

DETAILED QUESTIONNAIRE

The information requested is necessary to your developing your case. The information will remain confidential and in your file. Please be as accurate as possible in submitting answers, as they will serve as the foundation for drafting your documents. If you use additional sheets to complete your answers please number items to correspond with page/item numbers on the form. Your attention to these guidelines will save time in the long run. If you have any questions, please don't hesitate to contact us. Thanks!

A. YOUR PERSONAL INFORMATION

1. Name at birth: _____ SS#: _____
2. Address: _____
Telephone No.: (home) _____ (work) _____
(other) _____ (email) _____
3. Date and place of birth:

4. Employment: gross and net wages; and length of employment (attach last wage statement)

5. Do you receive any sort of reimbursement or per diem from your employment that does not appear on your tax returns? If so, please indicate accordingly:

6. Do you receive any other sort of income, such royalties, rents, profit sharing, dividend, etc. If so, please indicate:

7. Are bonus, pension plans, profit sharing or retirement plans available? If so, do you participate and to what extent?

8. Prior employment (last five years): Employer, wages, time period:

9. Training and education:

10. List health insurance, major medical and disability insurance plans in which you participate:

11. List assets are titled solely in your name and that you are claiming as a non-marital asset:

12. List any health problems:

13. List all prescribed medications that you are currently taking:

14. Have you undergone any psychiatric treatment or mental health counseling in the last five years? If so, list dates of service and the provider:

15. List any and all previous marriages and children by those marriages (date and place of dissolution and terms of the decree):

16. List any support or benefits paid to or received from others:

17. Do you have outside financial assistance available? If so, from whom:

B. SPOUSE'S PERSONAL INFORMATION

1. Spouse's name at birth: _____
2. Date of Birth: _____ Place of Birth: _____
3. Spouses SS # _____
4. Spouse's address: _____
5. Spouse's telephone no.: (home) _____ (work) _____ (other) _____
6. Spouse's employment: gross and net wages; length of employment (attach wage statement if available):

7. Does your spouse receive type of reimbursement or per diem from employment that does not appear on tax returns? If so, please indicate:

8. Does your spouse receive any other sort of income, such royalties, rents, profit sharing, dividend, etc. If so, please indicate:

9. Are bonus, pension plans, profit sharing or retirement plans available to your spouse? If so, do they participate and to what extent?

10. Spouse's prior employment (last five years): Employer, wages, time period:

11. Spouse's training and education:

12. List spouse's health insurance, major medical and disability insurance plans in which they participate:

13. List assets are titled solely in spouse's name and that they may be claiming as a non-marital asset:

14. List any health problems:

15. List all prescribed medications that your spouse is currently taking:

16. Has your spouse undergone any psychiatric treatment or mental health counseling in the last five years? If so, list dates of service and the provider:

17. List any and all previous marriages of your spouse and children by those marriages (date and place of dissolution and terms of the decree):

18. List any support or benefits paid to or received from others by spouse:

19. Does your spouse have outside financial assistance available? If so, from whom: _____

C. MARITAL INFORMATION

1. Please write a short history of your marital situation including any complaints about your spouse. Write this history on a separate piece of paper and attach it to this questionnaire.

2. Date of Marriage: _____

3. Place of Marriage: _____

4. Date of Separation: _____

5. Place of last residence during marriage: _____

6. Children of this marriage:

Full name of child Date of birth Place of birth Where presently residing

7. What arrangements have been made for the children's higher education:

8. Present educational arrangements for the children:

9. Do any of these children have health or emotional problems?

10. How many times have you been married? _____

11. How many times has your spouse been married? _____

12. Date and place of your prior dissolution? _____

13. Date and place of your spouses prior dissolution? _____

14. Child support or alimony paid by you: _____

15. Child support or alimony received by you: _____

16. Child support or alimony paid by your spouse:

17. Child support or alimony received by your spouse:

18. Have either of you adopted the children of the other? If so, who, when and where:

19. Have you previously been represented by an attorney in this or any other legal matter? If so, please provide the name of the attorney and the action involved:

20. Has your spouse previously been represented by an attorney in this or any other legal matter? If so, provide the name of the attorney and the action involved:

21. Have you ever petitioned any domestic relations court for support or other relief concerning your spouse? If so, provide the circumstances and the result.

22. Do you have a criminal record? If so, provide the following:

<u>Date of Arrest</u>	<u>Court</u>	<u>Charge</u>	<u>Disposition</u>
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23. Does your spouse have a criminal record? If so, provide the following:

<u>Date of Arrest</u>	<u>Court</u>	<u>Charge</u>	<u>Disposition</u>
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D. SPOUSES PERSONAL HABITS

1. What are your spouses drinking habits?

2. Has your spouse physically abused you? If so, please provide detailed information and use an additional sheet of paper if necessary.

a. Have you received medical treatment as a result of physical abuse by your spouse? If so, when and where:

b. List any witnesses that you may have concerning the same and exhibits you may have (i.e. police and medical reports):

