

FAMILY LAW/DIVORCE

DATE: \_\_\_\_\_

CLIENT SOCIAL SECURITY # \_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_  
YOUR PHONE (Daytime) \_\_\_\_\_  
(Evening) \_\_\_\_\_

HOW DID YOU LEARN ABOUT US?

- |                          |                           |   |
|--------------------------|---------------------------|---|
| <input type="checkbox"/> | Did you see us on TV?     | Have you heard our recorded message       |
| <input type="checkbox"/> | Yellow Pages              | On 553-0232? <input type="checkbox"/> Yes |
| <input type="checkbox"/> | Tribune/Deseret News      | <input type="checkbox"/> No               |
| <input type="checkbox"/> | I'm a former client       |   |
| <input type="checkbox"/> | From a Friend or Relative |   |

YOUR NAME: \_\_\_\_\_

Please list every name you have ever used: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

List every name your SPOUSE has ever used: \_\_\_\_\_

We need the following information in almost every case so will you please take a moment to answer these questions:

1. How many children or other people are there in your home who are presently dependent on you for financial support? \_\_\_\_\_

2. Please check the box that applies the closest to the MONTHLY RELIABLE INCOME from all sources for YOU and for YOUR SPOUSE: Mark [M] for you; Mark [S] for your Spouse:

- |                          |                       |                          |                 |
|--------------------------|-----------------------|--------------------------|-----------------|
| <input type="checkbox"/> | \$0 to \$999 \$ _____ | <input type="checkbox"/> | \$4500 - \$5000 |
| <input type="checkbox"/> | \$1000 - \$1500       | <input type="checkbox"/> | \$5500 - \$6000 |
| <input type="checkbox"/> | \$1600 - \$2000       | <input type="checkbox"/> | \$6500 - \$7000 |
| <input type="checkbox"/> | \$2500 - \$3000       | <input type="checkbox"/> | \$7500 - \$8000 |
| <input type="checkbox"/> | \$3500 - \$4000       | <input type="checkbox"/> | \$8500 - \$9000 |

3.  I AM ordered to pay child support or alimony from prior marriage(s) or relationship(s) in the total amount of \$ \_\_\_\_\_. (Write zero if this does not apply to you.)

**Jurisdiction**

1. YOUR county of residence for the last 3 months: \_\_\_\_\_
2. SPOUSE'S county of residence for the last 3 months: \_\_\_\_\_
3. If SPOUSE is not residing in Utah, indicate county and date your spouse last resided in Utah:  
\_\_\_\_\_.

**Marriage and Grounds for Divorce/Annulment**

4. Date of THIS Marriage \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
5. Please indicate the following:     Divorce                       Annulment
6. State briefly the "grounds" or reasons for the divorce/annulment:  
\_\_\_\_\_

**Children**

7. How many children, regardless of present age, were born or adopted in this marriage? \_\_\_\_\_
8. How many children are under the age of 18 of this marriage? \_\_\_\_\_
9. Is wife pregnant?     Yes                       No  
If Yes, when due? \_\_\_\_\_ Is Father the husband of this marriage? \_\_\_\_\_  
If NO, does your spouse dispute this? \_\_\_\_\_
10. Please list the CHILDREN Oldest to Youngest in AGE order and indicate to whom custody is to be given:

FULL NAME OF CHILD	DATE OF BIRTH	CUSTODY TO:

**Child Custody**

11. Are there any legal actions pending regarding the custody of your minor children?

Yes       No      If YES please indicate:

State: \_\_\_\_\_ County: \_\_\_\_\_ Court: \_\_\_\_\_ Case # \_\_\_\_\_

12. Please indicate what type of custody you would like to have:

- Sole Custody** to You/Your Spouse (sole caretaker/visitation to other party)
- Joint Legal Custody** with You/Your Spouse as primary caretaker (other party to have joint decision-making responsibilities with reasonable rights of visitation)
- Joint Physical Custody** with You having the children \_\_\_\_\_ % of the time and Your Spouse having the children \_\_\_\_\_ % of the time.
- Split Custody** with You being the primary caretaker of \_\_\_\_\_ children, namely: \_\_\_\_\_ , and Your Spouse being the primary caretaker of \_\_\_\_\_ children, namely: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ .

