

Divorce Questionnaire

PERSONAL INFORMATION

Date :

Client

Spouse

Full name

Full name

Birth date

Birth date

Age

Age

Birthplace

Birthplace

Address

Address

Work phone

Work phone

Home phone

Home phone

Cell phone

Cell phone

Pager

Pager

E-mail address

E-mail address

Fax

Fax

Social Security no.

Social Security no.

Driver's License no.

Driver's License no.

State

State

Occupational License no(s).

Occupational License no(s).

Armed Forces status

Armed Forces status

Next of kin

Next of kin

Relation

Relation

Address

Address

MARRIAGE

Date of marriage Date of separation City/County/State

How long have you lived in this state? County?

No. of previous marriages: yours spouse

How previous marriage(s) terminated: Client Spouse

Wife's maiden name Wife's name before this marriage

Does wife desire name change? Yes To what? No

Is there a prenuptial or postnuptial agreement? Yes Please attach a copy of the agreement. No

What is the primary reason you want this divorce?

incompatibility adultery absence over one year

extreme cruelty neglect of duty imprisonment

other

CHILDREN

1. Name Birth date Age School Grade
Social Security no. Living with Client Spouse

2. Name Birth date Age School Grade
Social Security no. Living with Client Spouse

3. Name Birth date Age School Grade
Social Security no. Living with Client Spouse

4. Name Birth date Age School Grade
Social Security no. Living with Client Spouse

5. Name Birth date Age School Grade
Social Security no. Living with Client Spouse

Residence of the children during the last five years:

Where?	With whom?	How long?

Is wife pregnant?

Yes When is birth expected? No

Is anyone other than the spouse claimed to be the father? Yes No If yes, who?

Are any of the children adopted? Yes No If yes, who?

Do you or your spouse have a health insurance policy that covers the children? Yes

No

Name of health care insurance provider for children

Policy, group, or contract number Paid by whom?

Is the premium for the insurance paid through deduction from your or your spouse's pay?

Mine My spouse's

Does your / your spouse's health insurance require that you/he/she have the children as dependents to continue health insurance for them? Yes No

Deductible Co-pay on doctor visits Co-pay on prescriptions

As to the premium, please state:

cost for employee only amount deducted each pay period

cost for employee and spouse how often is the deduction made?

cost for employee and children weekly every two weeks two

times per month once per month

If you, your spouse or any of your children have any serious health problems, please describe:

Child care: No Yes How many weeks per year? Paid by whom?

Weekly cost- During school Summer

Are you paying or receiving support for other children? No Yes How much per week? \$ No. of children

Is your spouse paying or receiving support for other children? No Yes How much per week? \$ No. of children

Provide copies of the court support orders.

Does either party have children from a prior relationship? Yes No

Name Parents: Birth date Age

Living with Client Spouse Social Security no.

Name Parents: Birth date Age

Living with Client Spouse Social Security no.

Name Parents: Birth date Age

Living with Client Spouse Social Security no.

CUSTODY AND SUPPORT

What do you think the custody and visitation rights should be and why?

If you and your spouse have agreed on custody, describe.

Does anyone else claim visitation rights with your children? No Yes State the person's name, address, and relationship.

Has support been paid since separation? No Yes How much per week?

If you and your spouse have agreed on child support, how much per week?

Do the children have a custody preference? Yes . Describe No

PREVIOUS LITIGATION

Has either spouse previously filed for divorce, separation, annulment, custody, etc., in this county or elsewhere? Yes Indicate when and where filed, status of case, case number, and name of judge. No

Has there been any previous domestic violence case filed in this county involving you and/or your spouse or any other family member? Yes Indicate when and where filed, status of case, case number, and name of judge. No

Does anyone else claim custody over children of you or your spouse? Yes Indicate when and where filed, status of case, case number, and name of judge. No

Have you had any cases filed regarding care of the children? Yes Indicate when and where filed, status of case, case number, and name of judge. No

Is one of the parties currently under court order to pay support for another child not of this marriage? Yes Indicate when and where filed, status of case, case number, and name of judge. No

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap or incurable disease? Yes Please explain No

Any addiction issues with drugs, alcohol? Yes What type of substance?

