

## REQUEST FOR ORDER QUESTIONNAIRE

**Type of Orders Seeking:**

**NEW ORDER**  **MODIFICATION** in Case No. \_\_\_\_\_ County of \_\_\_\_\_  
 File-stamped date of order seeking to modify: \_\_\_\_\_

<input type="checkbox"/> <b>Child Support</b>	<input type="checkbox"/> <b>Child Custody</b>	<input type="checkbox"/> <b>Child Visitation</b>
<input type="checkbox"/> <b>Spousal Support</b>	<input type="checkbox"/> <b>Property Restraint</b>	<input type="checkbox"/> <b>Property Control</b>
<input type="checkbox"/> <b>Change of Venue</b>	<input type="checkbox"/> <b>Bifurcation</b>	<input type="checkbox"/> <b>Other</b> _____

**Do you require expedited ordered (orders on shortened/ex parte notice)?**

**YES** (an additional fee will be required)  **NO**

**Your Name:** \_\_\_\_\_

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

**Telephone: Home:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Driver's Lic #:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Other Party:** \_\_\_\_\_

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

**Telephone: Home:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Driver's Lic #:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

MINOR CHILDREN OF THIS RELATIONSHIP	
<b>Child #1 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____	<b>Child #4 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____
<b>Child #2 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____	<b>Child #5 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____
<b>Child #3 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____	<b>Child #6 Name:</b> _____ <b>Age:</b> _____ <b>Birth date:</b> _____ <b>Place of birth:</b> _____ <b>Social Security No.:</b> _____





## REQUEST FOR ORDER QUESTIONNAIRE

**PLEASE PROVIDE COPIES OF YOUR PAY STUBS FOR THE LAST TWO MONTHS AND PROOF OF ANY OTHER INCOME.**

5. **Income** *(list all sources that you have received for the last 12 months –for average income, divide by 12)*
  - a. Salary or wages (gross before taxes) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b. Overtime (gross, before taxes) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Commissions or bonuses .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - d. Public assistance (TANF, SSI, GA.GR) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - e. Spousal support  this  other marriage:.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - f. Pension/retirement fund payments .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - g. Social Security Retirement (Not SSI) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - h. Disability  Social Security (not SSI)  
 State Disability (SDI)  Private .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - i. Unemployment compensation.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - j. Worker’s compensation .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - k. Other (military basic allowance, etc).....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  
6. **Investment Income**
  - a. Dividends/interest .....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - b. Rental Property income.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Trust Income.....\$ \_\_\_\_\_ \$ \_\_\_\_\_
  - d. Other (specify).....\$ \_\_\_\_\_ \$ \_\_\_\_\_

*(Attach a schedule showing gross receipts less cash expenses for each property)*
  
7. **Income from self-employment after business expenses for**
  - a. For each business.....\$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Sole Proprietor  Partner  Other \_\_\_\_\_

**Number of years in this business:** \_\_\_\_\_  
**Name of Business:** \_\_\_\_\_

*(Attach a profit and loss statement for last 2 years or a Schedule C from last federal tax return. If more than 1 business, provide same information for each)*
  
8. **Additional Income**
  - a. Additional one-time money received during past 12 months: \$ \_\_\_\_\_  
*(Lottery winnings, inheritance, etc.)*
  
9. **Change in income**  
 My financial situation has changed significantly over the past 12 months because: \_\_\_\_\_
  
10. **Deductions**
  - a. Required Union dues: .....\$ \_\_\_\_\_
  - b. Required retirement payments *(not social security, FICA, 401K or IRA)*.....\$ \_\_\_\_\_
  - c. Medical, hospital, dental and other health insurance  
Premiums *(total monthly amount)*.....\$ \_\_\_\_\_
  - d. Child support pd. for children of other relationships:.....\$ \_\_\_\_\_
  - e. Spousal support paid for other relationships: .....\$ \_\_\_\_\_
  - f. Job-related expenses not reimbursed by employer: .....\$ \_\_\_\_\_
  
11. **Assets**
  - a. Cash and checking, savings and other deposit accts.....\$ \_\_\_\_\_
  - b. Stocks, bonds and other assets easily saleable.....\$ \_\_\_\_\_
  - c. All other property:  real  personal (less loan bal.).....\$ \_\_\_\_\_

