

FAMILY LAW/DIVORCE

DATE: _____

CLIENT SOCIAL SECURITY # _____
SPOUSE'S SOCIAL SECURITY # _____
YOUR PHONE (Daytime) _____
(Evening) _____

HOW DID YOU LEARN ABOUT US?

- Did you see us on TV?
- Yellow Pages
- Tribune/Deseret News
- I'm a former client
- From a Friend or Relative

Have you heard our recorded message
On 288-0202? Yes No

YOUR NAME: _____

Please list every name you have ever used: _____

YOUR ADDRESS: _____ ZIP _____

SPOUSE'S NAME: _____

SPOUSE'S ADDRESS: _____ ZIP _____

List every name your SPOUSE has ever used: _____

We need the following information in almost every case so will you please take a moment to answer these questions:

1. How many children or other people are there in your home who are presently dependent on you for financial support? _____
2. Please check the box that applies the closest to the MONTHLY RELIABLE INCOME from all sources for YOU and for YOUR SPOUSE: Mark [M] for you; Mark [S] for your Spouse:

- | | |
|---|--|
| <input type="checkbox"/> \$0 to \$999 \$_____ | <input type="checkbox"/> \$4500 - \$5000 |
| <input type="checkbox"/> \$1000 - \$1500 | <input type="checkbox"/> \$5500 - \$6000 |
| <input type="checkbox"/> \$1600 - \$2000 | <input type="checkbox"/> \$6500 - \$7000 |
| <input type="checkbox"/> \$2500 - \$3000 | <input type="checkbox"/> \$7500 - \$8000 |
| <input type="checkbox"/> \$3500 - \$4000 | <input type="checkbox"/> \$8500 - \$9000 |

3. I AM ordered to pay child support or alimony from prior marriage(s) or relationship(s) in the total amount of \$_____. (Write zero if this does not apply to you.)

Jurisdiction

1. YOUR county of residence for the last 3 months: _____
2. SPOUSE'S county of residence for the last 3 months: _____
3. If SPOUSE is not residing in Utah, indicate county and date your spouse last resided in Utah: _____.

Marriage and Grounds for Divorce/Annulment

4. Date of THIS Marriage _____ City _____
State _____
5. Please indicate the following: Divorce Annulment
6. State briefly the "grounds" or reasons for the divorce/annulment:

Continued Health Care (COBRA)

7. Does Your Spouse have a health care plan at his/her work that you are on (or want to be on) and want to stay on after the divorce? Yes No. If yes, you will probably need to pay your share of the premium.
8. Who should continue to carry insurance? Me My Spouse.
9. Who should pay? Me My Spouse Split evenly.

Alimony

10. Is there to be Alimony paid?
 No.
 Yes, Spouse to pay \$ _____ per month.
 Yes, I will pay \$ _____ per month.

If Yes, until remarriage/cohabitation, death, or number of years married?

Personal Possessions, Furniture, Vehicles

11. Is your present distribution of personal property okay? Yes No.

If NO, Specify how you want to divide personal property. Include Life Insurance Cash Value, if

any, Savings Accounts, Stock, Investments, Mutual Funds, etc.

Item	H	W	Other	Balance Owed
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

12. Do either of you have a pension and/or profit sharing plan through an employer?

- Husband
- Wife
- Both
- None

13. How do you want to apply the pension and/or profit sharing plan?

- Do You want to receive half of Your Spouse's?
- Do You want Your Spouse to receive half of Yours?
- Both You and Your Spouse each keep their own.

14. A Qualified Domestic Relations Order (QDRO) is required to divide the retirement.

15. Who should pay for the QDRO:

- You
- Your Spouse
- Divide evenly
- Percentage _____ %

Home and other Real Estate

16. Have You and Your Spouse acquired any real estate together? Yes No.
 If YES, how many properties? _____. **Please provide us with a legal description of the home.**

17. Address of the Home: _____

18. Who should be awarded the home? Husband Wife.

19. Value of Home \$ _____ Amount owed on all mortgages \$ _____

20. Please indicate the following:

- You should keep the home permanently and receive 100% of the equity.
- Your Spouse should keep the home permanently.
- Each party should receive 50% of the equity.
- You should keep the home until sold.
- Your Spouse should keep the home until sold.
- Do you want an appraisal on the home to determine the value?
 Yes No.
- Do you already know the amount of equity the receiving party should receive?
 Yes No. If YES, how much \$ _____.
- Other: _____

21. Address of Second Property: _____

22. Who should be awarded the Second Property? Husband Wife.

23. Value of Property \$ _____ Amount owed on all mortgages \$ _____

24. Please indicate the following:

- You should keep the home permanently and receive 100% of the equity.
- Your Spouse should keep the home permanently.
- Each party should receive 50% of the equity.
- You should keep the home until sold.
- Your Spouse should keep the home until sold.
- Do you want an appraisal on the home to determine the value?
 Yes No.
- Do you already know the amount of equity the receiving party should receive?
 Yes No. If YES, how much \$ _____.
- Other: _____

Debts and Financial Matters

25. Please indicate which item applies:

- My Spouse is to pay All debts up to the date we separated.
Indicate date of separation: _____.
- I am to pay ALL debts up to date of separation. Indicate date of separation: _____.
- We both will continue to be responsible to pay all the debts.
- Each party pays the debts he/she has incurred.
- Spouse's payment of debt should be considered as alimony or additional child support.
- We will pay the debts according to the following schedule:

<u>CREDITOR</u>	<u>WHOSE DEBT?</u>	<u>BALANCE</u>	<u>WHO IS TO PAY?</u>
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both

Life Insurance

26. Does Your Spouse already have a life insurance policy through his employer?

Yes No.