What treatment and by whom? When? Place of treatment

Outcome of treatment No

Any romantic liaisons by either party? No Yes Who?
 Any problems with debts? Gambling?
 Any marriage counseling? No Yes Please explain reason, date, and duration
 Personal counseling (yours/spouse's)
 Are you willing to start/continue counseling? Yes No
 Would you sign a waiver of confidentiality so that we may have access to your records?
 Yes No
 Does either spouse wish to reconcile? Yes No If yes, briefly describe
 Are you or your spouse receiving government aid? Yes Caseworker Case no.
 No

RESTRAINING ORDER INFORMATION

Please describe any violent incidents, including place and time
 Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?
 Yes Explain. No
 Have you or anyone in your household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what:
 Has your spouse or anyone in your spouse's household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what:
 If your spouse says you or anyone in your household is emotionally unstable, state who and why:

Physical Description of Client:

Race Height Weight Eye color Hair color
 Glasses: No Yes Worn all the time? Yes No
 Mustache/beard: Yes Color No
 Distinguishing scars or tattoos
 Any current restraining orders? No Yes

Physical Description of Spouse:

Race Height Weight Eye color Hair color
 Glasses: No Yes Worn all the time? Yes No
 Mustache/beard: Yes Color No
 Distinguishing scars or tattoos
 Any current restraining orders? No Yes
 Is carrying a weapon a condition of his/her employment? Yes No

EMPLOYMENT

<i>Client</i>	<i>Spouse</i>
Employer	Employer
Address	Address
Date of hire	Date of hire
Occupation	Occupation

Weekly gross pay	Weekly gross pay
Weekly take home	Weekly take home
Pension	Pension
Early retirement benefits	Early retirement benefits
Bonuses or commissions	Bonuses or commissions
Profit-sharing	Profit-sharing
Total income last year	Total income last year

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

Previous Employer	Previous Employer
Address	Address
Annual Income	Annual Income

Other income sources (pension, retirement, government assistance, veterans benefits, Social Security, investment funds):

Type	
Gross per year	In whose name
Type	
Gross per year	In whose name
Type	
Gross per year	In whose name

EDUCATION

<i>Client</i>	<i>Spouse</i>
Highest degree obtained	Highest degree obtained
High school	High school
Date of diploma or GED	Date of diploma or GED
Univ./College	Univ./College
Degree	Degree
Date obtained	Date obtained
Univ./College	Univ./College
Degree	Degree
Date obtained	Date obtained
Additional training	Additional training

Did either spouse contribute to the education of the other? Yes Describe.
 No

ASSETS (Attach additional sheets if necessary.)

List significant items of property you owned before this marriage or received as a gift or inheritance during the marriage. If you no longer have these items, explain what happened to them.

List significant items of property your spouse owned before this marriage or received as a gift or inheritance during the marriage. If your spouse no longer has these items, explain what happened to them.

List significant items of property you and your spouse received, as a couple, during this marriage as a gift or inheritance. If you or your spouse no longer has these items, explain what happened to them.

List significant items of property your children received as a gift or inheritance during your marriage. If your children no longer have these items, explain what happened to them.

Real property

Resident address Date purchased Purchase price
Mortgage co. Account no. In whose name
Monthly payments Balance due Paid by Husband Wife Both

Land contract In whose name
Home equity loan Account no. In whose name
Amount of property taxes Are they included in monthly payment? Yes No

Additional real estate
Address Date purchased Purchase price
Mortgage co. Account no. In whose name
Monthly payments Balance due Paid by Husband Wife Both

Vehicles (car, boat, trailer, recreational vehicle, etc.)

1. Year/make Vehicle identification number
In whose name Possession Purchase price Monthly payments
Lien holder Balance due

2. Year/make Vehicle identification number
In whose name Possession Purchase price Monthly payments
Lien holder Balance due

3. Year/make Vehicle identification number
In whose name Possession Purchase price Monthly payments
Lien holder Balance due

4. Year/make	Vehicle identification number		
In whose name	Possession	Purchase price	Monthly payments
Lien holder	Balance due		

Bank accounts or credit union accounts

1. Name of bank and branch checking, money market)	Account number	Type of account (savings, checking, money market)	Balance
	Signatories	Source of funds	

2. Name of bank and branch checking, money market)	Account number	Type of account (savings, checking, money market)	Balance
	Signatories	Source of funds	

3. Name of bank and branch checking, money market)	Account number	Type of account (savings, checking, money market)	Balance
	Signatories	Source of funds	

Individual retirement accounts

Financial institution	Account number	Balance	In whose name
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Financial institution	Account number	Balance	In whose name
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Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc. (attach copies of plan descriptions and annual reports for each)

Employer or financial institution	Name and type of plan	Vested percentage
Value Account no.	In whose name	

Employer or financial institution	Name and type of plan	Vested percentage
Value Account no.	In whose name	

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Value Account no.	In whose name	

Investments

Broker/ firm	Type of investment	Account no.	In whose name
Type of account (savings, checking, money market)		Purchase price	Current value
	What was source of stock or funds to purchase?		

Broker/ firm	Type of investment	Account no.	In whose name
Type of account (savings, checking, money market)		Purchase price	Current value
	What was source of stock or funds to purchase?		

Patents, inventions, copyrights, etc.

Life insurance

Client

Name of insurer
Name of insured
Name of beneficiary
Type of insurance (term, whole life, etc.)

Spouse

Name of insurer
Name of insured
Name of beneficiary
Type of insurance (term, whole life, etc.)

