



**SPOUSE INFORMATION**      **Petitioner**      **Respondent**

Full Name:

Maiden Name:  Middle  Driver's License:  State:

SSI#:  Date of Birth:  Place of Birth:

Home Address:  Address  City  Zip Code

Home #:  Work #:

Email Address:

Have you lived in UT for the past 90 days?    yes    no   If not, Where:   
County of Residence:  Monthly Income:

1<sup>st</sup> Employer:

Work Address:  City

2<sup>nd</sup> Employer:

Work Address:

Number of prior marriages:  marriage ended (if any):

Date last marriage ended:  If more than one, reason ended?    death    divorce

Race:   American Indian   Black   White   Hispanic   Other \_\_\_\_\_  
Education (specify only highest grade completed):

Educational Background/Training:

**MARITAL INFORMATION**  
PLACE OF MARRIAGE: City:  State:  Country:

Date of Marriage:  Date of Separation:

Prenuptial Agreement:    yes    no   Marital Counseling: ?    yes    no  
Status of Mental & Physical Health: You: \_\_\_\_\_

Spouse: \_\_\_\_\_

**GROUND**

- Irreconcilable differences
- Adultery since date of marriage
- Habitual drunkenness of the spouse
- Felony conviction of spouse
- Spouse Impotency at time of marriage
- Other
- Mental Cruelty
- Desertion for more than a year
- Permanent insanity
- Willful neglect to provide for you
- Physical Abuse

**ALIMONY**

Please state any alimony you wish to be awarded to either you or your spouse:

\$  per (month, year, etc.)

Which party will receive alimony?  You  Spouse

*(NOTE: If you waive alimony now you may not be allowed to ask for alimony at any time in the future. This is why \$1.00 per year is sometimes requested).*

**MINOR CHILDREN INFORMATION**

Living:  Deceased:  Children Under the Age of 18:

Children from this marriage:

Full Name	SS#	Date of Birth	Age	M/F	Living with:

Is wife now pregnant? Yes No Due Date:

A. Have children lived in the State of Utah for at least the last 6 months?  Yes  No

*If not, please indicate on the reverse side of this sheet the addresses of said child or children, and with whom the same were residing, during the past two years.*

Have any children from previous relationship(s) been adopted by your current spouse?

B. Are there any proceedings regarding the custody of the children currently pending in any other court or before any administrative agency?  Yes  No

If yes, please specify the nature of proceeding and the court or agency before which it is pending: \_\_\_\_\_

C. List with whom the child(ren) presently reside and the present address including street address, state & zip code. \_\_\_\_\_

D. Where have the child(ren) resided within the past five (5) years?

Addresses:	Dates:

E. Have you participated as a party or a witness in any other proceeding involving the custody of the parties' minor child(ren)?  Yes  No

If yes, please list the following:

The date the proceeding was commenced:

The District Court where it was commenced, including the name of the District Court, the County of the District Court, the State of the District Court, the case number and the date of the determination of the action:

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

F. Are there any proceedings that are currently pending that could affect this proceeding, including but not limited to, proceedings for enforcement, domestic violence, protective orders, termination of parental rights & adoptions?

Yes  No

If yes, please list the following:

The date the proceeding was commenced:

The District Court where it was commenced, including the name of the District Court, the County of the District Court, the State of the District Court, the case number and the date of the determination of the action: \_\_\_\_\_

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G. Does anyone have physical custody of the minor child(ren) besides you and/or your spouse?  Yes  No

If yes, please list their name and address where the child(ren) reside with them. \_\_\_\_\_

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H. Does anyone claim rights of legal custody of the child(ren) besides you an/or your spouse?  Yes  No

If yes, please list their name and address where they reside. \_\_\_\_\_

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I. Does anyone claim legal rights of visitation with the child(ren) besides you and/or your spouse?  Yes  No

If yes, please list their name and address where they reside. \_\_\_\_\_

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**CHILD CUSTODY INFORMATION (choose one A, B, C, OR D)**

**A SOLE PHYSICAL AND LEGAL CUSTODY with VISITATION**

*Decision making authority is exercised by the parent with whom the children live the majority of the time, the custodial parent. The other parent has the right to parent-time(visitation)with the children according to the parent-time (visitation) order in the final divorce decree, and will usually have to pay child support to the custodial parent.*

