

(First) (Middle) (Last)
Maiden Name: _____

2. SSN: _____ Date of Birth: _____

3. State of Wife's legal domicile: _____

4. Residence where Wife is physically living now.

Residence: _____
(Number, Street, Apt.)

(City) (State) (Zip Code)

5. Address for official notices to the Wife, if different from above:

(Number, Street, Apt.)

(City) (State) (Zip Code)

6. Are you in the military, if yes:

a) Active Duty **b) Retired**

i. Branch of Military Service _____

ii. Unit _____

iii. ETS _____

iv. Rank _____

v. Total Service Time: Years _____ Months _____

7. Gross monthly income: _____

8. Telephone: Home _____ Work _____

9. Is Wife pregnant now? (**Circle one**)

a) No **b) Yes- Expected Due Date:** _____

II. MARRIAGE:

A. Date of marriage _____

B. Place of marriage _____

(City) (County) (State)

C. Total time married: Years _____ Months _____

D. Age of parties when married: Wife _____ Husband _____

III. SEPARATION:

A. Date of Separation: _____
 (Month) (Day) (Year)

B. Is this separation to be permanent and intended to lead to a divorce?
(Circle one) a. Yes b. No

C. **(Check one)**
 a. ____ If, at any time, we try to make the relationship work, it will void this agreement.
OR
 b. ____ We want a document signed/notarized by the parties to void this agreement.

D. Does either party currently have a Power of Attorney or other grant of authority from the other party? **(Circle one)**
 a. No b. Yes-If Yes, does the person who gave the power wish to withdraw/terminate the Power of Attorney? **(Circle one)**
 a. No b. Yes

IV. CHILDREN

1. Are there any children born to the parties during their relationship with each other? (This includes any children they may have had together prior to their marriage.) **(Circle one)**
 a. No-Skip to Paragraph VIII, Spousal Support.
 b. Yes-Continue to Paragraph V, Child Custody.

V. CHILD CUSTODY:

A. Custody of the children of this marriage/relationship will be: **(Circle one)**
 a. Sole custody of all children to one parent.
 b. Sole custody with the children split between the parents.
 c. Joint custody.

Child(ren)'s Name	Sex	Age	Birth date	Biological/Adopted	Custodian

Stepchild(ren)'s Full Name	Is Husband or Wife the biological parent of the	Did the non-biological parent adopt the

	child(ren)?	stepchild(ren)?

VI. CHILD VISITATION:

A. Specific Visitation Schedule:

1. Daily Visitation (Every Tuesday and Thursday):
(Circle one) a. Yes b. No

2. Weekend Visitation (Alternate Weekends):
(Circle one) a. Yes b. No

3. Holiday Visitation:
(Circle one)

a. No

b. Yes. The non-custodial parent will have the following holiday visitation rights: (circle all that apply)

i. Split Winter School Break

ii. Alternate Thanksgiving

iii. Split Spring Break

iv. Mothers' day/Fathers' Day, as appropriate

4. Summer Visitation: **(Circle one)**
a. No b. Yes, Number of weeks _____

5. Will the exercise of this visitation schedule be optional with the non-custodial parent? **(Circle one)**
a. No b. Yes

B. Do you want to make arrangements for when the children must travel long distances to visit the non-custodial parent? This will allow them to fly unaccompanied (provided the child(ren) meet the age requirement set out by the airlines) and the non-custodial parent will pay the cost.
(Circle one) a. No b. Yes

C. Do you and your spouse want to be flexible in the visitation arrangements to accommodate the changing needs of the children and the parents?
(Circle one) a. No b. Yes

D. Do you want to detail specific conduct of the parents in regards to the best interest of the children? **(Circle one)**

- a. No
- b. Yes. The following provisions will be included: **(Circle all that apply)**
 - i. The parents shall not make critical comments about the other parent in the presence of the children.
 - ii. The parents will always be able to maintain reasonable contact with the children by telephone.
 - iii. Neither party will have overnight visits by “dates” when the children are present.
 - iv. Each party will notify the other party within _____ days before any change of address.