## REQUEST FOR ORDER QUESTIONNAIRE

12. The following people live with me:

Name	Age	Relationship	Gross Monthly Income	Pays some of household expenses?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average Monthly  Estimated  Actual  Proposed Needs

a. My home:

- (1)  Rent  Mortgage ..... \$ \_\_\_\_\_
- (2) If mortgage, include:  
     Average Principal: \$ \_\_\_\_\_  
     Average Interest: \$ \_\_\_\_\_
- (3) Real property taxes: ..... \$ \_\_\_\_\_
- (4) Homeowner's or renter's insurance not in payment ..... \$ \_\_\_\_\_
- (5) Maintenance and repair ..... \$ \_\_\_\_\_

- b. Health-care costs not paid by insurance ..... \$ \_\_\_\_\_
- c. Child care ..... \$ \_\_\_\_\_
- d. Groceries and household supplies ..... \$ \_\_\_\_\_
- e. Eating out ..... \$ \_\_\_\_\_
- f. Utilities (gas, electric, water, trash) ..... \$ \_\_\_\_\_
- g. Telephone, cell phone, email ..... \$ \_\_\_\_\_
- h. Laundry and cleaning ..... \$ \_\_\_\_\_
- i. Clothes ..... \$ \_\_\_\_\_
- j. Education (*specify*): ..... \$ \_\_\_\_\_
- k. Entertainment, gifts and vacation ..... \$ \_\_\_\_\_
- l. Auto expenses and transportation (*insurance, gas, repairs*) ..... \$ \_\_\_\_\_
- m. Insurance (*life, accident – not auto, home or health*) ..... \$ \_\_\_\_\_
- n. Savings and investments ..... \$ \_\_\_\_\_
- o. Charitable contributions ..... \$ \_\_\_\_\_

14. Monthly payments (*itemize below or attached separate sheet*) ..... \$ \_\_\_\_\_

Paid to	For	Amount	Balance	Last Pmt date

- a. Other (*specify*) ..... \$ \_\_\_\_\_
- b. **TOTAL EXPENSES:** ..... \$ \_\_\_\_\_
- c. Amount of expense paid by others: ..... \$ \_\_\_\_\_

15. Attorney Fees (*This is required is requesting attorneys fees*)

- a. To date I have paid my attorney for fees and costs: ..... \$ \_\_\_\_\_
- b. The source of this money was: \_\_\_\_\_
- c. I owe to date the following unpaid fees and costs: ..... \$ \_\_\_\_\_
- d. My attorney's hourly rate is ..... \$ \_\_\_\_\_

**REQUEST FOR ORDER  
QUESTIONNAIRE**

**16. Number of Children**

- a. I have \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_% of time with me and \_\_\_\_\_% of time with the other parent *(If not sure about percentage or it has not been agreed upon, please describe your parenting schedule here)* \_\_\_\_\_

**17. Children's health-care expenses**

- a.  I do  do not have health insurance for my children thru work
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. Monthly cost for children's health insurance is or would be: \$ \_\_\_\_\_  
*(do not include amount paid by employer)*

**18. Additional expenses for the children in this case:**

- a. Child care so I can work or get job training ..... \$ \_\_\_\_\_
- b. Children's health care not covered by insurance ..... \$ \_\_\_\_\_
- c. Travel expenses for visitation ..... \$ \_\_\_\_\_
- d. Children's educational or other special needs: ..... \$ \_\_\_\_\_  
*Specify:* \_\_\_\_\_

**19. Special hardships:**

- a. Extraordinary health expenses not included in above ..... \$ \_\_\_\_\_  
*For how many months?* \_\_\_\_\_
  - b. Major losses not covered by insurance ..... \$ \_\_\_\_\_  
*For how many months?* \_\_\_\_\_
  - c. Expenses for minor children from other relationships who live with you ..... \$ \_\_\_\_\_  
*For how many months?* \_\_\_\_\_
- Child support you receive for those children: ..... \$ \_\_\_\_\_

**Explain why these expenses create an extreme financial hardship:**

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

**20. Other information you want the court to know about your case:**

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

**ACKNOWLEDGMENT AND AUTHORIZATION**

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature