
Which telephone numbers can be used to reach you?

Home: (____) ____ - _____

May a voicemail be left at this line? Yes No

Cell: (____) ____ - _____

May a voicemail be left at this line? Yes No

Work: (____) ____ - _____

May a voicemail be left at this line? Yes No

What is your date of birth? _____

How old are you? _____

What is your social security number? _____ - _____ - _____

Are you now or have you ever been a member of United States military service?

Yes No

If yes, please describe your service: _____

Do you wish to have your name changed as a part of the divorce? Yes No

If yes, then please carefully print your desired legal name:

 First Middle Last

II. SPOUSE INFORMATION

What is your spouse's name?

First	Middle	Last
-------	--------	------

Does your spouse have a maiden name? Yes No

If yes, what is their maiden name? _____

What is their current *physical* address?

Street	Apt.?
--------	-------

City	State	Zip	County
------	-------	-----	--------

How long has your spouse lived at this address? _____

Is their physical address the same as their *mailing* address? Yes No

If no, what is their mailing address?

Street	Apt.?
--------	-------

City	State	Zip	County
------	-------	-----	--------

What is your spouse's date of birth? _____

How old is your spouse? _____

What is your spouse's social security number? _____ - _____ - _____

Do you know if your spouse will be hiring an attorney? If so, do you know who the attorney will be?

Is your spouse now or has your spouse ever been a member of United States military service?

Yes No

If yes, please describe their service: _____

III. MARRIAGE INFORMATION

When were you and your spouse married? _____

Where were you married? (City, County, and State)

Are you currently separated? Yes No

If yes, when did you separate? _____

Have either you or your spouse previously filed for divorce? Yes No

If yes:

When was the action commenced? _____

Is that action still pending? Yes No

Where was that action commenced (County and State)? _____

V. INCOME AND SUPPORT

Child support is a requirement when minor children are involved in a divorce. Regarding child support, are there any unusual facts that you think I should know? (i.e., Your spouse contributes to certain costs each month, you already have an informal agreement in place, etc.)

A. Your Employment and Income

Are you currently employed? Yes No

If so, where are you employed? _____

What do you do there? _____

What is your work address? _____

How long have you been employed at this job? _____

Are you paid hourly, salary, or otherwise? _____

If hourly, what is your hourly wage? _____

If hourly, how many hours per week do you work? _____

If salary, what is your monthly income? _____

B. Your Spouse's Employment and Income

Is your spouse currently employed? Yes No

If so, where are they employed? _____

What do they do there? _____

What is their work address? _____

How long have they been employed at this job? _____

Are they paid hourly, salary, or otherwise? _____

If hourly, what is their hourly wage? _____

If hourly, how many hours per week do they work? _____

If salary, what is their monthly income? _____

C. Insurance

Do you have health insurance? Yes No

If yes, how are you insured? (i.e., privately, employer sponsored, state sponsored, etc.)

How much do you pay for health insurance? _____

Are the children insured? Yes No

If yes, how are the children insured? (i.e., privately, employer sponsored, state sponsored, etc.) _____

What is the cost of health insurance for **only** the children? _____

Is your spouse insured? Yes No

If yes, how is your spouse insured? (i.e., privately, employer sponsored, state sponsored, etc.) _____

What is the cost of health insurance for **only** your spouse? _____

D. Child Care Expenses

Are one or more of the children in child care? Yes No

If yes, how many are in child care? _____

What is the cost of child care per week? _____

Who pays for child care? _____

E. Spousal Maintenance – if you are requesting spousal maintenance, please complete Appendix C: Necessary Monthly Expenses.

VII. RETIREMENT ACCOUNTS

Do you have any retirement accounts? Yes No

If yes, please complete the chart below.

Account Name or Financial Institution	Type of Account	Approximate Value	Year Account Opened

Does your spouse have any retirement accounts? Yes No

If yes, please complete the chart below to the best of your ability.

