

Toll-Free Support Line: 888-834-0359

www.myfloridadivorceservice.com | info@myfloridadivorceservice.com

## OUESTIONNAIRE: FLORIDA UNCONTESTED DISSOLUTION OF MARRIAGE

\* Instructions: This questionnaire form will assist you in completing all documents required for your Florida uncontested dissolution of marriage. Please complete all sections in print; and return via fax to My Florida Divorce™ at 813-436-3389.

	PETITIONER'S INFORMATION							
	* The <b>Petitioner</b> is the person who first "petitions" the court for a divorce.							
	Petitioner's full name:							
	Social Security #:							
	Address:							
	City: State: Zip Code:							
	Phone #: Alt#:							
	* Petitioner's present <u>residence</u> address including street, city, state and zip code)							
	Is the <b>Petitioner</b> an active-duty member of the United States Uniformed Military Services?	□Yes	☐ No					
	<b>Note:</b> If you are military on assignment outside the State of Florida, use your residence address ( <i>If overseas, use your APO address</i> )	where you ar	re stationed.					
2	RESPONDANT'S INFORMATION							
	* The other spouse is known as the "Respondent."							
	* The other spouse is known as the "Respondent."  Respondent's full name:							
	·							
	Respondent's full name:		ms are signed.					
	Respondent's full name:  Social Security #:  Note: If you do not know your spouse's SSN, it may be filled in by your spouse at the time the co		ms are signed.					
	Respondent's full name:  Social Security #:	ompleted for						
	Respondent's full name:  Social Security #:  Note: If you do not know your spouse's SSN, it may be filled in by your spouse at the time the co	ompleted for						
	Respondent's full name:  Social Security #:  Note: If you do not know your spouse's SSN, it may be filled in by your spouse at the time the control of the second state in the second stat	ompleted for						
	Respondent's full name:  Social Security #:  Note: If you do not know your spouse's SSN, it may be filled in by your spouse at the time the contact that the co	ompleted for						
	Respondent's full name:  Social Security #:  Note: If you do not know your spouse's SSN, it may be filled in by your spouse at the time the contact the spouse and the spouse at the time the contact the spouse at	ompleted form						
	Respondent's full name:  Social Security #:  Note: If you do not know your spouse's SSN, it may be filled in by your spouse at the time the contact that the co	□Yes	□ No					
	Respondent's full name:  Social Security #:  Note: If you do not know your spouse's SSN, it may be filled in by your spouse at the time the condition of the co	☐Yes☐Yes	□ No □ No hat is set out					



My Florida Divorce™ is an independent, non-attorney service. My Florida Divorce ™ is not licensed by the Florida Bar to practice law in the state of Florida and is not authorized to give legal advice or tell you what your legal rights are. The services that you are purchasing are non-lawyer services only. My Florida Divorce ™ only MEMBER provides pro se legal document preparation at your specific direction and assistance of procedures followed by the Clerk's Office outlined by the Courts.



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## QUESTIONNAIRE: FLORIDA UNCONTESTED DISSOLUTION OF MARRIAGE

The <b>Petitioner</b> will need a residency witness (someone that know to filing this action). The witness must sign an affidavit that we w		iuve been a rionat	rresident jo	ι ο πιοπιπέ μ	
Witnesses full name:					
Address:					
City:	State:	Zip Code:			
Phone #: Alt#:					
* Please provide the full name, complete address and phone num	ber of your	residency witness.			
CHILDEREN OR DEPENDANT QUESTIONS					
Were any <b>children</b> born of (or adopted by) the parties of this mar	riage.		☐ Yes	☐ No	
* If YES, are the children emancipated (at least 18 years of age or	no longer o	dependents)?	Yes	□No	
* If NO, then your case would be considered a dissolution of marriage with children.					
s the Wife pregnant?			Yes	□No	
* If YES, your case would be considered a dissolution of marriage	with childr	en.			
GENERAL MARRIAGE DETAILS					
Date of Marriage:					
Place of Marriage City:	State:	Zip Code:			
Date of separation:		(if living apart)			
Place last lived together as husband and wife					
	State	Zip Code:			
City:	5.61.0				
City:	State		Yes	□No	



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6 ANY PREVIOUS MARITAL SETTLEMENT?					
Have you and your spouse already <u>signed</u> a <u>written</u> <b>Marital Settlement Agreement</b> ?					
* If YES, provide the date it was entered into and provide the original, so that it can be filed with your petition and made a part of your Final Judgment ( <i>divorce decree</i> ).					
Date Agreement was signed:					
* If NO, please fill out Questions below.					
7 MARITAL ASSETS					
How are the Marital Assets to be divided? (The property you and your spouse acquired <u>during</u> the marriage.)					
OTE: The information you provide below will be inserted into a generic marital settlement agreement form which ontains "boiler plate" legal language. In a marital settlement agreement you and your spouse will set out how the assets and liabilities will be divided and also resolve other issues to your mutual satisfaction. If you do not understand the hished document and how it will impact your life, then you should have it reviewed and explained to you by a lawyer empetent in family law.					
A. Check here, if all marital assets have already been equitably divided between the parties to their mutual satisfaction and each party is in possession and control of the particular marital assets they are to receive and TITLES for the property (such as jointly titled automobiles, real estate, businesses, timeshares, boats, planes, motorcycles, motor homes, etc.) have already been changed into the party's name alone.					
B. Check here, to state who gets specific property; i.e., marital residence, automobiles, real property, etcIn case of a motor vehicle or mobile home state Cert. of Title #, VIN #, make, year, etc. (this information is on your receipt). In the case of the marital home or other real propertystate if one party is to have use and possession with be parties to remain joint owners or if one party is to have sole ownership and whether the other party is to sign a quit-claded, etc. Use a separate sheet if needed. Provide a copy of the "legal description" of the real estate so it can be insert in your Marital Settlement Agreement. Be specific and descriptive.					
Asset Description: Asset Owner:					



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MARITAL LIABILITIES				
How are the Marital Liabilities to be divided? (Deb	nts that you and your snow	se have acquired during the	marriage )	
A. Check here, if all marital liabilities have a satisfaction and each party is to pay debts that are	lready been equitably divid			
B. here, to list the marital liabilities that havi.e., marital residence, automobiles, real property,	re not been divided betwee		p pay the debt;	
Creditor Name/Description		Who Pays Debt:		
POST DIVORCE ARANGEMENTS				
* If so, please state the <b>full name</b> ( <i>no initials</i> ) by w	hich the Wife wishes to be			
Alimony. Is alimony to be waived?  Retirement Rights. Are the parties waiving their ri	ght to the other party's ret	☐ Yettirement, if any?		
0 AUTHORIZATION AND PAYMENT				
<b>Terms of Use.</b> I authorize My Florida Divorce™ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with	Account Type: Visa M	lasterCard	CV:(3 digit number on back)	
the issuing bank cardholder agreement. This payment is for the My Florida Divorce™; SIMPLIFIED/UNCONTESTED FLORIDA DIVORCE SERVICE. I certify that I am an	Card Holder Name:	Card Number		
authorized user of this credit card and that I will not dispute the payment with my credit card company; so long	Billing Address			
as the transaction corresponds to the terms indicated in this order form. I, the undersigned, have provided the	City	State	Zip	
foregoing information which is complete and to be inserted into my/our forms for an uncontested Dissolution of Marriage. Only one signature is required below in the	Primary Phone Number:	Card Expiration Date:		
event a spouse is out of the area and unavailable to sign this form.	X			



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