VI. CHILD SUPPORT:

A. Party to pay child support: (Circle one)

- a. Husband
- b. Wife

B. Child support shall be:

a. Monthly Support per child:

The monthly child support to be paid each month for each child shall be:

\$_____ per month for **each child**.

b. Total monthly support for all children with the percent of that amount attributable to each child specified:

The total monthly child support payment to be paid each month for **all children** shall be: \$_____ per month for all children with _____ percent allocated to each child.

c. Total monthly support for all children:

The total monthly support payment to be paid each month for all children shall be \$_____ per month for **all children**.

d. Monthly support per child until the support obligation on the first child ends and then the obligation will be recalculated:

The monthly child support to be paid each month for each child shall be:

\$_____ per month for **each child** until the first child is emancipated at which time the support obligation will be recalculated.

C. Schedule of child support payments:

Payments will begin on: Day _____ Month _____ Year _____

D. Payments are to be paid: (Circle one)

- a. Directly to the custodial parent **(Choose one)**

- i.** Through an allotment
 - ii.** By check
 - iii.** Other
- b.** To the custodial parent through a state Child Support Enforcement Office. The address of the child support office is:

- E.** Support payments will be adjusted by a court order based upon:
- a.** The best interests of the child(ren)
 - b.** A substantial change of circumstances

- F.** College expenses:
Do the parties want to acknowledge an obligation to assist the child(ren) with college expenses? **(Circle one)**
- a.** No
 - b.** Yes. The acknowledgement will be by: **(Circle one)**
 - i.** The Husband
 - ii.** The Wife
 - iii.** Both parties

- G.** Medical coverage for the child(ren):
1. Will one parent maintain medical coverage on the child(ren) until the child(ren) are no longer eligible for such coverage? **(Circle one)**
 - a.** No **b.** Yes, if yes, which parent?
 - a.** Husband **b.** Wife
 2. Coverage will be: **(Circle one)**
 - a.** TRICARE Prime (Military)
 - b.** TRICARE Standard (Military)
 - c.** Other _____
 3. Military Sponsor will pay what percent of the following:
_____ % of the annual deductible
_____ % of the co-share, excess charges and uninsured medical expenses
 4. If the military sponsor loses coverage, will he/she purchase independent medical coverage for the children? **(Circle one)**
 - a.** No **b.** Yes
 5. Will a parent maintain/purchase the military dental coverage on the child(ren) until the child(ren) are no longer eligible for such coverage?

(Circle one)

a. No

b. Yes. The parent will pay what percent of the following:

_____ % of the annual deductible

_____ % of the co-share, excess charges and uninsured dental expenses

6. If parent loses coverage, he/she will purchase independent dental coverage for the child(ren). **(Circle one)**.

a. No

b. Yes

H. Termination of child support payments

1. Support will terminate upon a child's death, marriage, emancipation, or upon the attainment of the age of _____ years by the child.

2. Will the support be continued until the child is 22 if enrolled in college?

(Circle one)

a. No

b. Yes

VIII. SPOUSAL SUPPORT

A. Spousal Support will be: (Circle one)

1. Waived by both parties (If chosen, skip to paragraph IX below)

2. One party may seek spousal support in the future. **(If so, circle one)**

a. Husband

b. Wife

3. Paid by one party. **(If so, circle one)**

a. Husband

b. Wife

B. Amount and Duration:

1. Spousal support shall be \$_____ per month.

2. Date payment begins: _____.

3. Spousal support shall be paid for: **(Circle one)**

a. A definite period, until _____.

(Day)

(Month)

(Year)

b. An indefinite period.

c. Until a court order terminates spousal support.

4. Spousal support will also terminate upon remarriage of the party receiving support or the death of either party. The term "remarriage"

can be defined to include cohabitation. Will the definition of remarriage include cohabitation?

- a. No
- b. Yes. If yes, cohabitation will be defined in terms of: **(Circle one)**
 - i. The party receiving spousal support's habitual cohabitation with an unrelated member of the opposite sex for _____ consecutive days.
 - ii. The party receiving spousal support's habitual cohabitation with an unrelated member of the opposite sex for various periods of time totaling _____ days in any _____ consecutive months.

