

Domestic Relations Disclosure Form

This questionnaire has been prepared to help you fully disclose all information relevant to your case, as required by Court Rules.

Please **complete** the form to the best of your ability, and **gather** the requested documents at your earliest opportunity.

If you can, please email **this form and all available requested documents together**, to **office@cox-sandoval.com**. When we receive it, we will contact you if we have any questions.

If you are unable to send by email, **please call** (480) 405-2416 to schedule an appointment to drop off the documents.

- **Be accurate and thorough.** If information is requested in more than one place, be consistent with your answers.
- **Disclose everything.** There may be penalties for non-disclosure.
- **Disclose items** belonging to your spouse and to you.
- **Use additional pages** if the space provided for any answer is insufficient.
- **Do not worry** that some information is requested in more than one place.
- **Do not worry** about documents that are in your spouse's possession that you do not have. Simply indicate documents are in spouse's possession.
- **Save the PDF.** After you have filled out the Disclosure Form (and/or the Affidavit of Financial Information you must save the PDF to your computer – otherwise all your information will be lost.

Other important things to remember:

- **Keep a record** of any support paid or received relating to this action.
- **Do not throw away** pay stubs, charge card statements, bank statements or any other documents relative to employment, accounts, assets or liabilities.
- **Do not pay cash** for anything you might want to prove later.

PART I. ASSETS

Include all information known to you for you, your spouse or both and indicate your opinion as to whether each such asset is community property

("CP"), your sole and separate property ("SS") or unknown if you are unsure ("UNK").

A. LIQUID ASSETS

Please attach copies of statements for the LAST TWENTY-FOUR (24) MONTHS for each such account if they are in your possession or reasonably accessible to you.

If these documents are in the possession of your spouse or some other person, please provide the name of the person who has them:

1. CHECKING ACCOUNTS							
NAME OF FACILITY	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

2. SAVINGS ACCOUNTS							
NAME OF FACILITY	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

3. MONEY MARKET ACCOUNTS							
NAME OF FACILITY	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

4. CERTIFICATES OF DEPOSIT

NAME OF FACILITY	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

5. CASH IN SAFE DEPOSIT BOXES

NAME OF FACILITY	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

B. INVESTMENTS AND RETIREMENTS

Please attach copies of statements for the LAST TWENTY-FOUR (24) MONTHS for each such account if they are in your possession or reasonably accessible to you.

If these documents are in the possession of your spouse or some other person, please provide the name of the person who has them:

1. STOCKS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

2. STOCK OPTIONS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

3. U.S. GOVERNMENT AND MUNICIPAL BONDS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

4. MUTUAL FUNDS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

5. IRAs

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

6. PROFIT-SHARING PLANS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

7. 401(K)s

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

8. PENSION PLANS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

9. ESOPs

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

10. TRUSTS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

11. LIMITED PARTNERSHIPS

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

12. OTHER (IDENTIFY)

NAME OF INVESTMENT HOUSE OR BROKER	ADDRESS OF FACILITY	LAST 4 DIGITS OF ACCOUNT#	NUMBER OF SHARES	AMOUNT IN ACCOUNT	AS OF WHAT DATE	SIGNATORIES	CP, SS OR UNK	IF SS, WHY?

Do you have a financial advisor, financial planner or brokerage house? YES NO

If so, please provide information for each person or entity.

NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS

C. PERSONAL PROPERTY

Please attach copy of Title and Blue Book for each item in #1 and #2.

If these documents are in the possession of your spouse or some other person, please provide the name of the person who has them:

1. MOTOR VEHICLES

YEAR/MAKE/MODEL	WHO DRIVES	HOW TITLED	EXISTING LIEN AMOUNT	AS OF WHAT DATE	APPROX VALUE

2. OTHER VEHICLES (AIRPLANES, BOATS, TRAILERS, CAMPERS, SNOWMOBILES, MOTORBIKES, ETC.)

YEAR/MAKE/MODEL	WHO DRIVES	HOW TITLED	EXISTING LIEN AMOUNT	AS OF WHAT DATE	APPROX VALUE

3. FURNITURE, APPLIANCES, ARTWORK, HOUSEHOLD GOODS, IF THEIR DIVISION IS DISPUTED

ITEM	YOUR ESTIMATE OF GARAGE SALE VALUE	YOUR RECOMMENDATION FOR DIVISION

Attach extra pages if necessary.

