

BURNS & BURNS, P.C.
ATTORNEY AT LAW
200 NORTH JEFFERSON STREET
MILLEDGEVILLE, GA 31061
(800) 477-3061
email: joeldb@windstream.net

This letter is designed to give you some information on the process of filing for a divorce, my services, and the fees involved. A divorce is a lawsuit. As a result, I only can represent one party. Whichever party first engages my services is the person to whom I owe my allegiance. **I cannot and will not give advice to the other party.** If that party feels it necessary or desirable, I encourage that party to seek separate representation. A divorce involves filing a petition in the Superior Court of the County in which the defendant lives, bringing the matter on for hearing(s) and trial either before the Judge alone or before a jury.

Any matter which involves dispute costs more money. If the two parties can settle their differences before the filing of the petition or shortly after filing the petition, then the cost is considerably less. In the pricing of my services this fact is taken into consideration.

GENERAL FEES (IF YOU ARE THE FILING PARTY):

\$200.00 Court Filing Fee: this MUST be paid up front.

\$50.00 Sheriff's Entry of Service: this fee has to be paid if the opposite party or their counsel does not sign an Acknowledgement of Service verifying that the opposite party has received a copy of the Complaint and other pleadings. Unless the acknowledgement is obtained prior to filing the divorce, this fee will have to be paid along with the filing fee. I if possible will try to avoid this cost by contacting the opposite party and serving the papers by mail.

Other Costs: Costs such as long distance telephone calls, travel expenses, filing of deeds or other documents at the courthouse are not included in the initial fee and are considered an out-of-pocket expense. The client accordingly will be billed for these fees.

ATTORNEY FEES:

\$2000.00 **minimum** for the attorneys service in a divorce. This covers **5.0 attorney hours**. However, if the opposite party contests the divorce, the case will require more of my time. After the 5.0 hours have been expended, we will begin billing at a rate of \$200.00 per hour, and you will be expected to make monthly payments of at least \$50.00 until the balance is paid in full.

TOTAL FEES DUE UP FRONT: \$2200.00 (This amount DOES NOT include the Sheriff's Entry of Service, so add \$50.00 if this service is necessary.)

\$2000.00 Attorney fees
\$ 200.00 Filing fee
\$ 50.00 Sheriff's Entry (if applicable)

I hope this information is helpful.

Sincerely yours,
Burns & Burns, P.C.

Understood and Acknowledged: _____

Dated: _____

**DIVORCE QUESTIONNAIRE
GENERAL QUESTIONS**

I. GENERAL:

Your name: _____ If applicable:

Maiden name: _____

Do you want to restore your maiden name? _____

Your address: _____

Work phone: _____ Home Phone: _____ Email: _____

Your county of residence: _____

Your level of education: _____ Your ethnic background: _____

No. of this marriage (i.e., 1st, 2nd, 3rd, etc.) for you: _____

Your spouse's name: _____ Maiden name: _____

Does your wife want to restore her maiden name? _____

Your spouse's address: _____

Your spouse's county of residence: _____

Your social security number: _____

Your Spouse's social security number: _____

Your spouse's level of education: _____

Spouse's ethnic background: _____

No. of this marriage (i.e., 1st, 2nd, 3rd, etc.) for your spouse: _____

Place of marriage (city, county, state): _____

Date of Marriage: _____ Date of Separation: _____

Reason for divorce(i.e., adultery, incompatibility, etc): _____

II. CHILDREN:

Number of children born alive during this marriage: _____

Number of children under 18: _____

Children from this marriage:

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Who will have custody of these children: _____

Children of previous marriages:

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Who will have custody of these children: _____

Are there any other dependents supported by you (excluding your spouse):

Name: _____ Age: _____ Relationship to You: _____

Name: _____ Age: _____ Relationship to You: _____

III. CUSTODY AND VISITATION

Who do you propose to have primary physical custody of the children:

___ YOU, ___ YOUR SPOUSE, ___ Joint

Please state the terms of visitation you want or you want your spouse to have:

Weekends? _____

Holidays? _____

Summer Vacation? _____

Other? (explain) _____

IV. CHILD SUPPORT & ALIMONY

Child support is based on State Guidelines:
which must be computed by calculation from income of both parties.

