



Initial Fee Deposit \$ \_\_\_\_\_ / Filing Fees \$ \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FILL OUT BELOW

Full Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

MAILING ADDRESS: (If different) \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Work #: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

Spouse's/Opposing Party's Full Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Work #: \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

Do you have a case #? \_\_\_\_\_ Opposing attorney: \_\_\_\_\_

Assigned Dept.: \_\_\_\_\_ Judge: \_\_\_\_\_

Have you been a resident of CA for at least 6 months?  No  Yes

Have you been a resident of San Diego County for at least 3 months?  No  Yes

**Attorney Use Only:**

TEAMSTER  DISSO  POST JUDGMENT  RETAINED

LIM SCOPE  PATERNITY  APPEAL

PETITIONER  RESPONDENT

**LOCATION:**  SBAY  FCT  FSD  EL CAJON  VISTA

If you have minor children, please list below:

NAME                                      BIRTH DATE                                      AGE                                      SEX

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY INFORMATION FOR DIVORCE/SEPARATION:

Please list property you own together with your spouse:

Real Estate: \_\_\_\_\_ Vehicles: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Bank Accounts: \_\_\_\_\_ Retirement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Stocks, Bonds: \_\_\_\_\_ IRA's: \_\_\_\_\_

Please list any property which should be considered your separate property because you obtained it before your marriage, after separation, or as a gift or inheritance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Same for Spouse: \_\_\_\_\_

Please list any debts you may have:

Credit cards: \_\_\_\_\_ Student Loans: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Taxes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Please list any special concerns you may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF SPOUSE

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair: \_\_\_\_\_ Mustache:  No  Yes Beard:  No  Yes Glasses:  No  Yes

Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Distinguishing characteristics?(i.e. tattoos) \_\_\_\_\_

Best to serve at work or home? \_\_\_\_\_ Time to serve:  AM  PM \_\_\_\_\_