4. COLLECTIONS (ART, GUNS, STAMPS, ANTIQUES, COINS, SPORTS MEMORABILIA, TOOLS, ETC.)

ITEM	DATE ACQUIRED	SOURCE OF FUNDS TO AQUIRE	CURRENT LOCATION

Attach extra pages if necessary.

D. REAL PROPERTY

DATE ACQUIRED	HOW TITLE IS HELD	PURCHASE AMOUNT	SOURCE OF DOWN PAYMENT	MORTGAGE HOLDER	APPROX. BALANCE	MONTHLY PAYMENT	YOUR EST. OF APPROX. VALUE	DATE OF LAST APPRAISAL	LISTED FOR SALE?
PROPERTY #2 COMPLETE ADDRESS:									
SUGGESTED DISPOSITION (IF NOT CURRENTLY LISTED FOR SALE):									
PROPERTY #1 COMPLETE ADDRESS:									
SUGGESTED DISPOSITION (IF NOT CURRENTLY LISTED FOR SALE):									
PROPERTY #3 COMPLETE ADDRESS:									
SUGGESTED DISPOSITION (IF NOT CURRENTLY LISTED FOR SALE):									
PROPERTY #4 COMPLETE ADDRESS:									
SUGGESTED DISPOSITION (IF NOT CURRENTLY LISTED FOR SALE):									

E. BUSINESS INTERESTS

BUSINESS NAME	TYPE OF BUSINESS OR BUSINESS FUNCTION	LOCATION	INCEPTION DATE	OWNERSHIP PERCENTAGE	SHARES OF STOCK	P.C., L.L.C., S CORP., SOLE PROPRIETORSHIP, PARTNERSHIP

F. FUNDS OWED TO YOU

1. PROMISSORY NOTES

TO WHOM	DATE LOANED	AMOUNT LOANED	TERMS OF REPAYMENT	UNPAID BALANCE	AS OF WHAT DATE

2. LOANS TO FAMILY

TO WHOM	DATE LOANED	AMOUNT LOANED	TERMS OF REPAYMENT	UNPAID BALANCE	AS OF WHAT DATE

3. LOANS TO BUSINESSES

TO WHOM	DATE LOANED	AMOUNT LOANED	TERMS OF REPAYMENT	UNPAID BALANCE	AS OF WHAT DATE

4. LOANS TO OTHERS

TO WHOM	DATE LOANED	AMOUNT LOANED	TERMS OF REPAYMENT	UNPAID BALANCE	AS OF WHAT DATE

G. INSURANCE

Please attach copies of all insurance face sheets or other information.

1. HEALTH, MEDICAL, ACCIDENT, AND HOSPITALIZATION

INSURANCE COMPANY	INSURED'S NAME	COST OF INSURANCE	COBRA COST

2. DENTAL AND ORTHODONTIA

INSURANCE COMPANY	INSURED'S NAME	COST OF INSURANCE	COBRA COST

3. LIFE

INSURANCE COMPANY	INSURED'S NAME	COST OF INSURANCE	COBRA COST

4. ANNUITIES

COMPANY	INSURED'S NAME	COST OF INSURANCE	COBRA COST

G. OTHER BENEFITS

1. CLUB MEMBERSHIP

CLUB NAME	DESCRIBE BENEFIT	COST OF BENEFIT	OTHER

2. FREQUENT FLYER MILES

FREQUENT FLYER PROGRAM NAME	DESCRIBE BENEFIT	COST OF BENEFIT	OTHER

3. OTHER AIRLINE/TRAVEL BENEFITS

AIRLINE/TRAVEL NAME	DESCRIBE BENEFIT	COST OF BENEFIT	OTHER

4. LOTTERY WINNINGS

LOTTERY NAME	DESCRIBE WINNINGS	COST OF LOTTERY	OTHER

5. PERSONAL INJURY CLAIMS

IDENTITY	DESCRIBE THE CLAIM	COSTS	OTHER

6. ROYALTIES

ROYALTY NAME	DESCRIBE ROYALTIES	COST OF ROYALTIES	OTHER

7. PATENTS

PATENT NAME	DESCRIBE PATENT	COST OF PATENT	OTHER

8. COPYRIGHTS

COPYRIGHT NAME	DESCRIBE COPYRIGHT	COST OF COPYRIGHT	OTHER

9. ANTICIPATED TAX REFUNDS, ETC.

EXPECTED FROM	DESCRIBE	EXPECTED AMOUNT OF REFUND	OTHER

PART II. LIABILITIES

It is recommended that you obtain credit reports for yourself and/or your spouse. This may be done for free online at **freecreditreports.com** or in person at CreditData Southwest (call 602-252-6951 for address and directions to four local offices as well as to inquire about the cost, which is minimal).

