

BUCKMAN PARALEGAL SERVICES, LLC
 AN INDEPENDENT PARALEGAL SERVICE SPECIALIZING IN FAMILY LAW

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I do not work for an attorney. I can only provide self-help services at your specific direction.

WORKSHEET FOR SAME SEX DIVORCE OR LEGAL SEPARATION (WITH CHILDREN)
 (This is NOT a legal document)

	PARTNER 1 - PETITIONER	PARTNER 2- RESPONDENT
FULL Legal Name First/Middle/Last		
Residence Address & Apt. #		
City/State/Zip Code		
Mailing Address		
County		
Contact phone number		
City/State/Zip Code		
Contact email		
Social Security Number	Only when needed	Only when needed
Birthdate		
Birthplace (City & State)		
Employer Name		
Employer Address		
Employer City/State/Zip		
Employer Phone		
Maiden Name		
Changing your name?		
Change name to:		
Driver's License (ID) No.:		

Date of Marriage (mm/dd/yyyy): _____

Date of Separation (mm/dd/yyyy): _____

Married in what City, County, State? _____

This case is going to be a (circle one) Divorce Legal Separation

Number of children born alive of this marriage:

Is the Partner 1 pregnant? (circle one) Yes No

Have your children lived in Washington for the last six months? (circle one) Yes No

Are all children over the age of 18? (circle one) Yes No

Have you both lived in Washington during the time you were married? (circle one) Yes No

Who will be listed as the "Petitioner"? (circle one) Partner 2 Partner 1

Is there a Bankruptcy case open? Yes No

DIVISION OF PROPERTY:

Is there a prenuptial agreement involved in this case? (Circle one) Yes No (If yes, include a copy)

Will each party keep their own Retirement Plan? Yes ___ No ___ (additional \$350 per account split)

Who will remain in and take possession of the family home? Partner 1 ___ Partner 2 ___
We Rent ___

Do you need a Quit Claim Deed and Real Estate Excise Tax Affidavit to transfer ownership to that person? Yes ___ No ___ (Additional \$100 for real estate paperwork, does not include recording fees)

What Real Estate/Vehicles/Boats/Motorcycles will the Partner 2 keep?
(List Year/Make/Model of each Vehicle)

What Real Estate/Vehicles/Boats/Motorcycles will the Partner 1 keep?
(List Year/Make/Model of each Vehicle)

What specific items of Personal Property will the Partner 2 keep?
(Example: Bank Accounts, Furniture, Jewelry, etc.)

What specific items of Personal Property will the Partner 1 keep?
(Example: Bank Accounts, Furniture, Jewelry, etc.)

Will there be Spousal Maintenance (Alimony)? Yes ___ No ___

What specific debts will be taken over solely by the Partner 2? (Include all separate debts.) Please indicate which debts were incurred before the marriage, during the marriage, and after separation by checking the boxes.

CREDITOR'S NAME	TOTAL BALANCE DUE	INCURRED WHEN? (Please put a check in the box)		
		Before Marriage	During Marriage	After Separation
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What specific debts will be taken over solely by the Partner 1? (Include all separate debts.) Please indicate which debts were incurred before the marriage, during the marriage, and after separation by checking the boxes.

CREDITOR'S NAME	TOTAL BALANCE DUE	INCURRED WHEN? (Please put a check in the box)		
		Before Marriage	During Marriage	After Separation
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILDREN'S INFORMATION:

(this is NOT a legal document)

Full Legal Name of All Children (first/middle/last)	Sex	Date of Birth	Is this child from a previous relationship? (If yes, name of parent)	Social Security Number	Living with Mom or Dad?
				If Needed	
				If Needed	
				If Needed	
				If Needed	
				If Needed	

Has this family ever received any form of public assistance from Washington State (i.e., medical coupons, food stamps, daycare assistance, housing assistance, etc.)? Yes ___ No ___ (Currently receiving? _____)

Are the children involved in any other legal proceedings? (Adoption, 3rd Party Custody, etc.)
If yes, please give details _____

Have the children lived anywhere other than Washington or with anyone other than you or your spouse in the past five years? If yes, please give details _____

What is the SCHOOL YEAR VISITATION SCHEDULE for the non-custodial parent? (check one)

___ From Friday at _____ am/pm until Sunday at _____ am/pm every other week with a mid-week visit from _____ pm until _____ pm every Wednesday.