C. Renegotiating of support payments: Will the party paying spousal support be able to renegotiate this obligation upon a showing of a substantial, adverse, and involuntary change of financial circumstances? **(Circle one)**

- a. No
- b. Yes. If yes, and the parties cannot agree to a renegotiated spousal support obligation, will arbitration be required before they can take the issue to court? **(Circle one)**
 - a. No
 - b. Yes

D. Tax Treatment of support payments: Will the parties agree that the support Payments will not be treated as a tax deduction by the paying party and as gross income to the receiving party? This provision will waive the application of normal tax law. **(Circle one)**

- a. No
- b. Yes

IX. DIVISION OF PERSONAL PROPERTY:

A. Will this agreement dispose of Marital Property? **(Circle one)**

- a. Yes
- b. No

B. How?

C. Specific Personal Property:

1. Automobiles:

Year/Model	Current Owner	Current Value	Existing Loan?	Balance due on the car loan	Monthly payment amount	# of remaining payments	Husband or Wife
			Y N				
			Y N				
			Y N				
			Y N				

2. Bank/Credit Union Accounts and Certificates of Deposit:

Type of Acct.	Institution Name	Account Number	Current Owner	Balance	Husband or Wife

3. Stocks, Bonds, Mutual Funds: For each account that the Husband will be the sole owner, provide the following:

Property description. (ex. 100 shares of XYZ Corp.)	Current Owner	Basis (Purchase Price)	Husband or Wife

X. DIVISION OF REAL PROPERTY:

A. Do you have a marital residence, land buildings, or other property affixed to land (timeshare)? **(Circle one)**

a. No. If no, move to paragraph XI

b. Yes. If yes, complete below.

1. Location: _____
(Street Address)

_____ (City) (County) (State)

2. Provide a full legal description of the property taken from your recorded deed:

3. Who currently holds title to the property? **(Circle one)**

a. Solely in Husband's name

- b. Solely in Wife's name
- c. Joint Tenants, Husband and Wife, with right of survivorship.
- d. Other (describe)_____

4. Date property acquired: _____
 (Day) (Month) (Year)

B. Financial Obligation. Is the property mortgaged? (Circle one)

- a. No, it is owned free of any liens.
- b. Yes, it is mortgaged. If so, answer the following:
 - i. Lender name: _____
 - ii. Acct. No. and Name on Acct.: _____
 - iii. Purchase price: \$ _____
 - iv. Current amount owned: \$ _____
 - v. Current value: \$ _____

C. Disposition of the property: The parties agree to: (Circle one)

- a. Transfer full title of the property to _____ (Go to paragraph D)
- b. Sell the property and split the proceeds: (Circle one then go to paragraph D)
 - i. Divide equally
 - ii. _____% to Wife and _____% to Husband.
- c. One party will remain in the property and assume full responsibility for the payments for a specified period of time: _____ years (Circle one)
 - i. Wife
 - ii. Husband (complete 1, 2, and 3)
 1. Will the obligation of the party remaining in the house pay the mortgage contingent upon receipt of spousal support? (Circle one)
 - a. Yes b. No
 2. The party remaining in the house shall not incur any fixing up expenses, repairs, maintenance, and non-capital improvements in excess of \$ _____, without the consent of the other party.
 3. The party remaining in the house shall not conduct a major alteration of the property in excess of \$ _____, without the express written consent of the other party.

D. Other Real Estate: Do you have any other real estate (time share)? (Circle one)

- a. No (Skip to paragraph XI)
- b. Yes (Answer the questions below)

1. Location: _____
(Street Address)

(City) (County) (State)

2. Provide a full legal description of the property taken from your recorded deed:

3. Title is currently held: **(Circle one)**
- a. Sole to Husband
 - b. Sole to Wife
 - c. Joint Tenants, Husband and Wife, with right of survivorship
 - d. Other (describe): _____

4. Date property acquired: _____
(Day) (Month) (Year)

5. Is the property mortgaged? **(Circle one)**
- a. No, it is owned free of any liens.
 - b. Yes, it is mortgaged. If so, answer the following:
 - i. Lender name: _____
 - ii. Acct. No. and Name on Acct.: _____
 - iii. Purchase price: \$ _____
 - iv. Current amount owed: \$ _____
 - v. Current value: \$ _____

6. If the property is to be sold, the proceeds from the sale of the property shall be: **(Circle one)**
- a. Divided equally
 - b. Shared with _____% to the Husband and _____% to the Wife.

