



Questionnaire for clients with children  
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Doing business under the trade name: [www.DivorceDeli.com](http://www.DivorceDeli.com)

You Must Complete this form online when you are ready and submit it to us. It may help to download the form, print it out, and fill it out at your leisure, and then transfer the information to this online form and submit it to us.

- 1) Read through the entire questionnaire at least once before you begin to fill in your answers.
- 2) Answer all questions completely.
- 3) If a particular question does not apply, enter "n/a".

**CONFIDENTIALITY:**

The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege.

The information will not be disclosed by DivorceDeli.com staff to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

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**A. CLIENT INFORMATION:**

Name:

Address:  City:  State:  Zip Code:

County:  Select County E-mail:  DOB:

Phone:  Work Phone:

Soc. Sec. No.:  Fax:

Will you have lived in Florida for at least 6 months before the filing of your petition?  Yes  No

If no, when will you be a 6 month resident of Florida?

Do you have a Florida Driver's License, Florida government issued identification card or Florida Voter's Registration Card (you will need to provide a copy later)?  Yes Florida Driver's License Number:   No

IF NO, please provide the following information of a person who can sign an affidavit stating that you have resided in Florida for at least 6 months prior to the filing of your petition for dissolution (that person will need to provide photo identification). Also, please state your relationship to the person:

Name:  Relationship:

Address:

City:  State:  Zip code:

Home Phone:

Your Employer's Name (if any):

Employer's Address:

Date of Employment:  Occupation:  Annual Salary: \$

Are you currently in any branch of the United States military?  Yes  No

If yes, which branch of the United States military are you in?  (P.S. Thanks for serving!)

**B. SPOUSE'S INFORMATION:**

Name:

Address:  City:  State:  Zip Code:

County:  Select County E-mail:  DOB:

Phone:  Work Phone:

Soc. Sec. No.:  DL#:

Spouse's Employer's Name (if any):

Employer's Address:

Date of Employment:  Occupation:  Salary per year: \$

Is your spouse currently in any branch of the United States military?  Yes  No

If yes, which branch of the United States military is your spouse in?

**C. MARITAL INFORMATION:**

Date of Marriage:  Place of Marriage:

Is the wife currently pregnant?  Yes - date child is due:   No

**D. DIVISION OF ASSETS AND LIABILITIES - [Watch Video](#)**

Do you and your spouse have any ASSETS or LIABILITIES to divide  No  Yes.  
IF YES, you MUST fill out the Division of Assets and Liabilities form in STEP 2. You will need to return it to us along with the completed Questionnaire in order for us to prepare your Marital Settlement Agreement. The Division of Assets and Liabilities

form will be attached as an exhibit to your Marital Settlement Agreement so, if you have assets and/or liabilities to divide be as detailed as you need to be.

E. ALIMONY - [Watch Video](#)

Have you and your spouse AGREED to forever give up any right to spousal support (alimony) that you each may have?  Yes  No

If no, please state which spouse will be paying the other - 1)  Husband Paying Wife 2)  Wife Paying Husband

How much will be paid - \_\_\_\_\_ How often - \_\_\_\_\_ Payments begin - \_\_\_\_\_ Payments end - \_\_\_\_\_

F. CHILDREN'S INFORMATION (from this marriage):

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_

If any of the children have resided with anyone other than you and your spouse during the last five (5) years, please complete the following UCCJEA Information: This information is required in order to prepare the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) affidavit pursuant to Florida Statute Section 61.517.

Name of Custodian: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_

Dates Resided with: \_\_\_\_\_

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependency or guardianship, concerning custody or visitation of any child subject to this proceeding?  No  Yes

If Yes, please describe: \_\_\_\_\_

Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding?  Yes  No

If Yes, please describe: \_\_\_\_\_

Do you know of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding?  No  Yes

If yes, describe situation: \_\_\_\_\_

Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding?  No  Yes

If yes, please describe: \_\_\_\_\_

Have you and your spouse AGREED to share parental responsibility (making decisions together) for raising your children?  Yes  No

If no, who will have sole parental responsibility (make decisions on your own)?  Mother  Father.

Please explain for the judge why you believe it to be in the child (ren)'s best interest for one parent to have sole parental responsibility.

Text area for explaining parental responsibility.

Which parent will be the primary residential parent of the child(ren)?  Mother  Father.

(The courts prefer the parent most likely to encourage a good relationship with the other parent to be the primary residential parent).

Which visitation/child sharing schedule have you and your spouse agreed to incorporate into your Marital Settlement Agreement They are found in STEP 4\ (ALL schedules are model plans utilized throughout the State)

Schedule I (Suggested In-State Plan where parents reside no more than 45 miles apart)

Schedule II (Suggested In-State Plan where parents reside more than 45 miles apart)

Schedule III (Suggested Out-of-State Plan)

If you and your spouse want to modify one of the model plans or create your own, please provide the specifics:

Text area for providing specifics on modified plans.

**CHILD SUPPORT** - [Watch Video](#) Florida Statute Section 61.30 sets forth the factors that go in to determining child support. It is very rare for a judge to deviate from the guidelines. If you believe that a deviation is in order (read the statute first), you must ask the court to do so and will need to explain your reasons. We do not prepare/argue motions to deviate from the guidelines.

