite Q
Orange, CA 92867
Telephone: (866) 410-1529 - Facsimile (714) 937-5652
Christina M. Hernandez, LDA

Legal Document Assistant Registered in Orange County

Please type in the answers to the questions below and return as an attachment or fax to the number listed above.

FULL LEGAL NAME: _____

ADDRESS: _____

HOME PHONE NO: _____

WORK: _____ CELL: _____

SOCIAL SECURITY #. _____ DATE OF BIRTH: _____

OTHER PARTY'S NAME: _____

ADDRESS: _____

HOME PHONE NO: _____

WORK: _____ CELL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

IS OTHER PARTY COOPERTIVE? _____

TYPE OF SERVICE NEEDED:

- A. Divorce: _____
- B. Order to Show Cause _____
 - 1. Modification _____
 - a. Child Support _____
 - b. Custody _____
 - c. Spousal Support _____
 - d. Other, please explain: _____
- C. Wage Assignment _____
- D. Restraining Order _____
- E. Adoption _____
- F. Paternity _____

If this is a Divorce or Paternity case, please list the following information:

Date of Marriage: _____

Date of Separation: _____

Separate Property.

Is there money owed on that property?:

Community Property:

Community Debt:

CHILDREN

Name	Date of Birth	Age	Male/Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who do the children live with?

What City and State were the children born in?

Child's Name

Location of Birth – City and State

_____	_____
_____	_____
_____	_____

Where have the children lived for the last five (5) years? Please list addresses and dates they lived at each address, who they lived with and the relationship to the child.

_____	_____
_____	_____

Is there any pending or prior cases where the child was involved as a witness? If so, please list the case information including the case number.

Is there anyone else who has custody of the child? If so, please list their name.

Are there any Restraining Orders in effect at this time?

If you have an existing case what is the case number: _____

County the case is filed in: _____

Who will claim minor children/child on income tax: _____

Who will provide medical/dental for the minor children/child: _____

Expected Child Support amount: _____

Expected Spousal Support amount: _____

Visitation Schedule: _____