Account Name or Financial Institution	Type of Account	Approximate Value	Year Account Opened

VIII. BUSINESS INTERESTS

Do you or your spouse have any business interests? Yes No

If yes, **please complete Appendix D, Business Interests.**

IX. LIFE INSURANCE

Do you or your spouse have any life insurance policies? Yes No

If yes, **please complete Appendix E, Life Insurance.**

X. NON-MARITAL ASSETS

Did you enter into this marriage with separate money or property valued in excess of \$1,000.00?

Yes

No

If yes, please describe the property (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

Did your spouse enter in the this marriage with separate money or property valued in excess of \$1,000.00? Yes No

If yes, please describe the property (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

Prior to your marriage did you and your spouse enter into an antenuptial (a/k/a prenuptial) agreement prior to your marriage? Yes No

If yes, please provide a copy of the agreement when you return this questionnaire.

Did you or your spouse receive money or assets during your marriage from an inheritance?

Yes

No

If yes, please describe the inheritance (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

Did you or your spouse receive a gift to one of you but not the other from a third party, such as your parents or in-laws? Yes No

If yes, please describe the gift (include a description of the property, an approximate value of the property, and a description of when and how the property was acquired):

Did you or your spouse receive a personal injury or worker's compensation award during the marriage? Yes No

Are you or your spouse beneficiaries of any trust? Yes No

If you answered yes to either of the above questions, please provide details of the award or trust benefits:

XI. REAL ESTATE

Do you and/or your spouse own real estate? Yes No

If yes, **please complete Appendix F, Real Estate.**

XII. PERSONAL PROPERTY

Please detail your estimate of the fair market value of the following items, indicate who currently has possession of the items, and indicate to whom you believe the asset should be awarded.

Item	Who owns the property?	Who possesses the property?	Who should be awarded the property?
Household Contents			
Stocks and Bonds			
Securities			

Motor Vehicles

Year, Make, and Model	How is the vehicle titled?	Current Value	Lien amount, if any	Lien Holder	Monthly Payment	Who should keep?

XIII. DEBTS

Secured Debts: (including, but not limited to car loans and real estate mortgages)

Creditor	Amount Owed	Monthly Payment	When Debt was Incurred	Debt in whose name?	Reason for debt	Collateral given	Who should pay?

Unsecured Debts: (credit cards, etc.)

Creditor	Amount Owing	Monthly Payment	When incurred	Debt in whose name?	Reason for debt	Who should pay?

Why do you believe the debts should be divided as you stated above? _____

XIV. DOCUMENTS NEEDED

Please provide me with the following documents as soon as possible:

1. Your three (3) most recent pay stubs.
2. Your most recent tax return.
3. A copy of the deed(s) for all real estate you and/or your spouse own, if in your possession.
4. A copy of any lease agreement(s) for your current home if leased.
5. A copy of any appraisal(s) or other statements showing the value of any real estate, antiques, jewelry or other valuable items of personal property owned by you and/or your spouse; and
6. A copy of your most recent statements for **ALL** 401(k); retirement plans; investment accounts; and bank accounts owned or possessed by you and/or your spouse.

Legal Custody identifies who will have the right to make decisions regarding the education, religious, and medical upbringing of the children. Are you asking the court to grant **legal** custody of the children to:

You Your spouse Both

Are you and the other parent in agreement regarding legal custody?

Yes No

Physical custody identifies the parent with whom the children live and who provides for the children's day-to-day care. Are you asking the court to grant **physical** custody to:

You Your spouse Both

Are you and your spouse in agreement regarding physical custody?

Yes No

Are you asking that parenting time be supervised?

Yes No

Appendix B Parenting Time Schedule

In your own words, what is the parenting time schedule you and the other parent have been following since your separation:

a) Weekends: _____

b) Week nights or after school: _____

c) Holidays: (please specify which holidays) _____

d) School release days: _____

e) Birthdays: _____

f) Summers: _____

g) Telephone Contact: _____

h) Other: _____

Do you wish to continue this parenting time schedule permanently?

- Yes No

If no, please describe your preferred parenting time schedule on the next page.

What is your ideal parenting time schedule, if it is different from what you are doing now?

a) Weekends: _____

b) Week nights or after school: _____

c) Holidays: (please specify which holidays) _____

d) School release days: _____

e) Birthdays: _____

f) Summers: _____

g) Telephone Contact: _____

h) Other: _____

Are you and the other parent in agreement with this schedule?