Include all information known to you for you, your spouse or both, and indicate your opinion

of whether such liability is a community liability ("CL"), your sole and separate liability ("SS") or unknown if you are unsure ("UNK"). If you claim a liability is separate, please indicate why you believe it is separate.

Where possible, please provide copies of statements for the LAST TWENTY-FOUR (24) MONTHS on each such liability.

A. CREDIT CARD ACCOUNTS

NAME OF CREDITOR	PARTY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

B. BANK LOANS

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

C. CAR LOANS/LEASES

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

D. STUDENT LOANS

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

E. LINES OF CREDIT

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

F. PROMISSORY NOTES

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

G. MORTGAGES ON REAL PROPERTY

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

H. TAXES OWED

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

I. OTHER DEBTS OR OBLIGATIONS

NAME OF CREDITOR	PARRY HOLDING ACCOUNT	LAST 4 DIGITS OF ACCOUNT#	APPROX BALANCE	AS OF WHAT DATE	MONTHLY PAYMENT	SPECIFIC PURPOSE OF DEBT	CP, SS OR UNK	IF SS, WHY?

PART III. GIFTS

A. GIFTS OR FUNDS OR PROPERTY WORTH OVER \$500, GIVEN IN THE PAST TWO YEARS

NAME OF DONOR	NAME OF RECIPIENT	AMOUNT	DESCRIBE

B. GIFTS OR FUNDS OR PROPERTY WORTH OVER \$500, RECEIVED IN THE PAST TWO YEARS

NAME OF DONOR	NAME OF RECIPIENT	AMOUNT	DESCRIBE

PART IV. INCOME/SUPPORT**A. CURRENT EMPLOYMENT. (INCLUDE ALL PREVIOUS EMPLOYMENT IF CURRENT POSITION IS LESS THAN ONE YEAR.)**

EMPLOYER NAME	ADDRESS	TITLE OR POSITION	SALARY OR WAGE	DURATION OF EMPLOYMENT	HOURS WORKED (WEEKLY, MONTHLY, OR YEARLY)

B. EMPLOYMENT BENEFITS (CURRENT EMPLOYER ONLY)

CAR ALLOWANCE OR COMPANY CAR	GASOLINE REIMBURSEMENT	PERIODIC BONUSES	COMMISSIONS DUE	SICK LEAVE	VACATION BENEFITS
COMP TIME	SEVERANCE PAY	UNEMPLOYMENT COMPENSATION	OTHER:	OTHER:	OTHER:

C. SPOUSAL MAINTENANCE

Do you believe you or your spouse is entitled to spousal maintenance? YES NO

If you answered "Yes," please complete the Affidavit of Financial Information.

1. IF YOU ARE SEEKING SPOUSAL MAINTENANCE, please provide the basis for such claim (include factual work history during this marriage, health concerns, educational concerns, etc.)

EMPLOYMENT WORK HISTORY					
EMPLOYER NAME	ADDRESS	TITLE OR POSITION	SALARY OR WAGE	DURATION OF EMPLOYMENT	HOURS WORKED (WEEKLY, MONTHLY, OR YEARLY)

HEALTH CONCERNS

EDUCATIONAL CONCERNS

OTHER CONCERNS

2. IF YOU ARE DEFENDING A CLAIM AGAINST SPOUSAL MAINTENANCE,
please provide your position regarding such claim.

EMPLOYMENT WORK HISTORY					
EMPLOYER NAME	ADDRESS	TITLE OR POSITION	SALARY OR WAGE	DURATION OF EMPLOYMENT	HOURS WORKED (WEEKLY, MONTHLY, OR YEARLY)

HEALTH CONCERNS

EDUCATIONAL CONCERNS

OTHER CONCERNS

D. CHILD SUPPORT

A. CHILDCARE EXPENSES

MONTHLY EXPENSE FOR CHILD CARE ASSOCIATED WITH YOUR OR YOUR SPOUSE'S EMPLOYMENT	NAME OF CHILD CARE PROVIDER	ADDRESS OF CHILD CARE PROVIDER

B. HEALTHCARE EXPENSES

MONTHLY HEALTH INSURANCE PREMIUM	NAME OF INSURANCE CARRIER	MONTHLY EXTRAORDINARY MEDICAL EXPENSES FOR CHILD(REN)

