

**TEAM WORKS**

**ASSISTANCE WITH FAMILY LEGAL MATTERS**

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**DIVORCE INTAKE QUESTIONNAIRE (WITH CHILDREN)**

1. How did you hear about TEAM WORKS? \_\_\_\_\_

2. RESIDENCY: To request a divorce in California, one spouse must have been a resident of California for at least six months and of San Diego County for at least three months immediately prior to the filing:

PLEASE INCLUDE MIDDLE INITIALS

HUSBAND

WIFE

(Circle Spouse(s) who meet(s) this requirement)

3. YOUR Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Work Hours: \_\_\_\_\_

A person we can call as a secondary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

4. SPOUSE'S Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position: \_\_\_\_\_ Work Hours: \_\_\_\_\_

A person we can call as a secondary contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. MARRIAGE: (See discussion of "Date of Separation" in Divorce Agreement Information materials.)

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Period Between Date of Marriage and Separation: \_\_\_\_\_ Years \_\_\_\_\_ Months

# TEAM WORKS

6. SPOUSAL SUPPORT requested for: wife husband N/A (circle selection(s))

7. ARE THERE ANY RETIREMENT PLANS? myself spouse N/A (circle selection)

Name of Plans: myself \_\_\_\_\_ spouse \_\_\_\_\_

8. CHILDREN OF **THIS MARRIAGE ONLY**: Do not fill in **any** portion of this section unless you either have (or are expecting) a child of this marriage.

Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security # \_\_\_\_\_

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a. Children are presently living with: mother father (circle one or both) at following address:

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b. Is wife presently pregnant? Yes No (Circle One)

c. Were any of the children born prior to your marriage? Yes No

d. Physical Custody of children requested: Joint Mother Father (circle one)

e. Visitation requested for (circle one) Mother Father (Supervised Yes No)

9. Do you own any real estate property, as a couple, individually or in a trust? Yes No

10. Do you have individual credit card debts or loans (not in both of your names?) Yes No

11. Wife's name change: Fill in **only if** Wife wishes name changed: \_\_\_\_\_

Husband's name change: Fill in **only if** Husband wishes name changed: \_\_\_\_\_

I UNDERSTAND that TEAM WORKS will provide mediation services on our case and no attorney representation to either of us. TEAM WORKS' mediation services are designed to provide general information to assist my spouse and me in reaching an agreement. When my spouse and I present our completed forms to TEAM WORKS, TEAM WORKS will then package our agreement and submit our divorce papers to the San Diego County Superior Court system for processing upon payment of proper Court filing fees and TEAM WORKS charges. I understand that if we do not reach an agreement through TEAM WORKS within the normal six-month dissolution process, I may also be required to pay the TEAM WORKS fees again.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
CUSTOMER SIGNATURE

(REV. 5/10/10)