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Attorney

DIVORCE WORKSHEET

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CHILDSUPPORT WORKSHEET

A. CLIENT INFORMATION:

Full Name: (Mr. or Mrs.) _____

Maiden / Prior Name (if applicable) _____

Residence Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone No.: _____ Cell No.: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Employer: _____

Date of Birth: _____ City and State of Birth: _____

Social Security No.: _____ # of times Married: _____ Race: _____

Business Address:

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Annual Gross Income: \$ _____ Commission (Yes / No)

How do you get paid: Hourly \$ _____ Salary \$ _____ Weekly, Bi-weekly, other: _____

B. MOTHER'S /FATHER'S INFORMATION: (OPPOSING PARTY)

Full Name: (Mr. or Mrs.) _____

Maiden / Prior Name (if applicable) _____

Residence Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone No.: _____ Cell No.: _____

Mother's Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone _____: _____ Annual Gross Income: \$ _____

Commission (Yes / No)

How does your spouse get paid: Hourly \$ _____ Salary \$ _____ Weekly, Bi-weekly, other _____

Date of Birth: _____ City and State of Birth: _____

Social Security No.: _____ # of times Married: _____ Race: _____

Name and Address of Spouse's Attorney (if known): _____

C. GENERAL INFORMATION:

Were the parties to this suit married?

Yes or No, if Yes, please fill out this section in full below. If NO, please skip to Section D.

City / State / County of Marriage: _____

Date of Marriage: _____ Date of Separation: _____

Is either party in the military (specify) _____

Which party left the family residence? _____

Reason(s) for Divorce: (check all that apply)

Consanguinity <input type="checkbox"/>	Habitual intoxication <input type="checkbox"/>	Irretrievably Broken <input type="checkbox"/>
Mental Capacity <input type="checkbox"/>	Sentenced to Prison <input type="checkbox"/>	Incurable Mental Illness <input type="checkbox"/>
Adultery <input type="checkbox"/>	Dissertation <input type="checkbox"/>	Habitual Drug Addiction <input type="checkbox"/>
Impotence <input type="checkbox"/>	Menace or Duress <input type="checkbox"/>	Cruel treatment <input type="checkbox"/>
Pregnant by Another Man	Other <input type="checkbox"/>	

D. CHILDREN: .

Children from **THIS** marriage/relationship: _____

Full Name	Male/Female	Date of Birth	Age	Currently Resides With

Mother's Children from PRIOR marriage and/or relationship:

Full Name	Male/Female	Date of Birth	Age	Currently Resides With

Father's Children from PRIOR marriage/relationship:

Full Name	Male/Female	Date of Birth	Age	Currently Resides With

The following questions pertain to your desires for the minor children of THIS marriage only:

Physical custody to be defined as: (Physical custody is who the child(ren) will live with)

- * Mother
- Father
- Joint
- Other: _____

Legal Custody to be defined as: (Legal custody is who makes the major decisions with regards to the child(ren) including medical, dental, education, religion)

- Mother
- Father
- * Joint

Other: _____

Tie-breaking ability. If you selected **joint legal custody** on the proceeding question, someone will need to have the tie-breaking ability in the event that, after a good-faith attempt to negotiate, you and your spouse are unable to agree on a legal issue concerning the child(ren). Therefore, the following party or parties shall have the tie-breaking ability:

- Mother (all issues)
- Father (all issues)
- Medical only to be determined by (circle one) Mother / Father / Pediatrician or Medical Provider...
- Dental only to be determined by (circle one) Mother / Father / Dentist or Orthodontist...
- Education to be determined by (circle one) Mother / Father / School Teacher or Counselor
- Religion to be determined by (circle one) Mother / Father / Other: _____

Visitation or custody period for the non-custodial parent can be any arrangement that you and your spouse can agree to, however, a specific schedule must be included in your Agreement. Please describe the visitation schedule that you like for the non-custodial parent.

Please indicate by checking the box, if you would prefer to have alternating (every other year) visitation schedule rather than specify each holiday.

HOLIDAY	ODD NUMBERED YEARS		EVEN NUMBERED YEARS	
	HUSBAND (H)	WIFE (W)	HUSBAND (H)	WIFE (W)
<input type="checkbox"/> A. Martin Luther King, Jr. holiday 6:00 p.m. Friday thru 6:00 p.m. Monday				
<input type="checkbox"/> B. President's Day (6:00 p.m. Friday thru 6:00 p.m. Monday)				
C. Spring Break 6:00 p.m. on the day before the first day of spring Break through 6:00 p.m. on the day before school resumes				
D. Easter Weekend 6:00 p.m. Friday until 6:00 p.m. Sunday				
E. Mother's Day Weekend 6:00p.m. Friday until 6:00 p.m. Sunday				
G. Father's Day Weekend 6:00 p.m. Friday until 6:00 Sunday				
H. July 4 th 6:00 p.m. on July 3 rd until 10:00 p.m. on July 4 th				
I. Labor Day 6:00 p.m. on Friday thru 6:00p.m. Monday				
J. Halloween 4:00 p.m. thru 8:00p.m.				
K. Thanksgiving from 6:00p.m. on Wednesday before Thanksgiving thru 6:00 p.m. Sunday following Thanksgiving				

L. Christmas from 6:00 p.m. the day the children are released from school until 2:00 p.m. on Christmas Day		
M. Christmas 2:00 p.m. Christmas Day thru 6:00 p.m. the day before school resumes in school district in which the children reside		
N. Father's Birthday 8:00 a.m until 8:00, but if school is in 5:00pm until 8:30 pm		
O. Mother's Birthday 8:00 a.m until 8:00, but if school is in 5:00pm until 8:30 pm		
P. Children's Birthday 8:00 a.m until 8:00, but if school is in 5:00pm until 8:30 pm		
Q. Teacher's Workday 6:00 p.m on the day before the holiday until 6:00 p.m. on the holiday		
R. Passover		
S. Rosh Hashana		
T. Yom Kippur		
U. Chanuka		
V. Simchas Torah		
W. Purim		
X. Other Religious Holidays		
Y. Summer Vacation Two Weeks (14 days of uninterrupted physical custody upon written notice by May 1 st of each year		
Other Holidays		

Religious Holiday should be determined by:

_____ Christian

_____ Jewish

_____ other _____

Which party is to pay child support?

- Husband
- Wife
- Neither

If neither, please explain: _____

Child support shall be paid:

- Weekly on _____ (day of the week)
- Bi-Weekly (every other week)
- Monthly on _____ (day of month)
- Bi-Monthly on _____ and on _____ (days of the month)
- Other: _____

Child Support shall be paid by:

- Check or money order hand-delivered directly to recipient
- Check or money order mailed to recipient
- Income Deduction Order *Please note: If Income Deduction Order is requested additional fees will be assessed.

H. PERSONAL AND MARITAL DEBTS:

List all debts the **YOU** are financially obligated to pay: (debts where the wife's name is the only name on the account, loan, credit card, etc.)

CREDITOR	ACCOUNT #	BALANCE	MONTHLY PAYMENT

I. INCOME TAXES:

Which party shall be permitted to claim the child/children on their personal income tax returns?

- Husband
- Wife
- Switch off every other year

K. MEDICAL INSURANCE:

If there is currently health insurance in effect, who carries the coverage for:

- Husband: _____