3. Do you suspect your spouse of infidelity? If so, please describe:

a. With whom: _____

b. When: _____

c. Where: _____

d. For how long: _____

e. List names and addresses of witnesses who may be aware of facts and circumstances which have led you to believe this and exhibits that you have or which are available:

E. OTHER MARITAL INFORMATION

1. If you are separated from your spouse, how long have you been separated:

a. What arrangements are being made regarding spousal support, child support and a parenting plan:

2. Have you engaged in a matrimonial offense? If so, please explain on a separate sheet of paper.

3. State types of vacations and other trips you and your spouse have taken in the past five years (where, cost, how paid for):

4. State specifically, on a separate sheet of paper if necessary, how you have contributed to the accumulation of property and other assets (cash, 401k, pensions, savings bonds, etc.) during the marriage:

5. Provide all club memberships, dues, assessments, etc.:

6. Do either you or your spouse gamble? If so, please state the circumstances:

7. List all disability, mortgage health and other insurance policies. Provide the name of the insurance company, the insured, policy number, premium, and type of coverage:

8. Do either you or your spouse have any personal injury or estate claims pending. If so, please describe:

9. If property rights between you and your spouse can be settled, state what you would want and what you are willing to give to your spouse:

10. If you and your spouse have discussed a financial settlement, state the terms that you have discussed (cash settlement, alimony, etc.):

11. Circle the relief that you desire. Put an asterisk (*) beside those which have been negotiated or upon which you feel an agreement can be reached.

- a. Child Custody
- b. Visitation
- c. Child Support
- d. Alimony (periodic permanent)
- e. Alimony (lump sum)
- f. Property Division
- g. Medical Expenses
- h. Hospital Insurance
- i. Life Insurance/ Annuities

- j. Mortgage Insurance
- k. Other insurance: _____
- l. Attorney Fees
- m. Court Costs
- n. Pension Plan
- o. Profit Sharing Plan
- p. Mortgage Payments or Rent
- q. Social Security
- r. VA Benefits
- s. Retirement (401k, etc.)
- t. Other benefits: _____
- u. Children's Education Expenses
- v. Property Taxes
- w. Income Tax Refunds or Rebates
- x. Temporary Restraining Order on Disposition of Marital Assets
- y. Temporary and permanent restraining order on personal contact.
- z. Absolute Divorce
- aa. Legal Separation
- bb. Automobile
- cc. Furniture and Appliances
- dd. Savings Accounts
- ee. Stocks or Bonds
- ff. Dependency Exemptions
- gg. Education and Training to become gainfully employed
- hh. Constructive/ resulting trust (specify equity)
- ii. Partition of Real Estate
- jj. Corporate or Partnership dissolution
- kk. other:

F. FINANCIAL AND STANDARD OF LIVING

This section is important in helping your attorney determine the extent of the marital estate. Please be as accurate as possible and use *monthly averages* figured over the basis of one preceding year. If you are not sure of an amount, estimate the amount and place an (E) beside the figure. You may find it helpful to review your canceled checks or receipts in preparing this section of the Questionnaire.

“Possession” refers to the person who is in actual physical possession of the asset. “Titled in” means the person in whose name is the asset titled. It is possible for an asset to be in possession of one person but titled to another.

ASSETS

1. Real Estate

Possession	Address	Titled in	Market Value	Cost	Loan

2. Automobiles

Possession	Year/Make/Model	Titled In	Market Value	Cost	Lien

3. Bank Accounts, Certificates of Deposit, Money Market Accounts, etc.

Possession	Institution	Titled In	Account No.	Balance

4. Stocks and Bonds

Possession	Institution	Titled In	# of Shares	Value	Cost

4. Jewelry, Antiques, Collector's Items, Art, Furs, etc.

Description	Possession	Date Purchased	Cost	Value

5. Sub “S” Corporations, LLC’s, IRA ’s, Stock Options, 401(K)’s, Partnerships, etc.

Name of Entity	Titled In	Unit/Cost	Value	Date Acquired

6. Life Insurance, Annuities, etc.

Company	Policy No.	Owner	Beneficiary	Face Value	Cash Value

7. Health and Disability Insurance

Company	Policy No.	Monthly Premium	Benefit Coverage

8. Trusts

Description	Settlor	Date Acquired	Cost	Value

LIABILITIES

1. Real Estate Mortgages and Contracts for Sale

Description of Property	Obligator	Creditor	Balance	Payment

2. Notes to Banks and Other Financial Institutions

Description of debt	Obligator	Creditor	Balance	Payment

3. Loans Against Life Insurance

Company	Policy No.	Obligator	Balance	Payment

4. Other Debts (credit cards, personal loans, etc.)

Creditor	Obligator	Purpose of Debt	Balance	Payment

ANNUAL INCOME (attach last three state and federal tax returns)

	HUSBAND	WIFE	JOINT
Salary (gross)	_____	_____	_____
Salary (net)	_____	_____	_____
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Trust Income	_____	_____	_____
Rental Income	_____	_____	_____
Retirement Income	_____	_____	_____
Social Security Income	_____	_____	_____
Disability Income	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Other (_____)	_____	_____	_____
Total Annual Income	_____	_____	_____
Average Monthly Income	_____	_____	_____