7. Which party will have first priority to purchase the property? **(Circle one)**
- a. Wife
 - b. Husband

XI. DIVISION OF DEBTS:
(Circle one)

a. It is AGREED between the parties that there are no debts subject to disposition by this agreement. (Skip to paragraph XII).

b. Debts will be distributed as follows: (Fill out the tables below)

A. Husband shall be responsible to pay the following debts (include car loans and/or mortgage, if it is agreed that Husband will pay those):

Creditor	Type of Account	Account Number	Balance Owed

B. Wife shall be responsible to pay the following debts (include car loans and/or mortgage, if it is agreed that Wife will pay those):

Creditor	Type of Account	Account Number	Balance Owed

A. If a party pays a debt that she/he is not responsible for under this agreement, may she/he charge that payment against a support payment under this agreement?

(Circle one) a. Yes b. No

XII. LIFE INSURANCE:

(Circle one)

1. Each party is free to change life insurance policies as desired. (Skip to paragraph XIII)
2. Life insurance shall be maintained on the life of the spouse providing spouse support. (Skip to A)
3. Life insurance shall be maintained on the life of the spouse providing child support. (Skip to B)

A. Life insurance on the party paying spousal support:

1. Will the party paying spousal support be required to maintain all current life insurance policies?
(Circle one) a. Yes b. No
2. Will party paying spousal support be required to purchase/maintain additional life insurance?

(Circle one) a. No b. Yes (Answer below)

(Face Value) (Name of Insurance Company) (Policy #)

3. Will the party paying spousal support be required to: **(Circle Y or N to each)**

- Y N Transfer ownership of the life insurance policy?
- Y N Provide annual proof of insurance
- Y N Authorize the insurance company to notify beneficiary of any change to the policy?
- Y N Indemnify beneficiary if coverage is not provided?

B. Life insurance on the party paying child support:

1. Will the party paying child support be required to maintain all current life insurance policies?

(Circle one) a. Yes b. No

2. Will the party paying child support be required to purchase/maintain additional life insurance?

(Circle one) a. No b. Yes (Answer below)

(Face Value) (Name of Insurance Company) (Policy #)

3. Will the party paying child support be required to: **(Circle Y or N to each)**

- Y N Transfer ownership of the life insurance policy?
- Y N Provide annual proof of insurance?
- Y N Authorize the insurance company to notify beneficiary of any change to the policy?
- Y N Indemnify beneficiary if coverage is not provided?

XIII. HEALTH INSURANCE:

A. Medical coverage for spouse:

1. Will either party maintain medical coverage on the other spouse?

a. No (Only if spouse has other Medical Insurance. Skip to 2)

b. Yes (Answer the following)

i. Coverage will be: **(Circle one)**

- a. TRICARE Prime (Military)
- b. TRICARE Standard (Military)

c. Other: _____

ii. Spouse will pay what percent of the following:

a. _____% of the annual deductible.

b. _____% of the co-share, excess charges and uninsured medical expenses.

2. Will the military sponsor maintain/purchase the military dental coverage on the spouse until the spouse is no longer eligible for such coverage? **(Circle one)**
 a. No b. Yes

XIV. RETIREMENT BENEFITS

A. Military and Civilian Pension Plans:

Owner (Husband or Wife)	Name of Plan	Account Number

B. Non-military spouse’s right to military spouse’s retirement: (Circle one)

1. Will non-military spouse waive all claims for a part of military spouse’s military and/or civilian retirement income include IRAs? **(Circle one)**
 a. No b. Yes
2. Will military spouse’s military and/or civilian retirement income to include IRAs be divided? **(Circle one)**
 a. No b. Yes

C. Division of military retired pay:

1. How much of the marriage overlapped with military service?
 Date married: _____
 Date entered into Service: _____
 Overlap: _____ years _____ months

XVI. TAX MATTERS:

- A.** If the dissolution is final before midnight on 31 December, the parties are single and must file as such for the tax year. Otherwise, the parties will file as: **(Circle one)**
 i. Married filing separately.
 ii. Married filing jointly. For joint filing, do the parties agree to share equally or proportionally in either a payment of deficit or refund? **(Check one)**
 _____equally _____proportionally
- B.** Taxes were last filed for tax year _____ as: **(Circle one)**
 i. Married filing separately

ii. Married filing jointly

C. Dependency exemptions:

1. Does the custodial spouse want to waive the dependency exemption?

a. No

b. Yes. If yes, is waiver permanent: **i.** Yes **ii.** No