Policy no.
Amount of policy
Cash surrender value
Loans against policy

Policy no.
Amount of policy
Cash surrender value
Loans against policy

Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest Type of ownership interest
Value of interest Initial investment and when Additional amounts invested
and when

Community property (property acquired with your spouse)

Have you ever lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)? Yes Provide details and the status of assets brought into this state. No

Miscellaneous assets

Jewelry Value
Art work Value
Antiques Value
Coin and other collections Value
Inheritance Value
Annuities Value
Safe deposit box Location
Accounts receivable

Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse? Yes Provide details. No

Trust beneficiaries

Yes Provide details. No

Assets held at time of marriage

Do you suspect any assets are being given away, sold, or hidden from you?

Yes Briefly explain. No

EXPENSES

<u>Expenses</u>	
Rent/Mortgage	
2nd Mtg/Assoc. Fees	
Property Tax	
Electric	
Gas	
Water/Sewer	
Telephone	
Cell Phone	
Cable/Satellite	
Internet	
Trash	
Lawn Care/Services	
Household Maintenance/Repairs	
Clothing/Laundry	
Groceries	
Lunch (school/work)	
House Insurance	
Auto Insurance	
Life Insurance	
Auto Loan 1	
Auto Loan 2	
Auto Maintenance	
Auto Registration	
Gas/Bus Fare	
Parking/Tolls	
Charities	
Memberships/Hobbies/Lessons	
Gifts	
Cigarettes/Alcohol	
Child Care	
Medical/Dental (out of pocket)	
Beauty	
Security Alarm	
Student Loans/Tuition	

Personal Loans	
Credit Cards	
Entertainment	
Vacation	
Pet Care	
Other	
Other	
Other	
Other	
Other	
Other	
<i>(select totals below and press F9 key to automatically calculate total)</i>	
Total Expenses=	\$ 0.00
Total Monthly Income - Monthly Expenses=	\$ 0.00

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent:

Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor Account no. Type of indebtedness (credit card, etc.)

Is the account current? Yes No Present balance due

Monthly payment Named borrowers Who will pay until the divorce judgment?

2. Creditor Account no. Type of indebtedness (credit card, etc.)

Is the account current? Yes No Present balance due

Monthly payment Named borrowers Who will pay until the divorce judgment?

3. Creditor Account no. Type of indebtedness (credit card, etc.)

Is the account current? Yes No Present balance due

Monthly payment Named borrowers Who will pay until the divorce judgment?

4. Creditor Account no. Type of indebtedness (credit card, etc.)

Is the account current? Yes No Present balance due

Monthly payment Named borrowers Who will pay until the divorce judgment?

Delinquent Debt

Type	Amount	Length of Time Overdue
Mortgage		
Property Tax		
Income Tax		
Car Loan		

Credit Card		
Business Debt		
Other		

Other obligations (for example, spousal support to a former spouse)

Is anyone other than the spouse and identified children financially dependent on you?

Yes Give details. No

On your spouse? Yes Give details. No

RELIEF TO BE REQUESTED

- Divorce
- Separate maintenance
- Annulment
- Custody of children
- Visitation rights
- Child support payments
- Alimony
- Spouse to vacate home
- Contribution to your attorney fees
- Restoration of former name
- Procurement of \$ _____ in life insurance to secure child support
- Property division
- Property injunction
- Domestic abuse restraining order
- Health insurance for children or yourself
- Home utility payments
- Home insurance (Plaintiff/Defendant)
- Mortgage payments
- Debts
- Other
- Attorney fee arrangement

The items checked below are needed to complete your divorce case file. Please collect the items that have been checked and bring in copies or originals to the paralegal as soon as possible.

Items needed

- Tax returns with schedules and W-2s-last two years
- Paycheck stubs-last two months You Your spouse
- Mortgage statement:
 - Marital home
 - Vacation property
 - Income property
- Pension or retirement account statement You Your spouse

- Car titles You Your spouse
- Life insurance cash value statement
- Savings account statements
- Investment account balance statements
- Appraisal for
- Appraisal for
- Prenuptial or postnuptial agreement
- Past three years tax returns, including W-2 forms
- Current pay stubs from January to present
- Past six months bank statements for all checking and savings accounts (upon receiving it, provide current months bank statement)
- Verification of debts (i.e., credit card statements, invoices, monthly statements, etc.)
- Verification of assets (i.e., monthly or quarterly statement of any asset listed above in General Information Sheet)
- Vehicle titles
- Boat titles, Motorcycle titles
- NADA (blue book) value of automobiles (highlight car value - you may obtain this information from a bank, car dealership, etc.)
- Warranty Deed or Quit Claim Deed to all real estate, including residence and/or any and all land.
- Verification of medical insurance cost for children only
- Verification of monthly day care cost for children
- Costs of transportation for visitation
- Verification of other child support payments made either by you or your spouse for any children of a previous marriage or children prior to marriage
- Certificates of Deposit