

ADDRESSES OF CHILDREN FOR PAST FIVE YEARS

WHAT WOULD YOU LIKE TO REQUEST FROM THE COURT?

	YES	NO
Primary Residence of the Minor Children?	<input type="checkbox"/>	<input type="checkbox"/>
Shared Parental Responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
Liberal Visitation?	<input type="checkbox"/>	<input type="checkbox"/>
Rotating Custody?	<input type="checkbox"/>	<input type="checkbox"/>
Sole Parental Responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Visitation?	<input type="checkbox"/>	<input type="checkbox"/>
No Visitation?	<input type="checkbox"/>	<input type="checkbox"/>
Child Support?	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance for the Minor Children?	<input type="checkbox"/>	<input type="checkbox"/>
_____ % of Uncovered Expenses to be Paid by Spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Exclusive Use of the Marital Home?	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance to Guarantee Child Support?	<input type="checkbox"/>	<input type="checkbox"/>
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance for You Provided by Spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Maiden Name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any assets or liabilities which you brought into the marriage which you would like to retain? Yes No If so, please list:

Do you have a special monetary interest in any joint assets? Yes No

If so, please explain:

If filing, where and when would like your spouse served?