___ From Sunday at _____ am/pm until the following Sunday at _____ am/pm alternating between parents every other week. (50/50 Parenting Plan)

___ From Thursday after school until Monday before school every other week with an overnight visit on the opposite week from after school Thursday until before school on Friday.

___ Other: **(MUST BE SPECIFIC)** _____

How should the WINTER SCHOOL BREAK VISITATION be divided? (check one)

___ With Partner 1 for the first half of the break and with Partner 2 for the last half of the break in even years.

___ With Partner 1 for the first half of the break and with Partner 2 for the last half of the break in odd years.

___ With Partner 1 for the whole break in even years and with Partner 2 for the whole break in odd years.

___ With Partner 2 for the whole break in even years and with Partner 1 for the whole break in odd years.

___ Other: **(MUST BE SPECIFIC)** _____

How should the SPRING SCHOOL BREAK VISITATION be divided? (check one)

With Partner 1 for the first half of the break and with Partner 2 for the last half of the break in even years.

With Partner 1 for the first half of the break and with Partner 2 for the last half of the break in odd years.

With Partner 1 for the whole break in even years and with Partner 2 for the whole break in odd years.

With Partner 2 for the whole break in even years and with Partner 1 for the whole break in odd years.

Other: **(MUST BE SPECIFIC)** _____

How should the SUMMER VISITATION SCHEDULE be managed? (check one)

With Partner 1 for the first two weeks of the months June, July and August, and with Partner 2 for the last two weeks of each month.

With Partner 2 for the first two weeks of the months June, July and August, and with the Partner 1 for the last two weeks of each month.

Same as the school year visitation schedule with the non-custodial parent having a two week visitation, the date of which would be negotiable between the parents each year.

All of June and the first two weeks of July with the Partner 1, the last two weeks of July and all of August with the Partner 2.

All of June and the first two weeks of July with the Partner 2, the last two weeks of July and all of August with the Partner 1.

Other: **(MUST BE SPECIFIC)** _____

Put a check next to the holidays the Partner 1 should have in EVEN YEARS and the Partner 2 should have in ODD YEARS (those left blank will be the reverse, Partner 1 will have in odd years, Partner 2 in even years):

New Year's Day Martin Luther King's Birthday President's Day Memorial Day
 Independence Day Labor Day Veteran's Day Thanksgiving Christmas Eve
 Christmas Day Halloween Easter the Children's Birthdays

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PARTNER 2'S FINANCIAL DECLARATION:

*Both parties in a dissolution with children must complete and submit a financial declaration. This questionnaire is designed to provide all the information to comply with this rule. Please fill it out **completely**.*

Name: _____ Occupation: _____

Are you presently employed? Yes ___ No ___

Where do you work? _____

If you are not employed, when did you last work? _____

What were your gross earnings (before taxes) before becoming unemployed? _____

What is your current monthly gross income (before taxes) from the following sources:

Wages and Salaries: _____ Interest and Dividends: _____

Business Income: _____

Other Income: _____ Source of Other Income: _____

Spousal Maintenance from other relationships: _____

What deductions do you have monthly from your income and how much is deducted for each?

State Industrial (**not** L&I): _____ Mandatory Union Dues: _____

Pension Plan Payments: _____ Spousal Maintenance Paid: _____

Normal Business Expenses: _____

Are there other adults living in your household? Yes ___ No ___

INSURANCE INFORMATION:

The court requires this information to be included in all child support orders. You may have to contact the Human Resources Department at your place of employment to complete this section.

Does your employer/union offer health insurance? Yes ___ No ___

If you were to get coverage for your children through your employer/union, how much would the children's portion of the medical insurance **premium** be (not the deductible) that you would pay out of pocket (do not include the cost of coverage for yourself or your spouse): _____

Do you have insurance coverage for your children through your employer/union? Yes ___ No ___

Do you have insurance coverage for your children from any other source? Yes ___ No ___

If yes, what is the cost of the children's portion of the medical insurance **premium** (not the deductible) that you pay out of pocket (do not include the cost of coverage for yourself or your spouse): _____

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PARTNER 1'S FINANCIAL DECLARATION:

Both parties in a dissolution with children must complete and submit a financial declaration. This questionnaire is designed to provide all the information to comply with this rule. Please fill it out **completely**.