WHO WILL BE THE CUSTODIAL PARENT?  You  Spouse

**B PRIMARY PHYSICAL CUSTODY with JOINT LEGAL CUSTODY with VISITATION**

*Both parents share decision making authority, but the child(ren) will reside primarily with one parent. The other parent will have parent-time (visitation) right. Child support will be based on the number of overnight stays in each home and each parent's gross income. Joint legal custody can be ordered only if the parents agree to this type of arrangement and the court finds that the parents will be able to cooperate and work together for the child(ren)'s best interest. The law states that joint legal custody may prevent the receipt of Temporary Assistance to Needy Families (TANF). The court will only order joint legal custody of the child(ren) if it is in the best interest of the child(ren) and either: a) both parents are capable of sharing joint custody by putting the interest of the child(ren) first and being able to make decisions together. b) both parents agree to a parenting time plan included in the final divorce decree.*

1). Which parent will have primary physical custody?  You  Spouse

2). Do you want to follow the Utah Sate guidelines for visitation ?  Yes  No  
If no, what visitation guidelines have you agreed on or are willing to agree to?

**C JOINT PHYSICAL CUSTODY**

*Both parents share decision making authority. In addition, the children will be living with both parents. This means the child(ren) will spend a certain number of nights in each parent's home. Parent-time or visitation can be set for those times when the child(ren) are in one home for extended stays. Child support will be based on the number of over night stays in each home, and the respective gross income of each parent. The child(ren) must spend more than 30% of the overnights in a year in each of the parent's homes to use the joint custody child support.*

TOTAL Days with YOU:

TOTAL Days with Spouse:

Custody plan for YOU: (Please be descriptive – days & times)	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	

Custody plan for SPOUSE: (Please be descriptive – days & times)	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	

**D SPLIT CUSTODY**

*If you have two or more children, you split their living arrangement between both parents. That is, one or more children live with one parent, and one or more children live with the other parent. Each parent has sole legal custody of those children who live in their homes and the exclusive right to make decisions concerning those children. Parent-time (visitation) is worked out so that both parents have parent-time with each of the children, and often times, a parent will have parent-time with all of the children at the same time. Child support will be based on how many children reside with each parent and each parent and each parent's respective gross income.*

Children with YOU: \_\_\_\_\_  
Children with SPOUSE: \_\_\_\_\_  
Visitation Schedule: \_\_\_\_\_

Please include any notes or documentation to validate any particular child custody situation:

Is supervised visitation needed? If yes, please describe in detail.

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

Are there any Child Protective Services Reports?  yes  no

Are there any police reports regarding the children?  yes  no

Has the child's therapist or counselor recommended supervised Parent Time?  yes  no

Where should the child/ren be picked from to begin Parent Time?

Daycare                      Preschool      School                      Custodial Parent's home

**VISITATION RIGHTS**

Do you wish any specifically designated visitation rights for yourself or your spouse?  
 If yes, please specify. (Otherwise, reasonable rights of visitation will be requested and granted by the Court):

\_\_\_\_\_

\_\_\_\_\_

What are your present visitation arrangements:

\_\_\_\_\_

\_\_\_\_\_

**PATERNITY QUESTIONS:**

Is the biological father's name on the birth certificate?  Yes  No

Was the child given the father's last name?  Yes  No

If not, do you want that changed?  Yes  No

Has paternity legally been established?  Yes  No

If so, how? \_\_\_\_\_

\_\_\_\_\_

Did you live with the other parent of the child?  Yes  No If so, for how long?

**REAL PROPERTY (Real Estate)**

Do you own any real property? Yes No (if no, skip to "Personal Property")

If yes, state: (a) Address of property: \_\_\_\_\_

(b) Nature of property (Residence, recreational, etc.) \_\_\_\_\_

(c) Equity: \_\_\_\_\_ (d) 1<sup>st</sup> Mortgage? \_\_\_\_\_

(e) 2<sup>nd</sup> Mortgage? : \_\_\_\_\_ (f) Present Value? \_\_\_\_\_

(g) When Purchased? \_\_\_\_\_ (h) Purchase Price? \_\_\_\_\_

(i) What disposition do you want made of the property?

Awarded to me free of any claim by my spouse    Awarded to my spouse free of any claim by me

Home to be sold & equity divided equally    Other: Describe: \_\_\_\_\_

Home to be sold & equity divided (describe) \_\_\_\_\_% You \_\_\_\_\_% Spouse

Non custodial parent (parent without custody of the children) to be awarded \_\_\_\_\_% of the equity, but he/she not to be awarded his/her share of equity until go days after occurrence of one or more of the following conditions: youngest child reaches 18 years of age, custodial parent remarries, home no longer used as primary residence, or parties agree to sell home.

*NOTE: If you own more than one piece of property describe here the method for handling additional pieces of property:*

\_\_\_\_\_

**VEHICLE INFORMATION**

Please list all vehicles, including recreational vehicles.....

