
DIVORCE QUESTIONNAIRE

DATE: _____

UNCONTESTED CONTESTED: CUSTODY PROPERTY

CLIENT: PETITIONER RESPONDENT

NAME: _____ MAIDEN NAME: _____

HOME PHONE: () _____ RACE: _____

WORK PHONE: () _____ CELL PHONE:() _____

HOME ADDRESS: _____

WORK NAME & ADDRESS: _____

GROSS SALARY: \$ _____; Monthly / Yearly LENGTH OF EMPLOYMENT: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____

SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____

NEXT OF KIN: NAME: _____ PHONE: () _____

ADDRESS: _____

EMAIL ADDRESS(ES): _____

ADVERSE PARTY: PETITIONER RESPONDENT

NAME: _____ MAIDEN NAME: _____

HOME PHONE: () _____ RACE: _____

WORK PHONE: () _____ CELL PHONE:() _____

HOME ADDRESS: _____

WORK NAME & ADDRESS: _____

GROSS SALARY: \$ _____; Monthly / Yearly LENGTH OF EMPLOYMENT: _____

D.O.B.: _____ P.O.B.: _____ AGE: _____

SOC. SEC. NO.: _____ DRIVER'S LICENSE NO.: _____ STATE: _____

EMAIL ADDRESS(ES): _____

Long Arm Jurisdiction: Yes No

Objection to Associate Judge: Yes No

BASIS OF ACTION: INSUPPORTABLE CRUEL TREATMENT ADULTERY
 FELONY CONVICTION ABANDONMENT CONFINED IN MENTAL HOSPITAL

HAS THE ATTORNEY GENERAL EVER BEEN INVOLVED IN ANY ASPECT THESE MATTERS? ___ Yes ___ No CAUSE NO. _____

DATE MARRIED: _____ **PLACE MARRIED:** _____

DATE SEPARATED: _____ **RESIDENCY:** PETITIONER / RESPONDENT

CHILD(REN):

NO 1. - NAME: _____ **BIRTH DATE:** _____
BIRTHPLACE: STATE: _____ **TOWN:** _____ **COUNTY:** _____
SOC. SEC. NO.: _____ **GENDER:** F M **RACE:** _____
DRIVER'S LICENSE NO.: _____ **STATE:** _____
PRESENT ADDRESS: WITH PETITIONER / WITH RESPONDENT

NO. 2 - NAME: _____ **BIRTH DATE:** _____
BIRTHPLACE: STATE: _____ **TOWN:** _____ **COUNTY:** _____
SOC. SEC. NO.: _____ **GENDER:** F M **RACE:** _____
DRIVER'S LICENSE NO.: _____ **STATE:** _____
PRESENT ADDRESS: WITH PETITIONER / WITH RESPONDENT

NO. 3 - NAME: _____ **BIRTH DATE:** _____
BIRTHPLACE: STATE: _____ **TOWN:** _____ **COUNTY:** _____
SOC. SEC. NO.: _____ **GENDER:** F M **RACE:** _____
DRIVER'S LICENSE NO.: _____ **STATE:** _____
PRESENT ADDRESS: WITH PETITIONER / WITH RESPONDENT

NO. 4 - NAME: _____ **BIRTH DATE:** _____
BIRTHPLACE: STATE: _____ **TOWN:** _____ **COUNTY:** _____
SOC. SEC. NO.: _____ **GENDER:** F M **RACE:** _____
DRIVER'S LICENSE NO.: _____ **STATE:** _____
PRESENT ADDRESS: WITH PETITIONER / WITH RESPONDENT

CUSTODY: PETITIONER - Primary JMC / Possessory JMC / Sole / Possessory
 RESPONDENT - Primary JMC / Possessory JMC / Sole / Possessory

VISITATION: STANDARD {Pick up and return at 6:00 p.m. or end/beginning of school}

SUPERVISED {Reason for supervision} _____

Residence Restriction: Yes / No Restricted to: _____

CUSTOM SCHEDULE: _____

PROPERTY OWNED BY CHILDREN: _____

VALUE OF CHILDREN'S PROPERTY: _____

PARENTAGE ACTION: Denial of Paternity: Yes / No Order testing: Yes / No

CHILD SUPPORT: AGREED AMOUNT: \$ _____
STANDARD MONTHLY BI-MONTHLY BI-WEEKLY WEEKLY

Is there a history of family violence? Yes No

Explain: _____

REQUEST FOR CHILDREN: Guardian Ad Litem Amicus Attorney Attorney Ad Litem

INSURANCE ON CHILDREN: Who Carries: _____
Reimbursement to Managing Conservator? Yes / No
Premiums for Child(ren) Coverage \$ _____

RESTRAINING ORDER: No Yes PERSONS PROPERTY

SUPPORTING AFFIDAVIT BY CLIENT: Yes No

MARITAL PROPERTY:

CONFIRMING SEPARATE PROPERTY? Yes No

REIMBURSEMENT TO: Community Property Yes No
Separate Property Yes No

ECONOMIC CONTRIBUTIONS? Yes No

Debts: Yes No
Enhancing Separate Estate: Yes No

REQUESTING DISPROPORTIONATE SHARE: Yes No

If so, based upon: _____

SEEKING SPOUSAL MAINTENANCE: Yes No

EXTRAORDINARY RELIEF? Yes No

Explain: _____

ANY PRE-NUPTIAL AGREEMENT? Yes No

Terms: _____

TAXES:

Any Outstanding? _____; Arrangements to pay? _____
Future Owed Taxes to be paid by _____
Refunds to be divided how? _____

RESIDENCE: OWN RENTING

Physical Address of Property: _____

Legal Address of Property: _____

(PLEASE PROVIDE ME WITH A COPY OF WARRANTY DEED)

