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San Francisco Unified Family Law Self-Help Center WINDOW QUESTIONNAIRE

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Dear Workshop Participant: We want to help you fill out your forms correctly. If you give us the <u>correct and</u> <u>complete</u> information below, we will personalize forms for you before the worksho							
Favor de llenar este formulario correcta y completamente para que le preparemos sus documentos antes del taller.							
Your Name: (First) (Middle) (Last)							
Your Address (Street):							
City and State:							
ZIP Code: Phone Number:							
Your spouse's COMPLETE NAME as it should appear on all your documents:							
(OTHER PARTY)							
These questions are designed to help our staff evaluate your case for proper placement or service referral. 1. Do you live in San Francisco? If yes, for how long? 2. Does your spouse live in San Francisco? If yes, for how long? 3. How long have you been married?							
4. Do you and your Spouse have children (under 18 years old) together?							
If yes, please list the name and date of birth for each child. Name: Date of Birth:// Name: Date of Birth:// Who do your children live with?							
. Have you ever been to court regarding your children or your marriage?							
6. What is the case number? Case #							

7. Do you have a Child Support Case? or Have your children ever been in Foster Care Child Protective Services ever been involved?							
8.	Do you or your spouse own any of the following? This will help us determine whether you need a lawyer to represent you (Please circle any that apply to you or your spouse or both).						
	House	Condo	Land	Savings			
	Retirement Plan	401K/IRA	Pension Plan				
Various assets worth more than \$25,0000		Debts worth more than \$25,0000					
	re there other things or pro lease Describe:						
9.	Are you employed? If yes, what is your monthly income?						
10	0. Do you currently receive Public Assistance? Please be specific, is your income from work, welfare (SSI, GA, CalWorks, Food Stamps), unemployment, worker's comp, or disability?						
11	. What is your best estimate	e of your spouse's	income?				
12	. Do you or your spouse bel	long to a Union?					
	. Has there been domestic v						
	. Has there ever been a restr . Is it safe to contact you ab	-	-				
	Staff Notes:						
	ACTIVITY LOG: Date:) See Front Page () CROC						

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