By answering the following questions and utilizing [The DivorceDeli.com child support calculator](#) you and your spouse can see exactly what the child support obligation will be. The answers you provide here are used by us to prepare the child support guidelines worksheet, which must be filed with the court. In order to answer these questions you and your spouse must complete the Family Law Financial Affidavits as the answers to the following questions are taken directly from them. Make sure the answers you provide here are correct, as we will not cross check the numbers from the Family Law Financial Affidavit. Also, if, after receiving the completed Child Support Guidelines Worksheet from us, you determine that you made a mistake in answering the following questions, you may be charged a fee to correct the error, as it will be necessary for us to prepare another Child Support Guidelines Worksheet. So, please read and answer very carefully.

1. How many minor (and dependent, see definition) children are there of the marriage?
2. What is your monthly net income (line 27 of Financial Affidavit)?
3. What is your spouse's monthly net income (line 27 of spouse's Financial Affidavit)?
4. What is the amount of childcare payments (monthly) actually made by you ("Day Care" expense in Section C of the Financial Affidavit)?
5. What is the amount of childcare payments (monthly) actually made by your spouse ("Day Care" expense in Section C of spouse's Financial Affidavit)?
6. What is the amount you actually pay (monthly) for health insurance for the child(ren) ("Child(ren)'s medical/dental" in Section D of the Financial Affidavit)?
7. What is the amount your spouse actually pays (monthly) for health insurance for the child(ren) ("Child(ren)'s medical/dental" in Section D of the Financial Affidavit)?
8. What is the amount you actually pay for monthly non-covered (NO INSURANCE) medical, dental and prescription costs for the child(ren) (see, medical/dental line of Section E of the Financial Affidavit plus uninsured prescription expense)?
9. What is the amount your spouse actually pays for monthly non-covered (NO INSURANCE) medical, dental and prescription costs for the child(ren) (see, medical/dental line of Section E of spouse's Financial Affidavit plus uninsured prescription expense)?

Again, the exact formula to determine each parent's child support obligation is contained in Florida Statute Section 61.30. Our [DivorceDeli.com Child Support Calculator](#) makes the calculations for you so you will know what the child support obligation is before we prepare your documents.

#### Substantial Shared Parenting - GROSS UP METHOD

Florida Statute Section 61.30 provides that if the child(ren) stays overnight with the noncustodial parent at least 40% percent of the time (at least 146 overnight visits per year) the child support obligation for that parent is reduced. Again, the formula is in the statute and our calculator shows you how the noncustodial parent's support obligation changes. The answers you provide here, like the answers to the prior questions (1-9) will be used by us to prepare the Child support Guidelines Worksheet, so please be careful.

10. Does the child(ren) stay overnight with the noncustodial parent at least 146 night s per year?  Yes  No
- If yes, how many overnights per year will the child(ren) spend with the noncustodial parent?

Health Insurance: Is health insurance reasonably available at this time? <http://www.floridakidcare.org/>  Yes  No

11. If YES: Which parent will maintain health insurance coverage for the minor child(ren)?  Mother  Father

If NO: have you and your spouse AGREED that any uninsured medical costs for the minor child(ren) shall be:  shared equally  prorated according to the child support guideline percentages

Dental Insurance: Is Dental insurance reasonably available at this time?  Yes  No

12. Which parent will maintain dental insurance coverage for the minor child(ren)?  Mother  Father
- If dental insurance is not reasonably available at this time have you and your spouse AGREED that any uninsured dental costs for the minor child(ren) shall be:  shared equally  prorated according to the child support guideline percentages

13. Is either parent required to maintain life insurance coverage for the benefit of the parties' minor child(ren)?  Yes  No

If yes, state the amount of the required coverage to be provided until the youngest child turns 18, becomes emancipated, marries, dies or otherwise becomes self-supporting.

#### Other Agreements

14. Have you and your spouse made any other agreements regarding the child(ren)?  Yes  No

If yes, please state the details:

#### Tax Deduction(s)

15. Do you and your spouse AGREE that the primary residential parent will claim the annual tax deduction for dependents which is how we prepare our standard Marital Settlement Agreement (this is the standard language in the marital settlement agreements we prepare)?  Yes  No

If no, please tell us what agreement you and your spouse have made:

#### Parenting Class

16. Have you and your spouse completed the parenting class as required?  Yes  No

If no, please do so immediately as you will need to send the completed certificates to us when you return the signed and notarized documents.

#### F. MISCELLANEOUS

- Does the wife want to return to using her maiden or other former name?  Yes  No

If yes, what is the full name that the wife wishes to return to?

- Are there any other agreements, which you want included in the Marital Settlement Agreement?  Yes  No

If yes, please write the agreement(s) here:

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When you are sure that you have FULLY COMPLETED this questionnaire, please return it to us as soon as possible by CLICKING THE SEND BUTTON at the bottom of this form. We will immediately begin to prepare all documents required in order to get you divorced. If we have questions about any of your answers, we will send you an E-mail. Your documents will be prepared and sent to you by courier within 48 hours of our receiving a FULLY COMPLETED questionnaire along with instructions and a pre-paid return envelope.

If you have any questions regarding this questionnaire please go to the site and watch the instructional videos. The answers to most questions are there. If you can't find the answer, send us an E-mail and we will respond within 24 hours. If you really, really want to talk to us, [E-mail your question](#) and the best time for us to return your call.

Thank you,  
Steven D. Miller, Esq.  
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