

THE LAW OFFICES OF EDWARD MISLEH

A PROFESSIONAL CORPORATION

CONFIDENTIAL DOCUMENT PROTECTED BY THE ATTORNEY/CLIENT PRIVILEGE

PERSONAL INFORMATION

Full Name (First, Middle, Last) _____

Past or Maiden Name (First, Middle, Last) _____

Home Address _____

City, State, Zip _____

Years and months at this residence _____ years _____ months.

Prior Address _____

Years and months at this residence _____ years _____ months.

Home Phone _____ Cell Phone _____

Email _____ May we contact you by email? _____

Social Security No. _____

Driver's License No. _____ State _____

Date of Birth _____ Age _____

Education (highest level) _____

Degree(s) _____

Do you wish to resume your maiden name? Name _____

EMPLOYER INFORMATION

Name of Employer _____

(If employed, include copies of last two months paystubs. If not employed, list your most recent job.)

Address _____

Phone number _____

Position _____ Number of years _____

Date Started _____ Date Ended _____

Hours/week _____ Gross Pay _____ per _____ hour /week/month (circle)

Retirement/Pension Amount _____

Certificate(s) or License(s) _____

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MARRIAGE INFORMATION

Date of Marriage _____ Date of Separation _____
Length of Marriage _____ years _____ months
Place of Marriage (City, State) _____
Number of previous marriages _____ Number of children _____
Do you own a home? _____ Do you own a business? _____
Dates of Acts of Violence _____
Police Report? _____ Medical attention? _____

OTHER PARTY INFORMATION

Full Name (First, Middle, Last) _____
Past or Maiden Name (First, Middle, Last) _____
Relationship _____ Number of previous marriages _____
Home Address _____
City & State _____
Years and Months at this residence _____ years _____ month
Date of birth _____ Age _____
Social Security No. _____
Driver's License No. _____ State _____
Education (highest level) _____
Degree(s) _____
Attorney's Name _____
Name of Employer _____
Address _____

Phone number _____
Position _____ Number of years _____
Date Started _____ Date Ended _____
Hours/week _____ Gross Pay _____ per _____ hour /week/month (circle)
Retirement/Pension Amount _____
Certificate(s) or License(s) _____

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CHILDREN INFORMATION

FIRST child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

School _____

Legal Custody _____ Physical Custody _____

SECOND child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

Legal Custody _____ Physical Custody _____

THIRD child (First, Middle, Last) _____

Date of Birth _____ Age _____ Sex _____

Current Residence _____

School _____

Legal Custody _____ Physical Custody _____

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TAX INFORMATION

(Provide copies of your last two tax filing)

Tax year last filed _____ Number of Exemptions claimed _____

Filing Status _____

State filed: _____

OTHER INCOME

Names of Persons who live with you _____

Relationship _____ Household Contribution \$ _____

Commissions/bonuses \$ _____ Public assistance \$ _____

Spousal/Partner Support \$ _____ Disability \$ _____

Pension/Retirement payments \$ _____ Social Security \$ _____

Unemployment \$ _____ Workers' Comp \$ _____

Investment income \$ _____ Rental Property Income \$ _____

Trust Income \$ _____ Other (specify) \$ _____

Lottery winnings, inheritance, etc.) \$ _____

Changes in your income over the last 12 months \$ _____

BUSINESS INTEREST

Number of years in Business _____ Business Income \$ _____

Business Name _____

Business Address _____

Business Type _____

DEDUCTIONS

Union dues \$ _____ Retirement contributions \$ _____

Health, dental, or eye insurance premiums: _____

Total Monthly Amount \$ _____

Child support you pay for children from other relationships \$ _____

Spousal/Partner support you pay from a different marriage \$ _____

Job-related Expenses \$ _____

ASSETS

(Please provide the last two (2) months of bank statements)

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Cash on Hand \$ _____ Checking/Savings accounts \$ _____
Money market \$ _____ Stocks and Bonds \$ _____
Real Property value \$ _____ Personal Property value \$ _____

AVERAGE MONTHLY EXPENSES

(Please provide the last two (2) months of current bank statements, credit card statements, copies of vehicle titles, mortgage statements, copies of stocks/bonds, utility bills)