Amount desired for child support: \$_____ (___ Weekly, ___ Monthly, ___
Bi-weekly, or ___ Semi-monthly)

V. INCOME

Your job title: _____

Your employer: _____

Your employer's address: _____

Your employer's phone number: _____

Your gross pay per month: _____

Your taxes & other deductions (specify): _____

Your net pay per month: _____

List any Child Support, Alimony, Maintenance and Support Payments which you
receive and the total amount(s) you receive each month: _____

Your spouse's job title: _____

Your spouse's employer: _____

Your spouse's employer's address: _____

Your spouse's employer's phone number: _____

Your spouse's gross pay per month: _____

Your spouse's taxes & other deductions (specify): _____

Your spouse's net pay per month: _____

List any Child Support, Alimony, Maintenance and Support Payments which you receive and the total amount(s) you receive each month: _____

V. SCHEDULE OF CURRENT EXPENDITURES:

Give estimated average current monthly expenditures for you consisting of:

Rent or Mortgage	\$ _____
Real Estate Taxes	_____
Electricity	_____
Gas	_____
Water	_____
Telephone	_____
Cable	_____
Auto Payment	_____
Other Installment Payments (specify)	_____
Car Insurance (monthly amount)	_____
Health Insurance	_____
Home Insurance	_____
Life Insurance	_____
Other Insurance (specify)	_____
Transportation (not auto payments)	_____
Education	_____
Food	_____
Clothing	_____
Medical	_____
Dental	_____
Home Maintenance	_____
Personal Property Tax	_____
School Expenses	_____
Child care	_____
Child Support or Alimony Payments	_____

Laundry _____
 Newspaper _____
 Other Expenses (specify) _____
 Recreation _____
 Charity _____
 Miscellaneous (specify) _____

TOTAL EXPENSES: \$ _____

VI: CREDIT ACCOUNTS: List all monthly payments on credit accounts/banking/loan companies; if amounts are estimated, please indicate with an asterisk (*).

Bank/Company Name	Acct. No.	Amt. monthly Owed	monthly payment (you/spouse)	Who Pays Acct.
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Please list ALL accounts; Attach a separate sheet if needed.

Things you own or are buying:

18. Description of Household Goods and their Value

Household Goods	Value	Who do you want to keep each items
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Autos:

_____	\$ _____	_____
_____	\$ _____	_____

Description of Real Estate:

_____ \$ _____

_____ \$ _____

Description of All Stocks, Bonds, Etc.

_____ \$ _____

_____ \$ _____

19. What amounts of money do you have on deposit at this time with:

Savings and Loan \$ _____ Credit Unions \$ _____

Public Utility Companies \$ _____ Landlords \$ _____

Others, name: _____ \$ _____

TOTAL: \$ _____

20. Do you have retirement or other benefits that need to be separated? _____

If yes, please describe the items which need to be separated.

COMPLETE LISTING OF DEBT

List everything you owe no matter how small the debt.

Name of Creditor: _____ Please tell us who you hope will pay each

1. _____ Balance Due: _____ Mo. Pmt. _____

who should pay: _____ Account Number(s): _____

2. _____ Balance Due: _____ Mo. Pmt. _____

who should pay: _____ Account Number(s): _____

3. _____ Balance Due: _____ Mo. Pmt. _____

who should pay: _____ Account Number(s): _____

4. _____ Balance Due: _____ Mo. Pmt. _____

who should pay: _____ Account Number(s): _____

5. _____ Balance Due: _____ Mo. Pmt. _____

who should pay: _____ Account Number(s): _____

6. _____ Balance Due: _____ Mo. Pmt. _____

who should pay: _____ Account Number(s): _____

BE SURE TO REMEMBER TAXES ETC.

OTHER THINGS WE NEED TO KNOW ABOUT OR YOU NEED TO HAVE RESOLVED AT THE TIME OF DIVORCE: I.E. Family violence etc.
