

GANTT & ASSOCIATES LLC.

Attorneys at Law

Attorney

DIVORCE WORKSHEET

LaKeisha T. Gantt
ganttl@ganttlegal.com

**1740 Hudson Bridge
Road #1205
Stockbridge, Ga
30281**

*Tel. (678) 684.6300
Fax (404) 591.1260
Website:
www.ganttlegal.com.*

DIVORCE 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. SPOUSE INFORMATION:

Full Name: (Mr. or Mrs.) _____

Maiden / Prior Name (if applicable)

Residence Street Address:

City: _____ State: _____ Zip: _____ County: _____
Home Phone No.: _____ Cell No.: _____

SPOUSE 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):

Does the wife desire to have her maiden name or prior name restored at the time of the finalization of this case? If so, please state the FULL name as it shall appear on the Final Judgment and Decree: _____

C. GENERAL INFORMATION:

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: _____

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

Wife's Children from PRIOR marriage:

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

Husband's Children from PRIOR marriage:

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 HUSBAND (H) WIFE (W)	EVEN NUMBERED YEARS 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 6:00 p.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 6:00 p.m. Monday		
J. Halloween 4:00 p.m. thru 8:00 p.m.		
K. Thanksgiving from 6:00 p.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.

E. ALIMONY:

- No
- Yes
- Husband shall pay to Wife
- Wife shall pay to Husband

If yes, please state the reason you feel alimony is needed:

F. MARITAL RESIDENCE: (At the time of separation)

The marital residence is a:

- Rental house or apartment

Who will be permitted to reside in the house?

- Wife
- Husband

Leased in the name of the:

- Wife
- Husband
- Both parties
- Other: _____

- Purchased home or condominium

Who will be permitted to reside in the house

- Wife
- Husband

Titled in the name of the:

- Wife
- Husband
- Both
- Other: _____

Mortgage Company: _____

Address: _____

Phone Number: _____ Account No. _____

If the home was purchased, is the legal title to be:

- Transferred to the Wife
- Transferred to the Husband
- Left Unchanged

If the residence is to be sold, which party shall continue to reside in the home until sold:

- Wife
- Husband

Proceeds of the sale of the marital residence to be paid to the:

- Wife
- How much and how paid: _____
- Husband
- How much and how paid: _____
- Equal amount to each party
- Other: _____

Other Real Estate:

Titled in the name of the:

- Wife
- Husband
- Both
- Other: _____

Mortgage Company: _____

Address: _____

Phone Number: _____ Account No. _____

--	--

H. PERSONAL AND MARITAL DEBTS:

List all debts the **WIFE** is 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

List all debts the **HUSBAND** is 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

List all **JOINT** debt and specify which party (H=husband or W=wife) you believe should be financially responsible for repayment: (debts where the name of both the husband and wife are on the account loan, credit card, etc.,)

CREDITOR	ACCOUNT #	BALANCE	MONTHLY PAYMENT

I. INCOME TAXES:

How have you and your spouse filed income tax returns in the past?

- Joint
- Separate

How do you plan to file tax returns for this year?

- Joint
- Separate

Refunds are to be paid to:

- Husband
- Wife
- Split Equally
- Other: _____

Do either of you owe taxes:

- No
- Yes:
 - Owed by: _____ Husband _____ Wife _____ Both
 - Georgia State Tax: Amount owed: \$ _____ Monthly payment: \$ _____
 - Federal Tax Amount owed: \$ _____ Monthly payment: \$ _____
 - Who will pay taxes:
 - Husband
 - Wife
 - Equally
 - Party who caused deficiency If the marital residence is owned, which party is to claim the mortgage interest on their personal income tax returns?

- Husband
- Wife

If there are children of this marriage, which party shall be permitted to claim the child/children on their personal income tax returns?

- Husband
- Wife
- Switch off every other year

J. BANK ACCOUNTS AND INVESTMENTS:

Please list all accounts which need to be divided and specify whose name the account is in as well as

which party will be entitled to the balance in the account once the divorce is finalized (H=Husband, W=Wife, J=Joint). Accounts should include but not be limited to checking and savings accounts, money markets, IRA, 401k, Stock, Bonds, CD's and Pension plans:

Type of Acct.	Account #	Balance	Whose Acct	Transfer to

*Please note: If funds are being transferred by means of a Qualified Domestic Relations Order (QDRO), additional fees will be assessed.

K. MEDICAL INSURANCE:

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

- Husband: _____
- Wife: _____
- Children: _____