13. If you want to have custody, is there a likelihood your spouse might contest your having custody of the children?       YES       NO

**Child Support**

14. HUSBAND: List ALL sources of income and Gross dollar amount HUSBAND receives MONTHLY:

Regular Employer (Per Year)	\$ _____
Part Time Employer (Per Year)	\$ _____
Public Assistance	\$ _____
Child Support from Former Wife (Per Month)	\$ _____
Alimony from Former Wife	\$ _____
Unemployment	\$ _____
Other: _____	\$ _____
Total Income:	\$ _____

If HUSBAND is not presently employed, give last employment information:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Wages: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

15. WIFE: List ALL sources of income and Gross dollar amount WIFE receives MONTHLY:

Regular Employer (Per Year)	\$ _____
Part Time Employer (Per Year)	\$ _____
Public Assistance	\$ _____
Child Support from Former Spouse (Per Month)	\$ _____
Alimony from Former Spouse	\$ _____
Unemployment	\$ _____
Other: _____	\$ _____
Total Income	\$ _____

If WIFE is not presently employed, give last employment information:

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Wages: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

16. Have You and Your Spouse agreed upon an amount of child support?  
 Yes  No If YES, how much \$ \_\_\_\_\_
17. Are You or Your Spouse now under a previous Court order to pay child support?  
 Yes  No If YES, I Am/My Spouse Is in the amount of \$ \_\_\_\_\_ per month.
18. Do either You or Your Spouse presently pay alimony from a prior marriage?  
 Yes  No If YES, I Am/My Spouse Is in the amount of \$ \_\_\_\_\_ per month.
19. Do either You or Your Spouse presently have health insurance that includes the children for which You/Your Spouse pays insurance premiums?  
 Yes  No If YES, I Do/My Spouse Does in the amount of \$ \_\_\_\_\_ per month.
20. Do either You or Your Spouse presently pay work-related or education-related child care costs?  Yes  No If YES, I Do/My Spouse Does in the amount of \$ \_\_\_\_\_ per month.
21. If the amount of child support stated in 16 above is LESS than the Statewide Child Support Guidelines, please indicate one of the following (this will be determined at the time you meet with the attorney):
- As agreed to by You and Your Spouse
  - Absence of need of the Custodial Parent
  - Property Settlement

22. Do either You or Your Spouse (indicate which one of you) anticipate paying work-related or education-related child care costs in the future?  Yes  No

23. When do You want child support to begin:

- The date You separated ( \_\_\_\_\_ ).
- When Your Spouse accepts the papers.
- When the Divorce is final.

**Visitation Rights**

24. Indicate below which visitation schedule You and Your Spouse have decided upon:

- Reasonable: You and Your Spouse will work out all the conditions without any other order from the Court.
- Statutory Visitation Guidelines (See attached copy)
- Other Visitation  
Terms: \_\_\_\_\_

25. Do you need to have any of the following restrictions placed on your spouse (or, on YOU, if you are NOT going to have custody of the children?)

- Restriction: No drinking or drugs.
- Restriction: 24 hours prior notice.
- Restriction: No Overnight visits of children with spouse.
- Restriction: Do you want the Decree of Divorce to require the person who has custody of the children to keep the spouse informed as to Change of Telephone Number, Change of Address, Notify spouse of any accident or health emergency?  Yes.  No.
- Restriction: Third party must be present.
- Restriction: Do you want the court to order the spouse who does not have custody of the children to not take them out of state without (circle one) advance notification or written notification of the spouse who has custody of the children?  Yes  No.

**Office of Recovery Services**

26. Have either of you received or are presently receiving any type of Public Assistance in the form of AFDC (actual money received from state)?  
 Husband  Wife

27. With regard to payment of child support, please indicate below how You/Your Spouse wish to be paid:

- Receive directly from paying Spouse (if 30 days late, option to go through O.R.S.)
- Automatically withheld through the Office of Recovery Services.

**Health Care**

Both Husband and Wife are required to share equally all costs of health care for the dependent children. This includes insurance premiums, deductibles, copayments, and any out-of-pocket costs not covered by insurance. If this arrangement is not agreeable to you, please discuss this with us and we will see if there is an alternate arrangement the court would approve.

28. Please indicate below all that apply:

- Neither party has group health insurance.
- Husband has group health insurance and pays \$ \_\_\_\_\_ in insurance premiums. The number of persons covered under the policy is \_\_\_\_\_.
- Wife has group health insurance and pays \$ \_\_\_\_\_ in insurance premiums. The number of persons covered under the policy is \_\_\_\_\_.

29. If both You and Your spouse have separate group health insurance, indicate one of the following:

- Both policies should be kept.
- Only my spouse's policy should be kept by him/her.
- Only my policy should be kept by me.

**Continued Health Care (COBRA)**

30. Does Your Spouse have a health care plan at his/her work that you are on (or want to be on) and want to stay on after the divorce?  Yes  No. If yes, you will probably need to pay your share of the premium.