C. OTHER EXPENSES

MONTHLY EXTRA EDUCATIONAL EXPENSES (TUTORING, PRIVATE SCHOOL, ETC.)	OTHER:	OTHER:

E. TRUSTS/LIVING WILLS

1. TRUST (PROVIDE A COPY IF POSSIBLE)

DATE OF TRUST	BENEFICIARIES' NAMES	PREPARER'S NAME	PREPARER'S ADDRESS	PREPARER'S PHONE

2. WILL (PROVIDE A COPY IF POSSIBLE)

DATE OF MOST RECENT WILL	EXECUTOR(S) (NAME(S))	BENEFICIARIES' NAMES	PREPARER'S NAME	PREPARER'S ADDRESS	PREPARER'S PHONE

3. LIVING WILL (PROVIDE A COPY IF POSSIBLE)

DATE OF MOST RECENT LIVING WILL	NAME(S) OF PEOPLE WHO HOLD A COPY OF THE LIVING WILL	PHONE # OF PEOPLE WHO HOLD A COPY OF THE LIVING WILL	EXECUTOR(S) NAME(S)	PREPARER'S ADDRESS	PREPARER'S PHONE

PART V. CHILDREN

A. ALL CHILDREN COMMON TO YOU AND YOUR SPOUSE

NAME	BIRTH DATE	AGE

B. CUSTODY

Do you anticipate that custody will be disputed? YES NO

If you answered "Yes," on the next page please explain your position as to custody and your reasons why.

If you answered "No," on the next page please describe your understanding of the custody plan.

[IF YOU ANSWERED YES] MY POSITION AS TO CUSTODY

[IF YOU ANSWERED YES] MY REASONS FOR MY POSITION AS TO CUSTODY

[IF YOU ANSWERED NO] MY UNDERSTANDING OF THE CUSTODY PLAN

PART VI. PREVIOUS RELATIONSHIPS

PLEASE ANSWER YES OR NO, AND PROVIDE EXPLANATION WHERE NECESSARY

Have you been married before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "Yes," indicate date of divorce or date widowed		
Has your spouse been married before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "Yes," indicate date of divorce or date widowed		
Do you have any support obligation relating to any former marriage or other relationship?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any support entitlement relating to any former marriage or other relationship?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PART VII. ATTORNEY FEES

How much have you paid in attorney's fees and costs since the inception of this action?	\$
What was the source of funds (i.e., community funds, income, sole and separate funds, loan, etc.)?	
If you answered "loan," who was the lender?	
Did you sign a promissory note?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your spouse paid any of your attorney's fees and costs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered, "Yes," was such payment by court order or voluntary?	<input type="checkbox"/> COURT ORDER <input type="checkbox"/> VOLUNTARY
Have you paid any of your spouse's attorney's fees and costs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered, "Yes," was such payment by court order or voluntary?	<input type="checkbox"/> COURT ORDER <input type="checkbox"/> VOLUNTARY

PART VIII. OTHER ISSUES

PLEASE ANSWER YES OR NO, AND PROVIDE EXPLANATION WHERE NECESSARY

Do you use alcohol and/or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your spouse use alcohol and/or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there a history of domestic violence in this marriage/relationship?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a history of mental health problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your spouse have a history of mental health problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any significant medical problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your spouse have any significant medical problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do any of your children have any significant medical problems?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you help pay for your spouse's education?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did your spouse help pay for your education?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you or your spouse or a parent of any child not common to this marriage/relationship now receiving or have you received within the last 3 years any public assistance such as AFDC, SSI, or food stamps?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you have children, do you agree to joint legal decision-making?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If you have children, do you agree to 50/50 parenting time?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

If you believe there are any other issues in this case which have not been covered above, please describe below.

PART IX. WITNESSES

Please list any witness who might have relevant information on any of the issues covered by any of the matters you have included on this form.

WITNESS NAME	ADDRESS	PHONE	EMAIL
ISSUE(S) THIS WITNESS MAY ADDRESS :			
SUMMARY OF THEIR TESTIMONY:			
ISSUE(S) THIS WITNESS MAY ADDRESS :			
SUMMARY OF THEIR TESTIMONY:			
ISSUE(S) THIS WITNESS MAY ADDRESS :			
SUMMARY OF THEIR TESTIMONY:			
ISSUE(S) THIS WITNESS MAY ADDRESS :			
SUMMARY OF THEIR TESTIMONY:			

CLIENT SIGNATURE:	DATE:
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