Yes

No

Appendix C
Necessary Monthly Expenses

Expense	Your Current	Your Projected (post-divorce)	Children
Mortgage/Rent			
Insurance			
Real Estate Taxes			
Utilities			
Heat			
Food			
Clothing			
Laundry			
Medical			
Dental			
Car Payment			
Gasoline			
Car Insurance			
Car Maintenance			
Health Insurance			
Life Insurance			
Entertainment			
Charitable Giving			
Child care			
Home Maintenance			

**Appendix D
Business Interests**

Name of Business: _____

Is this business a:

Corporation Partnership Other: _____

Percentage owned by you _____%. Percent owned by your spouse _____%.

Service or product provided: _____

Date business interest was acquired and extent of interest: _____

Initial investment: _____

Position held: _____

Names and address of all other shareholders, partners, or participants: _____

If a corporation, what is you and/or your spouse's interest? _____

Names and addresses of directors/officers and their respective titles: _____

Does your spouse provide any services to this business? Yes No

If yes, give detail: _____

Is your spouse compensated for the services rendered? Yes No

If yes, give detail: _____

Have you and your spouse reached an agreement regarding the disposition of this business?

Yes

No

Please describe your agreement or your proposal regarding the disposition of this business?

Appendix E
Life Insurance

Policy No. 1

Carrier: _____

Owner of Policy: _____ Policy No.: _____

On the life of: _____

Face amount: \$ _____ Cash value: \$ _____

Are there loans against the account? Yes No

If so, what is the amount of the loan(s)? \$ _____

Who are the beneficiaries of the account? _____

Policy No. 2

Carrier: _____

Owner of Policy: _____ Policy No.: _____

On the life of: _____

Face amount: \$ _____ Cash value: \$ _____

Are there loans against the account? Yes No

If so, what is the amount of the loan(s)? \$ _____

Who are the beneficiaries of the account? _____

Policy No. 3

Carrier: _____

Owner of Policy: _____ Policy No.: _____

On the life of: _____

Face amount: \$ _____ Cash value: \$ _____

Are there loans against the account? Yes No

If so, what is the amount of the loan(s)? \$ _____

Who are the beneficiaries of the account? _____

Policy No. 4

Carrier: _____

Owner of Policy: _____ Policy No.: _____

On the life of: _____

Face amount: \$ _____ Cash value: \$ _____

Are there loans against the account? Yes No

If so, what is the amount of the loan(s)? \$ _____

Who are the beneficiaries of the account? _____

**Appendix F
Real Estate**

Homestead (primary residence) address: _____

Legal description: _____

Is the property abstract or Torrens?

If Torrens, state Certificate of Title No. _____, and where the certificate is located:

Date purchased: _____

Purchase price: _____

Down payment: _____

Source of down payment: _____

In whose name is the property held? _____

Mortgage type (1 st , 2 nd , Home Equity Line of Credit, Etc.)	Mortgage Holder	Loan #	Original Balance	Current Balance

Contract for deed balance: \$ _____

Owners of contract for deed: _____

Address: _____

What do you believe the home is worth? \$ _____

What was the most recent tax assessed value? \$ _____ What year? _____

Monthly payment: \$ _____

Are the real estate taxes and/or insurance included in the mortgage or contract for deed payment?

- Taxes Insurance Neither

If no, are the real estate taxes and/ or insurance payments escrowed?

- Taxes Insurance Neither

If yes, where? _____

When is your homeowner's insurance due and payable? _____

What is the cost of your homeowner's insurance per year? _____

How much are the real estate taxes on the property per year? _____

When is your mortgage or contract for deed payment due? _____

What major improvements have been made to the property since you purchased it? What was the cost of the improvements? Where did the funding for the improvements come from? Who has records of these improvements, if any records are available?

Have you and your spouse agreed on a way of distributing this property?

- Yes No

Please describe your agreement or your proposal to distribute the property: _____

Please make copies of this addendum and complete for any additional properties owned.