Home Mortgage/Rent \$ _____ Real Property Taxes \$ _____
Home or Rent Insurance \$ _____ Home Maintenance \$ _____
Laundry and Cleaning \$ _____ Clothes \$ _____
Savings and Investments \$ _____ Education \$ _____
Entertainment, gifts, and vacation \$ _____
Auto expenses and transportation \$ _____
Auto insurance, gas, repairs, bus, etc. \$ _____
Auto maintenance and repair \$ _____
Life Insurance \$ _____ Health Insurance \$ _____
Health-care costs not paid by insurance \$ _____
Charitable contributions \$ _____ Child care \$ _____
Groceries and household supplies \$ _____ Eating out \$ _____
Utilities (gas, electric, water, trash \$ _____
Telephone, cell phone, and e-mail \$ _____
Installment payments and debts not listed above \$ _____

Expenses paid by others \$ _____ Travel Expenses for Visitation \$ _____
Special Hardships \$ _____ Extraordinary Health Expenses \$ _____
Major losses not covered by insurance \$ _____
Expenses for minor children from other relationships \$ _____
Other Child Support Received \$ _____
Other (specify) \$ _____

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RENTAL PROPERTY

(If applicable: please provide rental property income and expenses for the past 12 months.)

Date	Property description	Income	Expense	Balance

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PROPERTY AND DEBTS

List all assets and property received during the marriage or after the date of separation with community funds including all real property (house/apt/condo/rental), vehicles, pension plans, cash and savings account, credit union, money markets, other deposit accounts, stocks, bonds, other easily negotiable assets and any other physical property (*Indicate estimated value and provide statements*).

List all inheritances, gifts and property owned, earned or acquired before marriage, after the date of separation or during period of marriage by means of separate property. (*Indicate estimated value and provide statements*):

List all community debts, including unpaid balances on credit cards, home mortgages, car loan balances, etc. (*Include statements*)

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CHILD SUPPORT INFORMATION

(Provide copies of insurance card and any previous support or custody orders)

Number of Children under 18 _____
Percentage of Time with You _____ Other Parent _____
Children's Health-Care Expenses \$ _____
Health Care Insurance Covered by which parent _____
Insurance Company Name _____
Insurance Company Address _____
Monthly cost \$ _____ Additional expenses \$ _____
Child care cost to work or for job training \$ _____
Children's health care not covered by insurance \$ _____
Travel expenses for visitation \$ _____
Other Educational Expenses \$ _____

SPECIAL HARDSHIPS

(Provide any documentation to validate your additional expenses)

Extraordinary health expenses not included above \$ _____
Amount of major losses not covered by insurance (examples: fire, theft, other insured loss)
Amount \$ _____
Expenses for other minor children not from this relationship living with you
Amount \$ _____
Names and ages of those children (specify) _____

Child support you receive for those children \$ _____

GOVERNMENTAL ASSISTANCE

(check all that you receive)

Medi-Cal Food Stamps SSI SSP
County Relief/General Assistance IHSS (In-Home Supportive Services)
CalWORKs or Tribal TANF (Temporary Assistance for Needy Families)
CAPI (Cash Assistance Program for Aged, Blind and Disabled)

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CURRENT LEGAL MATTERS

Any Pre-existing or Current Cases or Order in Effect? Yes No

If Yes, Case Numbers _____ Date of Order (attach copy) _____

Are you currently or ever have been restrained by a Restraining Order? Yes No

Do you have a Restraining Order against the other party? Yes No

Is there any Risk of Child Abduction? Yes No

Are you or the other parent planning on moving out of the area? Yes No

Explain _____

Does either party pose a flight risk? Yes No

Number of Previous Mediations between parties(0-4+)?

Do you and the other parent live 2-4 hours apart from each other? Yes No

Do you and the other parent live 4+ hours apart from each other? Yes No

Is one of more of your children a Special Needs Child? Yes No

Has there been past non-compliance with a Court Order? Yes No

Have any of the following been issues in this case:

Custody Change? Yes No Explain _____

Domestic Violence? Yes No Explain _____

Substance Abuse? Yes No Explain _____

Mental Health? Yes No Explain _____

Current or Previous CPS Involvement? Yes No Explain _____

Child Physical/Sexual Abuse? Yes No Explain _____

Child Neglect? Yes No Explain _____

RELIEF SOUGHT

Are you seeking Spousal Support ? Yes No

Explain _____ Amount Requested per month _____

Are you seeking Child Support ? Yes No

Explain _____ Amount Requested per month _____

Are you requesting specific visitation restrictions or schedules? Yes No

Explain _____

Visitation requested as follows _____

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Are you seeking Control of Property? Yes No

