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QUESTIONNAIRE #3
TEMPORARY ORDERS EMERGENCY
OSC: (ORDER TO SHOW CAUSE)
EXISTING CASE #

APPT PREP
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HOW DID YOU FIRST HEAR ABOUT US? (PLEASE SELECT ONE)

- YELLOW PAGES (100) I AM A PREVIOUS CLIENT (112) INTERNET (WWW) (109)
OUR BUILDING SIGN (102) RADIO STATION (113) TV y MAS (122)
TV COMMERCIAL (119) BILLBOARD (LOCATION)(117) TV NEWS STORY (110)
REF BY PREV CLIENT (107) SIGN ON BUS STOP (130) NEWSPAPER STORY (111)
REFERRED BY (108) TV GUIDE (AZ REPUBLIC) (121) TELEGUIA EN ESPANOL (120)

HAVE YOU VISITED OUR WEBSITE? (WWW.DIVORCESTORE.COM) YES NO

YOUR FULL NAME: FIRST MIDDLE LAST
Home Phone No. () Work Phone No. ()
Address: City State Zip
Social Security No.: - - Age: Date of Birth:

OTHER PARTY'S FULL NAME: FIRST MIDDLE LAST
Home Phone No. () Work Phone No. ()
Address: City State Zip
Social Security No.: - - Age: Date of Birth:

List all minor children born or adopted and of the parties:
Table with columns: Name, Date of Birth, Place of Birth, Social Security #, Living With

List the living address for each child for the past five years:
From To

List the name and address of any adult other than the parties' who has had COURT ORDERED custody of any of the children in the past 5 years:

What does the current order say regarding custody of the child(ren)?
Please provide a signed and dated copy of most recent order.
Which parent has primary custody?
Is the existing court order for Sole or Joint custody?
Who do you want to have Physical Custody of the children now?
Do you want Joint or Sole Legal Custody arrangements?

How many visitation days will the Non Custodial Parent have per year? _____

Why do you want this order changed? _____

Is there any pre-existing Child Support or Spousal Maintenance Order? _____

Please enclose a signed and dated copy of the last order.

Who will now be responsible to provide Health Insurance? [] Father [] Mother ,

How Much is the monthly premium? _____ Who does it cover? _____

How much to cover the paying parent alone? _____

Who will now be responsible for non-insured medical/dental expenses? Father: _____% Mother: _____%

Who will now be responsible for visitation related expenses? Father: _____% Mother: _____%

Father's Gross Monthly Income _____ How Paid? _____ Current or Attributed?

Mother's Gross Monthly Income _____ How Paid? _____ Current or Attributed?

Day Care Costs? _____ How Paid? _____ Which parent is paying this directly to provider? _____

Any acute illnesses that the children may have requiring monthly medications? _____

What is the average monthly cost to pharmacy? _____

Are there any tuition costs for private school or special school? _____ annually? _____ Monthly?

Who pays this directly to the school? _____

List all minor children born outside this case to either party if child support is ordered for these children & who pays:

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Social Security #</u>	<u>Living With</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non Custodial Parent's Current Employer information:

Name of business: _____ Payroll Address: _____

Payroll phone number: _____ Payroll fax number: _____

REMARKS: _____

I understand that AAA Legal Services, Inc., (d.b.a. "The Divorce Store"), is solely in the business of document preparation and processing. The Divorce Store is a full service paralegal program, but there are no lawyers associated with The Divorce Store. The Divorce Store prepares generic, standardized documents based on the information the client provides. I understand that if I wish to receive "legal advice" that I should contact an Attorney. I agree to hold AAA Legal Services, Inc., (d.b.a. "The Divorce Store"), its employees, owners, stockholders and agents harmless from any claims or losses resulting from errors, omissions or other claims. I understand that it is my responsibility to check my documents for errors prior to signing and/or filing them.

Client Signature _____

Date _____

