

**L & J HILL ENTERPRISES INC.,**  
**DIVORCE INFORMATION SHEET**

Have you or your spouse been a resident of Florida for at least 6 months? (Circle One for each person) **Husband** -- Yes, No, / **Wife** -- Yes, No

Date Married: \_\_\_\_\_ Date Separated? \_\_\_\_\_ (Must have)

Is either party a member of the military service? \_\_\_\_\_

Do you or your Wife wish to return to your/her former name? \_\_\_ Yes \_\_\_ No

If yes, what name do you/does she wish to be known as? (include middle name) \_\_\_\_\_

+++++

Petitioner's Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: (The Court will mail all paperwork to this address for next 3-4 months): \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone#: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home)

Email address \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

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

City, State & Zip \_\_\_\_\_

+++++

Respondent's Full Name: \_\_\_\_\_

SS#: \_\_\_\_\_

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

City, State & Zip \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

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

City, State & Zip \_\_\_\_\_

=====

**CHILDREN BORN DURING YOUR MARRIAGE:**

**1. Children from the two of you:**

Children's Full Names    Sex    Birthdate    Age    Social Security #    Place Born

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

Include children over 18 who are dependent on parents due to medical or physical disability.  
Are any of the children adopted? \_\_\_\_\_. If so, which ones? \_\_\_\_\_

2. Are you, your Wife or significant other currently pregnant? \_\_\_\_ Due date \_\_\_\_\_.

3. Have children, been born during the marriage that are not from the two of you? \_\_\_\_\_

If yes, who is the birth mother or birth father of the children? \_\_\_\_\_

These child/ren's names and birthdates: \_\_\_\_\_

**CHILD SUPPORT:** Will be determined by the Court. Child Support will be based on your financial affidavits, day care, insurance etc.. You **must** do a financial affidavit!

Child Support can be paid in one of the following ways: Which way do you wish to request?

1. Taken out of their paycheck and sent through the State of Florida Depository \_\_\_\_\_

2. Have them pay the State of Florida Depository themselves. \_\_\_\_\_

3. Pay you directly. \_\_\_\_\_

When do you want child support to begin? \_\_\_\_ on the date you separated \_\_\_\_ on the date you file for divorce or \_\_\_\_ on the date of your Final Judgment?

If you want to ask that no child support be ordered please state why \_\_\_\_\_

**PLACES AND PERSONS with whom the child(ren) has/have lived during the last 5 years?**

Addresses where children have lived    Dates they lived there    the persons they lived with

\_\_\_\_\_

**Any there any Prior or Pending Court Cases involving the children - child support, injunctions or custody? (Yes) (No) (If Yes we must have a copy of the Final Order)**

Is there day care for the minor children \_\_\_\_ Yes \_\_\_\_ No

If yes, how much does it cost per month? \_\_\_\_\_

**INSURANCE:**

- Do the children have health and dental insurance? \_\_\_\_ Yes \_\_\_\_ No

- If Yes, who is the insurance through? i.e.: Medicaid, Florida Kids Care, etc.: \_\_\_\_\_

- How much does the insurance cost per month for the children? \_\_\_\_\_ .

- Who is responsible for getting and keeping the insurance? \_\_\_\_\_ .

- If insurance is not available, can someone get insurance? \_\_\_\_ Yes \_\_\_\_ No

- How will any non-covered medical and dental expenses for the children be divided?

\_\_\_\_ Split 50/50 \_\_\_\_ 100 % to the Husband \_\_\_\_ 100 % to the Wife \_\_\_\_ % of guidelines.

- Life insurance to secure child support. Does the person paying child support have life insurance? \_\_\_ Yes \_\_\_ No.

- If no, how much life insurance do you want them to have? (\$50,000, \$100,000, \_\_\_\_\_)

- Who will claim the minor children on their income taxes? \_\_\_ Wife \_\_\_ Husband **or** \_\_\_\_\_

- Will you alternate years with the Wife taking \_\_\_\_\_ years and the Husband taking \_\_\_\_\_ years?.

**PROPERTY** - Anything purchased while you were married.

Year & Make of Cars and or boats you jointly own      VIN numbers      Who is keeping it?

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

**Do you own a home?** If so, we **must** have the address and legal description of house: - This is the description from the deed or title (if a mobile home): \_\_\_\_\_

**Household items, furniture, tools etc. and what they are worth:**

Items **Husband** will keep & what they are worth

Items **Wife** will keep & what they are worth

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

**BILLS:** - Any bills you still jointly owe.

Finance Company/Credit Card      Last 4 digits of Account #      Balance due      Who will pay

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

Retirement Benefits/401K, Pensions etc. you want part of or ones you wish to keep:

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

Spousal Support: (Alimony) If you wish to request it: - How much do you want and for how long do you want to receive it?

I, \_\_\_\_\_, do hereby declare under penalty of perjury that the statements made above are true and correct.

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

\_\_\_\_\_  
Petitioner

**Please Note:** Parties with children must complete a Parenting Plan which will be attached to and made a part of the Petition. **Once the paperwork is complete, any mistakes on your work-sheet or if you later make changes to your paperwork, will require an additional fee of at least \$35.** All papers and forms must be filed immediately. We will not be responsible for any errors, omissions or changes in the Court's forms after 30 days if you have not filed. We will only hold your completed paperwork in the office for a period of 90 days. Please read all forms carefully and check for correct spelling of names and correct dates. **Initialed:** \_\_\_\_\_

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

DISCLOSURE FROM NONLAWYER

I, \_\_\_\_\_, certify that Leslie A. Hill of L&J Hill Enterprises, Inc., explained to me that he or she is not an attorney who is a member in good standing of the Florida Bar and that he or she CANNOT: 1) give me legal advice; 2) tell me what my legal rights or remedies are; 3) represent me in court; or 4) tell me how to testify in court.

This nonlawyer further explained to me that he or she CAN ONLY: 1) help me fill out forms that have been approved by the Supreme Court of Florida; 2) ask me questions to fill in the form(s); and 3) show or explain to me how to file the form(s).

\_\_\_\_\_ I can read English.

\_\_\_\_\_ I cannot read English, but this disclosure was read to me by \_\_\_\_\_ in \_\_\_\_\_.

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

\_\_\_\_\_  
Signature of Party

\_\_\_\_\_  
Leslie A. Hill  
L&J Hill Enterprises, Inc.  
6554 103rd Street  
Jacksonville, FL 32210  
904-777-1533