31. Who should continue to carry insurance?  Me  My Spouse.

32. Who should pay?  Me  My Spouse  Split evenly.

**Alimony**

33. Is there to be Alimony paid?

- No.
- Yes, Spouse to pay \$ \_\_\_\_\_ per month.

Yes, I will pay \$\_\_\_\_\_ per month.

If Yes, until remarriage/cohabitation, death, or number of years married?

**Personal Possessions, Furniture, Vehicles**

34. Is your present distribution of personal property okay?  Yes  No.

If NO, Specify how you want to divide personal property. Include Life Insurance Cash Value, if any, Savings Accounts, Stock, Investments, Mutual Funds, etc.

Item	H	W	Other	Balance Owed
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

35. Do either of you have a pension and/or profit sharing plan through an employer?

- Husband
- Wife
- Both
- None

36. How do you want to apply the pension and/or profit sharing plan?

- Do You want to receive half of Your Spouse's?
- Do You want Your Spouse to receive half of Yours?
- Both You and Your Spouse each keep their own.

37. A Qualified Domestic Relations Order (QDRO) is required to divide the retirement.

38. Who should pay for the QDRO:

- You
- Your Spouse
- Divide evenly
- Percentage \_\_\_\_\_ %

**Home and other Real Estate**

39. Have You and Your Spouse acquired any real estate together?  Yes  No.  
If YES, how many properties? \_\_\_\_\_. Please provide us with a legal description of the home.

40. Address of the Home: \_\_\_\_\_  
\_\_\_\_\_

41. Who should be awarded the home?  Husband  Wife.

42. Value of Home \$ \_\_\_\_\_ Amount owed on all mortgages \$ \_\_\_\_\_

43. Please indicate the following:

- You should keep the home permanently and receive 100% of the equity.
- Your Spouse should keep the home permanently.
- Each party should receive 50% of the equity.
- You should keep the home until sold.
- Your Spouse should keep the home until sold.
- Do you want an appraisal on the home to determine the value?  
 Yes  No.
- Do you already know the amount of equity the receiving party should receive?  
 Yes  No. If YES, how much \$ \_\_\_\_\_.
- Other: \_\_\_\_\_

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44. Address of Second Property: \_\_\_\_\_  
\_\_\_\_\_

45. Who should be awarded the Second Property?  Husband  Wife.

46. Value of Property \$ \_\_\_\_\_ Amount owed on all mortgages \$ \_\_\_\_\_



47. Please indicate the following:

- You should keep the home permanently and receive 100% of the equity.
- Your Spouse should keep the home permanently.
- Each party should receive 50% of the equity.
- You should keep the home until sold.
- Your Spouse should keep the home until sold.
- Do you want an appraisal on the home to determine the value?
  - Yes       No.
- Do you already know the amount of equity the receiving party should receive?
  - Yes       No. If YES, how much \$ \_\_\_\_\_.
- Other: \_\_\_\_\_

Debts and Financial Matters

48. Please indicate which item applies:

- My Spouse is to pay All debts up to the date we separated.  
Indicate date of separation: \_\_\_\_\_.
- I am to pay ALL debts up to date of separation. Indicate date of separation: \_\_\_\_\_
- We both will continue to be responsible to pay all the debts.
- Each party pays the debts he/she has incurred.
- Spouse's payment of debt should be considered as alimony or additional child support.
- We will pay the debts according to the following schedule:

<u>CREDITOR</u>	<u>WHOSE DEBT?</u>	<u>BALANCE</u>	<u>WHO IS TO PAY?</u>
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both

_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both
_____	<input type="checkbox"/> H <input type="checkbox"/> W	\$ _____	<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Both

**Life Insurance**

49. Does Your Spouse already have a life insurance policy through his employer?

Yes  No.

50. Do you want to require that Your Spouse maintain life insurance naming the child(ren) as beneficiary(ries)?

Yes  No. If YES, how much insurance? \$ \_\_\_\_\_.

**Tax Returns**

Please indicate the following:

- The parties will file jointly. **Please note:** you must be married on December 31 to file jointly for the year.
- The parties will file separately.
- You will claim the child/ren as dependent(s).
- Your Spouse will claim the child/ren as dependent(s).
- You and Your Spouse will claim a child. Indicate how many to You \_\_\_\_\_. To Your Spouse \_\_\_\_\_.
- You will claim the child/ren in even/odd Years.
- Your Spouse will claim the child/ren in even/odd Years.
- Other. Please explain: \_\_\_\_\_
- Buy Out. We will explain.

