

Crossing the Finish Line Program Information Form

Legal Aid Society of Salt Lake (Legal Aid) will prepare and file documents needed to finalize a divorce/custody case when both parties are pro se (representing self without an attorney) and they have reached a FULL agreement at mediation which is reduced to a Memorandum of Understanding (MOU) OR at a hearing and the agreement is read onto the court record. Email this FULLY COMPLETED Form and any requested attachments to intakecoordinator@lasslc.org and type "Crossing the Finish Line" in the subject line.

Full agreement reached at: (check one) **Mediation** (attach Memorandum of Understanding) **Court Hearing Type of Case: (check one)** Parentage/Custody Divorce **Court Case Number** (if filed): **1. Party Information**: List names as stated on state issued Driver's License/ID or Passport: Your Full Name: Any other names used in the past: (maiden name, etc.) Gross Monthly Income: (before taxes) Number of people in Your Household: (include self) Email Address: Address: (street/PO Box, city, state, zip) Date you began living at this address: Date of Birth: MM/DD/YY Phone Number: Full Name of Other Party: Any other names used in the past: (maiden name, etc.) Gross Monthly Income: (before taxes) Number of People in Their Household: (include Respondent) Email Address: Address: (street/PO Box, city, state, zip)

 Date you began living at this address:

 Date of Birth: MM/DD/YY

Phone Number:

OCAP Forms: If a divorce/custody case has been filed using OCAP forms, you DO NOT need to fill out the rest of this form if you enter your OCAP username and password below:

OCAP Username: _____OCAP Password: _____

CASE NOT FILED: If a divorce/custody case has NOT BEEN FILED, or you did not use OCAP forms, you must fully complete the rest of this Information Form.

FOR DIVORCE CASES WITHOUT MINOR CHILDREN, SKIP AHEAD TO #7.

2. Jurisdiction of Children

Are there any other cases of custody of the minor child/ren in this case filed or pending in the Juvenile Court? Yes \Box No \Box If you answered "Yes" your case is not eligible for the "Crossing the Finish Line" Program.

Enter the minor child/ren's current address: ______
Date children began living at this address: ______

3. Child Information: Please enter the information as it appears on the birth certificate.

Full Name of Child:
Date of Birth:
Social Security Number:
Sex:
Full Name of Child:
Date of Birth:
Social Security Number:
Sex:
Full Name of Child:
Date of Birth:
Social Security Number:
Sex:
Full Name of Child:
Date of Birth:
Social Security Number:
Sex:
Full Name of Child:
Date of Birth:
Social Security Number:
Sex:

4. Child Support: Is the Office of Recovery Services (ORS) currently collecting child support for the minor child/ren listed above? No Yes

If you answered "Yes" you MUST provide a complete copy of the current ORS Child Support Action and Child Support Order along with this Information Sheet.

5. Your Information for Child Support:

Social Security Number:
Residential Address:
Mailing Address: (if different than residential address)
Telephone Number:
Date of Birth:
Employer:
Employer's Address:
Employer's Phone Number:

6. Other Party Information for Child Support:

Social Security Number:
Residential Address:
Mailing Address: (if different than residential address)
Telephone Number:
Date of Birth:
Employer:
Employer's Address:
Employer's Phone Number:

7. DIVORCE ONLY: If a case has not been filed, you MUST complete following information:

Your Information:

Race (mark one)	
	Multiple Race
CA) Caucasian/ White	CN) White and American Indian/Alaskan Native
(AF) African American	CF) White and Black/African American
(NA) Native American/Native Alaskan	CS) White and Asian
(PA) Pacific Islander	(NF) American Indian/Alaskan Native and African American
(AS) Asian	OM) Other Multi-Racial
Your Ethnicity: (mark one) 🗌 Hispa	anic 🗌 Non-Hispanic

Maiden Name: (if applicable)
Birth State or Country:
Educational History: (Last high school grade attended) 7 8 9 10 11 12
Last college grade attended: 13 14 15 16 17+
Number Of This Marriage- (Specify) First Second Third Fourth
If Not First Marriage, Last Marriage Ended: By Death Divorce
Date Last Marriage Ended: (MM/DD/YY)

Spouse's Information:

Race (mark one)	
Single Race	Multiple Race
(CA) Caucasian/ White	(CN) White and American Indian/Alaskan Native
(AF) African American	CF) White and Black/African American
(NA) Native American/Native Alaskar	$n \square$ (CS) White and Asian
(PA) Pacific Islander	(NF) American Indian/Alaskan Native and African American
\Box (AS) Asian	OM) Other Multi-Racial
Your Ethnicity: (mark one) 🗌 Hispa	anic 🗌 Non-Hispanic

Maiden Name: (if applicable)
Birth State or Country:
Educational History: (Last high school grade attended) 7 8 9 10 11 12
Last college grade attended: 13 14 15 16 17+
Number Of This Marriage- (Specify) First Second Third Fourth
If Not First Marriage, Last Marriage Ended: By Death, Divorce
Date Last Marriage Ended: (MM/DD/YY)

- 8. Date of Marriage: _____ Date of Separation: _____
- 9. Place of Marriage: (City, County, and State)

Legal Aid will NOT assist you unless this Form is fully completed.