Explain _____

Property Control Requested _____

Are you seeking Restraint of Property? Yes No

Explain _____

Property Restraint Requested _____

Facts in Support of Relief Requested _____

ATTORNEY FEES

Amount Paid (fees and costs) \$ _____

Source of Funds used for payment _____

Amount still owed \$ _____ Hourly Rate \$ _____

ADDITIONAL INFORMATION

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RESTRAINING ORDERS

Protected's Name _____
Protected's Address _____
Protected's Telephone _____
Protected's Date of Birth _____
Protected's Height _____
Protected's Weight _____
Protected's Race _____
Protected's Hair Color _____
Protected's Eye Color _____
Protected's Age _____
Protected's Vehicle – Type, Model, Year _____
Protected's License Plate Number and State _____
Protected's Employer _____
Protected's Employer's Address _____
Protected's Employer's Phone Number _____
Protected's Occupation _____
Date Job Started _____
Date Job Ended _____

Defendant's Name _____
Defendant's Address _____
Defendant's Social Security Number _____
Defendant's Date of Birth _____
Defendant's Age _____
Defendant's Sex _____
Defendant's Height _____

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Defendant's Weight _____

Defendant's Hair Color _____

Defendant's Eye Color _____

Defendant's Race _____

Defendant's Business _____

Defendant's Business's Address _____

Defendant's Job Title _____

Defendant's Driver License Number _____

Defendant's Vehicle – Type, Model, Year _____

Defendant's License Plate Number and State _____

Defendant's Distinguishing Marks – Scars, Tattoos, Birthmarks, etc. _____

Names of Additional Protected _____

Sex of Additional Protected _____ Age of Additional Protected _____

Does Additional Protected Live with You? Yes No

Additional Protected's Relationship to You _____

Protected's Relationship to Restrained Defendant _____

Any Previous Court Cases involving Defendant (Y/N)

Case Number _____ County, State _____ Date _____

INCIDENTS OF ABUSE

Date of most recent _____

Names of Witnesses _____

Brief description of the event _____

Physical Injuries? Yes No Explain _____

Weapons Used? Yes No Explain _____

Police Involvement? Yes No Explain _____

Police Report Filed? Yes No Explain _____

Date of second most recent _____

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Names of Witnesses _____

Brief description of the event _____

Physical Injuries? Yes No Explain _____

Weapons Used? Yes No Explain _____

Police Involvement? Yes No Explain _____

Police Report Filed? Yes No Explain _____

Date of third most recent event _____

Names of Witnesses _____

Brief description of the event _____

Physical Injuries? Yes No Explain _____

Weapons Used? Yes No Explain _____

Police Involvement? Yes No Explain _____

Police Report Filed? Yes No Explain _____

REQUEST FOR RESTRAINTS

(check all that apply)

Request for Personal Conduct Orders Request for Stay-Away Order

Request for Move-Out Order Does Restrained have Guns/Firearms or Ammunition

Request for Child Custody and Visitation Request for Child Support

Request for Property Control Request for Debt Payment

Request for Property Restraint Request for Spousal Support

Request for Payments for Costs and Services

Requests for Requiring Restrained entering Batterer Intervention Program

Requests for Other Orders Request for Legal Custody

Request for Physical Custody Previous Custody Cases

Visitation Request Visitation Restrictions

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Supervised Visitation Random Drug Testing

Exchange children at _____

24 Hour Notice to confirm scheduled visitation

No removal Order – County, State, Country

Is there a Child Abduction Risk

Restrained has violated or threatened to violate a custody or visitation order in past?

Restrained has no strong ties in CA?

Post Bond No Move Order No Travel Order

Notify Other States of Travel Restrictions Turn In Passports

Provide Itinerary and Other Travel Documents Notify Foreign Embassy

Foreign Custody and Visitation Order

RESTRAINT'S PARTY ACTS

Quit their job _____ Closed a bank account _____

Sold/gotten rid of assets Applied for passport, birth certificate, school or medical record

Sold his or her home Ended a lease

Hidden or destroyed documents

Committed Past Acts of Domestic Violence Child Abuse

Not cooperating with me in parenting Criminal Record