SERVICE: YES / NO

PLACE: WORK / HOME

SERVER: PRIVATE / SHERIFF

DESCRIPTION OF RESPONDENT TO BE SERVED:

Hair Color: _____ **Eye color:** _____ **Glasses:** Yes No

Facial Hair (describe) _____

Scars or other defining traits: _____

RESPONDENT'S VEHICLE: _____

CHANGE NAME: PETITIONER RESPONDENT

NEW NAME: _____

MISCELLANEOUS INFORMATION:

Any Co-Respondent's Yes / No

Name (person): _____

Business Name: _____

Corporation Partnership Sole Proprietorship

Home Phone: () _____ Work Phone: () _____

Home Address: _____

Work Address: _____

Name (person): _____

Business Name: _____

Corporation Partnership Sole Proprietorship

Home Phone: () _____ Work Phone: () _____

Home Address: _____

Work Address: _____

Name (person): _____

Business Name: _____

Corporation Partnership Sole Proprietorship

Home Phone: () _____ Work Phone: () _____

Home Address: _____

Work Address: _____

LIST OF PROPERTY

1. Bank Accounts:

<u>Name of Bank</u>	<u>Type of Account & Number</u>	<u>Balance</u>
_____	No. _____	\$ _____
_____	No. _____	\$ _____
_____	No. _____	\$ _____
_____	No. _____	\$ _____
_____	No. _____	\$ _____

***Please indicate with a W or H in the left margin who can withdraw from each account.**

2. Stocks/Bonds:

<u>No. Of Shares</u>	<u>Company Name</u>	<u>Approximate Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

***Please indicate with a W or H in the left margin who is to be awarded each stock/bond.**

3. Automobiles: (Include motorcycles, boats, trailers, etc....)

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Owner's Name</u>	<u>Vehicle Identification No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Please indicate with a W or H in the left margin who is to be awarded each vehicle.**

4. Debt on above listed automobile(s):

<u>Name of Lienholder</u>	<u>Amount Owed</u>	<u>Responsible Party</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

5. Life Insurance:

<u>Company's Name</u>	<u>Insured's Name</u>	<u>Beneficiary's Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Medical Insurance:

<u>Company's Name</u>	<u>Insured's Name</u>
_____	_____
_____	_____
_____	_____

7. Employee Benefits:

<u>Employer's Name</u>	<u>Type of Plan</u>	<u>Accrued Amount of Benefit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Family Residence:

Local Residence: _____ Purchase Date: _____
Purchase Price: \$ _____ Amount Owed: \$ _____ Present Value: \$ _____
Name & Address of Mortgage Company: _____

Legal Description: **(PLEASE PROVIDE ME WITH A COPY OF WARRANTY DEED)**

9. Other Property: (Include any rent property, lake property, etc....)

(a) Local Residence: _____ Purchase Date: _____
Purchase Price: \$ _____ Amount Owed: \$ _____ Present Value: \$ _____
Name & Address of Mortgage Company: _____

Legal Description: **(PLEASE PROVIDE ME WITH A COPY OF WARRANTY DEED)**

(b) Local Residence: _____ Purchase Date: _____
Purchase Price: \$ _____ Amount Owed: \$ _____ Present Value: \$ _____
Name & Address of Mortgage Company: _____

Legal Description: **(PLEASE PROVIDE ME WITH A COPY OF WARRANTY DEED)**

(c) Local Residence: _____ Purchase Date: _____
Purchase Price: \$ _____ Amount Owed: \$ _____ Present Value: \$ _____
Name & Address of Mortgage Company: _____

Legal Description: **(PLEASE PROVIDE ME WITH A COPY OF WARRANTY DEED)**

10. Personal Property and Effects (Separate) acquired **BEFORE** marriage with approximate value:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

11. Personal Property and Effects (Community) acquired **AFTER** marriage with approximate value:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. Income tax:

Last year filed? _____ How did you file? _____ Refund received? _____

If a check has not yet been received for last filed income tax refund, please relate how you would like it to be divided.

13. List who will get dependency exemptions for children, if any:

14. Debts Owed:

Name of Store/Credit Card	Account Number	Amount Owed	Responsible Party
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

15. Other Debts: (Debtor, dentist, loan companies, etc.)

Name of Party Owed	Account Number	Amount Owed	Responsible Party
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

"Skeletons in the Closet" and Sensitive Topics:

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail. Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
15. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
16. Abused own spouse?	_____	_____
17. Been accused of child abuse?	_____	_____
18. Had a sexual relationship during the marriage with someone other than own spouse?	_____	_____

19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? _____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____

	You	Your spouse or ex-spouse
20. Had a homosexual/bisexual relationship?	_____	_____
21. Engaged in unusual sexual practices?	_____	_____
22. Had a pregnancy outside of marriage?	_____	_____
23. Had a sexually transmitted disease?	_____	_____
24. Drunk to excess?	_____	_____

If so, what and how often? _____

25. Other? _____

26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton-in-the-closet" questions, describe the situation:

27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children? _____

28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party? _____

29. If so, describe the content: _____

TO BE COMPLETED BY ATTORNEY

(PLEASE UNDERSTAND THAT CLIENTS ARE RESPONSIBLE FOR FEES INCURRED EVEN IF WE SEEK FEES FROM THE ADVERSE PARTY.)

FILE INFORMATION:

FILE DATE: _____
STATUTORY DATE: _____
SERVICE DATE: _____
DEFAULT DATE: _____
COURT DATE(S): _____

DISCOVERY TO BE CONDUCTED UNDER LEVEL: I II III

ESTIMATED FEES:

FILING FEES: \$ _____
ATTORNEY FEES: \$ _____
TOTAL RETAINER FEE: \$ _____

FEE ARRANGEMENT: _____
