

**TEAM WORKS**

**ASSISTANCE WITH FAMILY LEGAL MATTERS**

TELEPHONE  
(858) 675-9225

16516 BERNARDO CENTER DR., SUITE 130  
SAN DIEGO, CALIFORNIA 92128

FAX  
(858) 485-8714

**DIVORCE INTAKE QUESTIONNAIRE (NO CHILDREN)**

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

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

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

**YOUR** Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Street: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Position: \_\_\_\_\_ Rate of pay: \_\_\_\_\_ Work Days/Hours: \_\_\_\_\_

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

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

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

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

Home Fax: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_

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

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

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

Position: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Work Days/Hours: \_\_\_\_\_

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

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

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

# TEAM WORKS

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

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

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

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

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

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

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

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

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

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)