**Attorney's Fees**

51. Please indicate the following:

- You will pay all attorney's fees if uncontested. Your Spouse to pay attorney's fees if contested.

- Your Spouse will pay all of the attorney's fees.
- Each party will share equally the attorney's fees if uncontested.
- No attorney's fees provision

**Miscellaneous**

52. Do You/Your Spouse want to have a former named restored in the Decree of Divorce?

- Yes       No. If YES, please indicate the name to be restored:
- 

53. If enforcement or the need for changes arise in the future, do you want to require mediation before going back to court?       Yes       No.

**RULON T. BURTON & ASSOCIATES**  
**PLEASE COMPLETE THIS FORM**

1. HUSBAND'S NAME (First, Middle, Last)					
2a. RESIDENCE - CITY, TOWN, OR LOCATION			2.b COUNTY		
2c. STATE		3. BIRTHPLACE (State or Foreign County)		4. DATE OF BIRTH (Month, Day, Year)	
5. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	6. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED		7. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	8. EDUCATION (Specify only highest Grade completed)	
	By Death, Divorce, Dissolution or Annulment (Specify below)	DATE (Month, Day, Year)		Elementary/Secondary (0-12)	College (13-16 or 17 +)
9a. WIFE'S NAME (First, Middle, Last)			9b. MAIDEN LAST NAME		
10a. RESIDENCE - CITY, TOWN, OR LOCATION			10b. COUNTY		
10c. STATE		11. BIRTHPLACE (State or Foreign County)		12. DATE OF BIRTH (Month, Day, Year)	
13. NUMBER OF THIS MARRIAGE - First, Second, etc. (Specify below)	14. IF NOT FIRST MARRIAGE, LAST MARRIAGE ENDED		15. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	16. EDUCATION (Specify only highest Grade completed)	
	By Death, Divorce, Dissolution or Annulment (Specify below)	DATE (Month, Day, Year)		Elementary/Secondary (0-12)	College (13-16 or 17 +)
17a. PLACE OF THIS MARRIAGE - CITY, TOWN OR LOCATION		17b. COUNTY		17c. STATE OR FOREIGN COUNTRY	18. DATE OF THIS MARRIAGE (Month, Day, Year)
19. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		20. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE TIME IN ITEM 19.  Number _____ <input type="checkbox"/> None		20. PETITIONER <input type="checkbox"/> Husband <input type="checkbox"/> Wife	

**CHILD SUPPORT OBLIGATION WORKSHEET  
REQUIRED LOCATION INFORMATION**

Court: \_\_\_\_\_ Case No. \_\_\_\_\_

Petitioner: \_\_\_\_\_ Respondent: \_\_\_\_\_

As required by 62A-11-304.4 U.C.A., "Upon the entry of an order in a proceeding to establish paternity or to establish, modify, or enforce a support order, each party shall file identifying information and shall update that information as changes occur: (i) with the court or administrative agency that conducted the proceeding, and (ii) after October 1, 1998, with the state case registry."

**THE FOLLOWING INFORMATION MUST BE SUBMITTED AT THE TIME THE CHILD SUPPORT OBLIGATION CALCULATION IS SUBMITTED. WHETHER YOU ARE THE PETITIONER OR THE RESPONDENT, PLEASE FILL OUT THE INFORMATION FOR YOURSELF AND THE OTHER PARTY TO THE BEST OF YOUR ABILITY. IF ANY INFORMATION IS UNKNOWN, PLEASE SO INDICATE. DO NOT LEAVE ANY SPACE BLANK.**

**PETITIONER:** I am the:         Custodial Parent                       Non-Custodial Parent

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_ State: \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (if different than residential address):

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_

THIS INFORMATION IS CURRENT AS OF: \_\_\_\_\_

**RESPONDENT:** Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_ State: \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (if different than residential address):

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_

THIS INFORMATION IS CURRENT AS OF \_\_\_\_\_

Federal law contains a prohibition against disclosing federal case registry information (name, social security number, date of birth, state) if the State has notified the registry there is reasonable evidence of domestic violence or child abuse or that disclosure of the information could be harmful to the parent or the child. If you wish to request the information be "safeguarded" (that is, not disclosed), check in the appropriate place below.