Primary User	Year/Make/Model	Lien holder	Payment	Balance	Value \$	To Be Awarded You/Spouse

**FINANCIAL ASSETS**

State all financial assets, including stocks & bonds, money market accounts, CDs, savings and checking accounts, anticipated income tax refunds, trusts, etc., giving value of assets, account numbers & location of assets (not including retirement accounts):

**Financial Assets awarded to YOU:**

<u>Institution / Purpose</u>	<u>Amount</u>
1. Account #	
2. Account #	
3. Account #	
4. Account#	
5. Account #	
6. Account #	
7. Account #	

**Financial Assets awarded to SPOUSE:**

<u>Institution / Purpose</u>	<u>Amount</u>
1. Account #	
2. Account #	
3. Account #	
4. Account#	
5. Account #	
6. Account #	
7. Account #	

List any business interests: Type of Business: Partnership, Corporation, etc.....:

Inheritances & Gifts Received during Marriage: \_\_\_\_\_

Premarital Property: \_\_\_\_\_

**DEBTS AND OBLIGATIONS (Auto, Credit Card, Home, Property, Student Loans, etc.)**

**Debts to be paid by YOU:**

<u>Company / Purpose</u>	<u>Amount</u>
1. Account #	
2. Account #	
3. Account #	
4. Account#	
5. Account #	
6. Account #	
7. Account #	
8. Account #	
9. Account #	
10. Account #	

**Debts to be paid by SPOUSE:**

<u>Company / Purpose</u>	<u>Amount</u>
1. Account #	
2. Account #	
3. Account #	
4. Account#	
5. Account #	
6. Account #	
7. Account #	
8. Account #	
9. Account #	
10. Account #	

**RETIREMENT ACCOUNTS**

Does either spouse have a retirement plan?  Yes  No (if no, proceed to "Health Insurance")

**Retirement Account #1(if applicable)**

When Vested: \_\_\_\_\_

Who is the account owner?  You  Spouse

Who is the account administrator (Manager of the account)? \_\_\_\_\_

What type of account is it? 401(k) 457 IRA Other: \_\_\_\_\_

If yes, state who has the plan, whether or not it is vested: \_\_\_\_\_

How will the account be divided?

100% awarded to you      100% awarded to your spouse  
divided equally between you and your spouse.

**Retirement Account #2 (if applicable)**

When Vested: \_\_\_\_\_

Who is the account owner?  You  Spouse

Who is the account administrator (Manager of the account)? \_\_\_\_\_

What type of account is it? 401(k) 457 IRA Other: \_\_\_\_\_

If yes, state who has the plan, whether or not it is vested: \_\_\_\_\_

How will the account be divided?

100% awarded to you      100% awarded to your spouse  
divided equally between you and your spouse.

**Retirement Account #3 (if applicable)**

When Vested: \_\_\_\_\_

Who is the account owner?  You  Spouse

Who is the account administrator (Manager of the account)? \_\_\_\_\_

What type of account is it? 401(k) 457 IRA Other: \_\_\_\_\_

If yes, state who has the plan, whether or not it is vested: \_\_\_\_\_

How will the account be divided?

100% awarded to you      100% awarded to your spouse  
divided equally between you and your spouse.

**HEALTH INSURANCE (Answer only if minor children involved).**

*Statute requires one or both of the parents to carry health insurance covering the children of the marriage, and any medical or dental bills not covered by insurance are divided evenly between the two parents. Often a condition is imposed that the spouse required to carry the insurance need only do so if it is available to him/her through his/her place of employment due to the substantial cost of carrying insurance on one's own. This, however, may vary if the obligated party has the means or desire to carry insurance privately. Generally, the mother will have custody and the father will provide the insurance due to his superior financial situation, although this standard situation often times varies, such as where the mother, though she may have the children, may maintain insurance because it comes to her at little or no cost. Also, both parents are required to share equally the out-of-pocket costs of health insurance premiums actually paid. This is accomplished by adjustments in the total child support payable by the non-custodial parent.*

Considering these facts and suggestions:

(a) Do you wish an order to be entered in requiring to carry health insurance?

you  your spouse  both

(b) If you checked any response in (a) above, what, if any, restrictions do you wish imposed upon such an order: (Check one)

Who will be required to pay for health insurance?  you  spouse  both

Who will pay the "out of pocket" medical expenses?  you  spouse  both

To be carried only as long as insurance available through place of employment at reasonable cost.