27. Do you want to require that Your Spouse maintain life insurance naming the child(ren) as beneficiary(ries)?

Yes No. If YES, how much insurance? \$_____.

Tax Returns

Please indicate the following:

- The parties will file jointly. **Please note:** you must be married on December 31 to file jointly for the year.
- The parties will file separately.
- You will claim the child/ren as dependent(s).
- Your Spouse will claim the child/ren as dependent(s).
- You and Your Spouse will claim a child. Indicate how many to You _____. To Your Spouse _____.
- You will claim the child/ren in even/odd Years.
- Your Spouse will claim the child/ren in even/odd Years.
- Other. Please explain:_____
- Buy Out. (We will explain.)

Attorney's Fees

28. Please indicate the following:

- You will pay all attorney's fees if uncontested. Your Spouse to pay attorney's fees if contested.
- Your Spouse will pay all of the attorney's fees.
- Each party will share equally the attorney's fees if uncontested.
- No attorney's fees provision

Miscellaneous

29. Do You/Your Spouse want to have a former named restored in the Decree of Divorce?

Yes No. If YES, please indicate the name to be restored:

30. If enforcement or the need for changes arise in the future, do you want to require mediation before going back to court? Yes No.

PLEASE COMPLETE THIS FORM

1. HUSBAND'S NAME (First, Middle, Last)						
2a. RESIDENCE - CITY, TOWN, OR LOCATION			2.b. COUNTY			
2c. STATE		3. BIRTHPLACE (State or Foreign County)		4. DATE OF BIRTH (Month, Day, Year)		
5. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	6. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED		7. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)		8. EDUCATION (Specify only highest Grade completed)	
	By Death, Divorce, Dissolution or Annulment (Specify below)				DATE (Month, Day, Year)	
9a. WIFE'S NAME (First, Middle, Last)			9b. MAIDEN LAST NAME			
10a. RESIDENCE - CITY, TOWN, OR LOCATION			10b. COUNTY			
10c. STATE		11. BIRTHPLACE (State or Foreign County)		12. DATE OF BIRTH (Month, Day, Year)		
13. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	14. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED		15. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)		16. EDUCATION (Specify only highest Grade completed)	
	By Death, Divorce, Dissolution or Annulment (Specify below)				DATE (Month, Day, Year)	
17a. PLACE OF THIS MARRIAGE - CITY, TOWN OR LOCATION		17b. COUNTY		17c. STATE OR FOREIGN COUNTRY		
18. DATE OF THIS MARRIAGE (Month, Day, Year)		19. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		20. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE TIME IN ITEM 19. Number _____ <input type="checkbox"/> None		
20. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife						

EMERGENCY LOCATOR

THIS INFORMATION IS STRICTLY CONFIDENTIAL! IT IS STRICTLY FOR OUR FILES.
THEREFORE, PLEASE GIVE ACCURATE INFORMATION.

Name (please print) _____

Spouse (please print) _____

Please give us the names of three of your closest friends and relatives in case there is a real emergency and we must locate you. (Perhaps you have moved and we do not have your new address.)

(1) Name _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____ Telephone No. _____

(2) Name _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____ Telephone No. _____

(3) Name _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____ Telephone No. _____

Rulon T. Burton & Associates
COSTS

COSTS are payable in cash and in advance. (Note: If the Court at any time changes its costs, that cost will apply over those listed below). Filing Fees must be paid by either cash or money order only.

Uncontested Divorces

1. Filing fee for Divorce Complaint to start divorce case\$310.00
2. Vital Statistics form. \$8.00
3. To make one requested change to the Complaint before filing with the CourtN/C
4. For EACH change to the Complaint after the first, before filing with Court \$50.00
5. For EACH change to the Complaint after the case has been filed with the Court \$100.00
6. Motion and Order to waive attendance at mandatory parenting class and the orientation class
(IF NO OSC HEARING REQUIRED)\$200.00
7. Parenting Class Order to Show Cause Hourly, minimum fee is . \$250.00
8. Motion to waive the 90-day waiting period for No Children divorce \$100.00
9. Summons
 - a. To serve Summons in Salt Lake County\$100.00
 - b. To serve special Summons in Salt Lake County \$150.00
 - c. To serve Summons outside Salt Lake County or out of State 150.00
 - d. To serve Summons by "Publication"\$200.00

ATTORNEY FEE SCHEDULE CHECKLIST Divorce and Family Law

1. UNCONTESTED MATTERS: (filing fee is not included)	<u>No Children</u>	<u>Children</u>
Uncontested Divorce (Defendant signs "Waiver")	\$400.00	\$650.00
Uncontested Annulment (Defendant signs "Waiver")	\$500.00	\$650.00
Modification of Support Order for Moving Party		\$650.00
Motion for Temporary Separation Order		\$650.00
Change of Custody		\$650.00
Name Change (Non-Divorce)		\$300.00
Adoption (Step-parent only)		\$600.00
Guardianship		\$650.00
Separation Agreement	\$500.00	\$650.00
Establishing Paternity, Custody and Child Support - sole custody		\$650.00
Establishing Paternity, Custody and Child Support - joint/split custody		\$700.00
Minimum fee for work not completed	\$400.00	\$400.00
SPECIAL FEE QUOTED on Retainer Agreement.		

2. DIVORCE, CONTESTED (PLAINTIFF OR DEFENDANT)

\$ _____ with minimum payments of \$ _____ / per month.

All cases billed at the current hourly rate of \$180/hour. Retainer required before continued service

3. MISCELLANEOUS FEES - ADDED TO ABOVE ACTIONS

\$ _____ Uncontested Repeat Hearing (Client failure to attend) \$200.00 \$200.00
 \$ _____ Qualified Domestic Relations Order (\$600 Retainer) hourly/\$600 min.