\_\_\_\_\_  
(Petitioner or Attorney for Petitioner)

I request this information be safeguarded (not disclosed)

**CHILD SUPPORT OBLIGATION WORKSHEET  
REQUIRED CHILD IDENTIFICATION INFORMATION**

**AS REQUIRED BY TECHNICAL AMENDMENTS TO WELFARE REFORM SECTION 653(h)(2)  
(FEDERAL LAW) AND U.C.A 62A-11-103(14), THE FOLLOWING INFORMATION MUST BE SUBMITTED  
FOR EACH CHILD AT THE TIME THE CHILD SUPPORT OBLIGATION IS SUBMITTED.**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

(Attach additional sheets if necessary)

EMERGENCY LOCATOR

**THIS INFORMATION IS STRICTLY CONFIDENTIAL! THIS INFORMATION IS NOT SENT TO THE COURT, NOR IS IT GIVEN OUT TO ANY CREDITOR: IT IS STRICTLY FOR OUR FILES ONLY. THEREFORE, PLEASE GIVE ACCURATE INFORMATION.**

Your Name (please print) \_\_\_\_\_

Your Spouse (if any, please print) \_\_\_\_\_

Please give us information about 3 people who could contact you in case there is a real emergency, and we must locate you. (Perhaps you have moved and we do not have your new address.) WE KEEP THIS INFORMATION STRICTLY CONFIDENTIAL.

(1) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Work Telephone \_\_\_\_\_ email address \_\_\_\_\_

(2) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Work Telephone \_\_\_\_\_ email address \_\_\_\_\_

(3) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Work Telephone \_\_\_\_\_ email address \_\_\_\_\_

**YOUR CONTACT INFORMATION:**

Male Work Telephone \_\_\_\_\_

Female Work Phone \_\_\_\_\_

Male Home Telephone \_\_\_\_\_

Female Home Telephone \_\_\_\_\_

Male Cell Number \_\_\_\_\_

Female Cell Number \_\_\_\_\_

Male email \_\_\_\_\_

Female email \_\_\_\_\_

Male pager number \_\_\_\_\_

Female pager number \_\_\_\_\_

**Rulon T. Burton & Associates**  
**COSTS**

COSTS are payable in cash and in advance. (Note: If the Court at any time changes its costs, that cost will apply over those listed below). Filing Fees must be paid by either cash or money order only.

**Uncontested Divorces**

1. Filing fee for Divorce Complaint to start divorce case .....\$310.00
2. Vital Statistics form. .... \$8.00
3. To make one requested change to the Complaint before filing with the Court ..... N/C
4. For EACH change to the Complaint after the first, before filing with Court ..... \$50.00
5. For EACH change to the Complaint after the case has been filed with the Court ..... \$100.00
6. Motion and Order to waive attendance at mandatory parenting class and the orientation class  
**(IF NO OSC HEARING REQUIRED)** .....\$200.00
7. Parenting Class Order to Show Cause ..... Hourly, minimum fee is . \$250.00
8. Motion to waive the 90-day waiting period for No Children divorce ..... \$100.00
9. Summons
  - a. To serve Summons in Salt Lake County ..... \$100.00
  - b. To serve special Summons in Salt Lake County ..... \$150.00
  - c. To serve Summons outside Salt Lake County or out of State ..... 150.00
  - d. To serve Summons by "Publication" ..... \$200.00

**ATTORNEY FEE SCHEDULE CHECKLIST Divorce and Family Law**

1. UNCONTESTED MATTERS: (filing fee is not included)
 

	<u>No Children</u>	<u>Children</u>
Uncontested Divorce (Defendant signs "Waiver")	\$400.00	\$650.00
Uncontested Annulment (Defendant signs "Waiver")	\$500.00	\$650.00
Modification of Support Order for Moving Party		\$650.00
Motion for Temporary Separation Order		\$650.00
Change of Custody		\$650.00
Name Change (Non-Divorce)		\$300.00
Adoption (Step-parent only)		\$600.00
Guardianship		\$650.00
Separation Agreement	\$500.00	\$650.00
Establishing Paternity, Custody and Child Support - sole custody		\$650.00
Establishing Paternity, Custody and Child Support - joint/split custody		\$700.00
Minimum fee for work not completed	\$400.00	\$400.00
SPECIAL FEE QUOTED on Retainer Agreement.		
  
2. DIVORCE, CONTESTED (PLAINTIFF OR DEFENDANT)  
 \$ \_\_\_\_\_ with minimum payments of \$ \_\_\_\_\_ / per month.  
 All cases billed at the current hourly rate of \$180/hour. Retainer required before continued service
  
3. MISCELLANEOUS FEES - ADDED TO ABOVE ACTIONS
 

\$ _____ Uncontested Repeat Hearing (Client failure to attend)	\$200.00	\$200.00
\$ _____ Qualified Domestic Relations Order (\$600 Retainer)	hourly/\$600 min.	