Other (describe): \_\_\_\_\_

Current Policy: \_\_\_\_\_ Company: \_\_\_\_\_

Coverage: \_\_\_\_\_ Dental: \_\_\_\_\_



**PERSONAL PROPERTY**

*How do you wish your personal property divided? Personal property included furniture, recreational equipment, tools, etc. In short, all property other than real property. (Note: Many items can be listed in groups, such as saying a certain spouse is to have the furniture, or the dishes, or his or her personal effects, etc., and therefore, it is not always necessary to list individually each item a person is to have.*

Property to YOU:	Value?
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
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21.	
22.	
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26.	
27.	
28.	
29.	
30.	

Property to SPOUSE:	Value?
1.	
2.	
3.	
4.	
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27.	
28.	
29.	
30.	

Items in question?

**PUBLIC ASSISTANCE**

Is either spouse presently receiving public assistance?  Yes  No

If yes, please state which spouse and the type of assistance received: \_\_\_\_\_

Does either spouse presently intend to go on future public assistance?  Yes  No

If yes, state the type of assistance contemplated: \_\_\_\_\_

**MILITARY SERVICE**

Is either party active in the US military?  Yes  No

Which party is actively in the military?  You  Spouse

**LIFE INSURANCE**

*Often times the parent who does not have custody of the children, if any, or even a party paying alimony to an ex-spouse, will be required to carry life insurance on his/her life to cover the loss of income from child support and/or alimony in the event of premature death. Given these facts, do you: (Check where required)*

(a) Wish that  you  your spouse neither be required to carry life insurance on your or his/her life?

(b) If the answer to (a) is yes as to either you or your spouse, please state:

Amount of desired coverage: \$ \_\_\_\_\_

Names of beneficiaries under policy: \_\_\_\_\_

**TAXES**

How will the child income tax deduction be addressed for income tax purposes?

I will receive all years      My spouse will receive all years

We will rotate each year      Other \_\_\_\_\_

Do you wish that you and your spouse file state and federal income taxes for this tax year:

jointly  separately

Last Year Filed: \_\_\_\_\_

Anticipated Liability or Refund: \_\_\_\_\_

**IMMEDIATE TEMPORARY ORDERS SOUGHT**

Custody: \_\_\_\_\_

Custody Restrictions: \_\_\_\_\_

Visitation: \_\_\_\_\_

Visitation Restrictions: \_\_\_\_\_

Removal From Home: \_\_\_\_\_

Protection Order: \_\_\_\_\_

Use and Possession of Home: \_\_\_\_\_

Use and Possession of vehicle: \_\_\_\_\_

Restraining Order from Molest and Harass: \_\_\_\_\_

Restraining Order from Contact with Spouse: \_\_\_\_\_

Restraining Order from Contact with Others: \_\_\_\_\_

Restraining Order of Incurring Debt: \_\_\_\_\_

Restraining Order to Dispose of Property: \_\_\_\_\_

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

**ATTORNEY'S FEES AND COSTS**

Do you wish that as part of the Decree of Divorce that your spouse be ordered to reimburse you for costs &/or attorney's fees paid by you in this action?  Yes  No

If yes, please state the amount to be repaid \$ \_\_\_\_\_

**DOCUMENTS REQUIRED**

Submit the following documents with this completed form:

W-2 Forms (most recent year)      tax returns      trust deeds      notes  
mortgages      recent paycheck stubs,      real property appraisals      bank statements  
financial statements,      medical documentation      insurance coverage      retirement plan  
living expenses      other \_\_\_\_\_

**NAME CHANGE**

Do you have a need to have your maiden name restored?     yes     no

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

**ADDITIONAL INFORMATION**

PLEASE USE THE SPACE BELOW TO LIST ADDITIONAL ITEMS, CHANGES OR INFORMATION AS NEEDED:

**MONTHLY EXPENSES:**

	NOW	During Marriage
Mortgage or Rent:	\$	\$
Real Property Taxes:		
Real Property Insurance:		
Maintenance:		
Food & Household Supplies:		
Utilities Cable:		
Internet:		
Electricity:		
Gas:		
Sewer:		
Water:		
Garbage:		
Telephone:		
Cell Phone:		
Laundry:		
Clothing:		
Non-Covered Medical		
Non-Covered Dental		
Insurance		
Child Care		
Support for Prior Marriage:		
School:		
Entertainment:		
Incidentals:		
Automobile Exp: Pymt:		
Auto Maintenance:		
Auto Gas:		
Auto Insurance:		
Auto Tax/License		
Subscriptions & Books		
Memberships, dues, activities (kids)		
Donations & Charitable Gifts		
Furniture & Household		
Computers & Electronics		
Travel		
Gifts		
Pets		
Other Miscellaneous		
Other Miscellaneous		
Other Miscellaneous		
<b>TOTALS</b>		

**Installment Payments:**

Name	Balance	Monthly Payments