

# SUNSHINE DISPUTE RESOLUTION

## DIVORCE WITH NO CHILDREN AND/OR PROPERTY QUESTIONNAIRE

Petitioner Name (First, Middle, Last)		Date of Birth	Social Security No.	
Street Address		City	State	Zip Code
Cell Phone No.	(       )	Email Address		
Home Phone No.	(       )	Driver License No.		

### RESPONDENT INFORMATION

Respondent Name (First, Middle, Last)		Date of Birth	Social Security No.	
Street Address		City	State	Zip Code
Cell Phone No.	(       )	Email Address		
Home Phone No.	(       )	Driver License No.		
Respondent Work address if known		City	State	Zip Code
Date of Marriage		Place of Marriage		
Date of Separation		Does wife want to be known by former name? Yes ___ No ___		
		If yes, print full name		

Are you seeking alimony? Yes ___ No ___
Have you been receiving support from date of separation? Yes ___ No ___

Is wife currently pregnant? Yes ___ No ___			
If yes, is husband the father of unborn child? Yes ___ No ___			
If no, what is the name of the unborn child's father?			
Street Address	City	State	Zip Code

Marital Properties (House, Car, Boat, Bank Account, Etc.)		
Description/ Address of Property	Type of Property	Husband/ Wife
Marital Liabilities (House, Car, Boat, IRS, Joint Credit Cards, Etc.)		
Description/ Address of Property	Type of Property	Husband/ Wife

Previous Cases (if applicable)		
1. Case No.		Case Type
2. Case No.		Case Type

# FINANCIAL STATEMENT

Income Statement	
Employer's Name	
Employer's Street Address	
City, State, Zip Code	
Occupation	

Monthly Gross Wages	\$	Income from Family	\$
Second Monthly Gross Wages	\$	Child Support	\$
Unemployment	\$	SSI/ Pension	\$
Checking Account Balance	\$	Savings Account Balance	\$

Expense Statement	
-------------------	--

### Average Monthly Expenses

A. Household Expenses		B. Automobile Expenses		C. Children Expenses	
Mortgage/ Rent	\$	Car Payment	\$	Day Care	\$
Utilities	\$	Gasoline	\$	Lunch Money	\$
Telephone	\$	Insurance	\$	Grooming	\$
Food	\$	Maintenance/ Repairs	\$	Medical/ Dental	\$
Religious Organization	\$			Gift for Holidays	\$
Entertainment	\$				
Grooming	\$				
Clothing	\$				
Maintenance/ Repairs	\$				
Medical/ Dental	\$				

### Monthly Payments to Creditors, Child Support, Etc.

Credit Cards			
Creditor Name		Amount	
		\$	
		\$	
		\$	
Child Support			
Child(ren) Name	Amount	Through Child Support Enforcement	Age
	\$	Are you current? Yes ___ No ___	
	\$	Are you current? Yes ___ No ___	
	\$	Are you current? Yes ___ No ___	

Petitioner Signature \_\_\_\_\_ Respondent Signature \_\_\_\_\_

*I hereby declare that the information given above is true to the best of my knowledge. I also understand that it may be used as evidence in court.*

*Information provided will be used to determine child support, indigent eligibility, and Family Law Financial Affidavit.*