

**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.

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Is there money owed on that property?:

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Community Property:

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Community Debt:

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#### CHILDREN

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

Who do the children live with?

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