Name: _____ Occupation: _____

Are you presently employed? Yes ___ No ___

Where do you work? _____

If you are not employed, when did you last work? _____

What were your gross earnings (before taxes) before becoming unemployed? _____

What is your current monthly gross income (before taxes) from the following sources:

Wages and Salaries: _____ Interest and Dividends: _____

Business Income: _____

Other Income: _____ Source of Other Income: _____

Spousal Maintenance from other relationships: _____

What deductions do you have monthly from your income and how much is deducted for each?

State Industrial (**not** L&I): _____ Mandatory Union Dues: _____

Pension Plan Payments: _____ Spousal Maintenance Paid: _____

Normal Business Expenses: _____

Are there other adults living in your household? Yes ___ No ___

INSURANCE INFORMATION:

The court requires this information to be included in all child support orders. You may have to contact the Human Resources Department at your place of employment to complete this section.

Does your employer/union offer health insurance? Yes ___ No ___

If you were to get coverage for your children through your employer/union, how much would the children's portion of the medical insurance **premium** be (not the deductible) that you would pay out of pocket (do not include the cost of coverage for yourself or your spouse): _____

Do you have insurance coverage for your children through your employer/union? Yes ___ No ___

Do you have insurance coverage for your children from any other source? Yes ___ No ___

If yes, what is the cost of the children's portion of the medical insurance **premium** (not the deductible) that you pay out of pocket (do not include the cost of coverage for yourself or your spouse): _____

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BUCKMAN PARALEGAL SERVICES AGREEMENT

At this point in time my case is uncontested and the worksheets have been filled out as accurately as possible. Both parties have reviewed all worksheets.

If my case becomes contested in the future, I realize that I may need to retain an attorney to reach an agreement on any contested issues, and that I may have to switch my case to a local county. I understand that any additional court costs and attorney fees incurred because of a contested situation or because paperwork has to be re-submitted would be separate from the preparation fee of Buckman Paralegal Services.

I have paid the sum of \$_____ for Buckman Paralegal Services to prepare the following documents needed in my case based on the information I have provided in this worksheet:

-
- | | |
|---|--|
| <input checked="" type="checkbox"/> Summons | <input checked="" type="checkbox"/> Petition for Dissolution or Legal Separation |
| <input checked="" type="checkbox"/> CIF | <input checked="" type="checkbox"/> Findings of Fact and Conclusions of Law |
| <input checked="" type="checkbox"/> Acceptance of Service | <input checked="" type="checkbox"/> Decree of Dissolution or Legal Separation |
| <input type="checkbox"/> Quit Claim Deed and Real Estate Excise Tax Affidavit | |
| <input type="checkbox"/> Qualified Domestic Relations Order | |
| <input type="checkbox"/> Other _____ | |

_____(Initial) I understand that fees are not refundable once work has begun on my case, and that any further revisions of my documents will result in a charge of \$5 to \$10 per document.

_____(Initial) I understand that there will be a separate court fee of \$320 payable to the court for the filing of my documents (Due at a later date).

_____(Initial) I understand that the average wait time for a case to be finalized is approximately four months from date of filing.

_____(Initial) I understand I am responsible for recording any real estate documents (Quit Claim Deed and Real Estate Excise Tax Affidavit) with the county after my case has been finalized with the court.

_____(Initial) I understand I am responsible for obtaining certified copies of any legal documents necessary for name changes (Final Decree) or Retirement Plan Distributions (QDRO).

_____(Initial) I also understand it is my responsibility to submit those documents to the appropriate authority in order to change my name or receive payment from a retirement plan.

Partner 2's Name (Please print)

Partner 1's Name (Please print)

Partner 2's Signature

Partner 1's Signature

Date

Date

Cydney Buckman
Buckman Paralegal Services

Date

Please return this page with your worksheets. You will receive a copy of this agreement.