

DOMESTIC RELATIONS QUESTIONNAIRE

DATE: _____ ATTORNEY: _____

I. PERSONAL DATA

A. CLIENT INFORMATION

CLIENT'S FULL NAME: _____ SS# _____

MAIDEN NAME (If Applicable): _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ TELEPHONE HOME/CELL: _____

_____ E-MAIL: _____

COUNTY OF RESIDENCE: _____ LENGTH OF RESIDENCE: _____

IS RESIDENCE WITHIN CITY LIMITS _____

Employment: _____ Position: _____

ADDRESS: _____ TELEPHONE (WORK): _____

HIGHEST EDUCATION COMPLETED: _____

B. SPOUSE'S INFORMATION

SPOUSE'S FULL NAME: _____ SS# _____

MAIDEN NAME (If Applicable): _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ TELEPHONE(HOME): _____

_____ IS ADDRESS WITHIN CITY LIMITS _____

COUNTY OF RESIDENCE: _____ LENGTH OF RESIDENCE: _____

Employment: _____ Position: _____

ADDRESS: _____ TELEPHONE (WORK): _____

HIGHEST EDUCATION COMPLETED: _____

II. MARRIAGE DATA

Date of Marriage: _____ Date Separated: _____

Place of Marriage (City/County/State/Zip): _____

Number of Marriages for You: _____ For Spouse: _____

If not first, please list what ended the last marriage(s) for either you or your spouse.

Child(ren) of this Marriage:

<u>Names</u>	<u>Ages</u>	<u>Birthdate(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minor Child(ren) of Prior Marriage(s):

<u>Names</u>	<u>Ages</u>	<u>Birthdate(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want custody of child(ren)? () Yes () No

Will divorce be contested? () Yes () No

Do you want restoration of maiden/former name? () Yes () No

If so, what was maiden/former name? _____

Grounds for Divorce:

_____ Incompatibility
_____ Irretrievable breakdown
_____ Adultery (Explain, with whom, etc.) _____

_____ Physical cruelty
_____ Other (Explain) _____

III. FINANCIAL DATA

A. Income:

1) FOR CLIENT:

Gross monthly income from wages, etc. _____

Other income (explain)

Total Gross Monthly Income _____

2) FOR SPOUSE:

Gross monthly income
from wages, etc.

Other income (explain)

Total Gross Monthly Income

B. Assets

1. Real Property:

<u>Address</u>	<u>Owner(s)</u>	<u>Mortgagee(s)</u>	<u>Approximate Principal Balance</u>	<u>Monthly Mortgage Payment</u>	<u>FMV</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Personal Property:

(a) Motor Vehicles:

<u>Year</u>	<u>Make/Model</u>	<u>Ownership</u>	<u>Mortgagee(s)</u>	<u>Approximate Principal Balance</u>	<u>Monthly Mortgage Payment</u>	<u>FMV</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

3. Other Personal Property:

<u>Description of Item</u>	<u>Ownership</u>	<u>FMV</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Checking/Savings/Credit Union Accounts, Certificates of Deposits, Etc.:

<u>Name</u>	<u>Type of Account</u>	<u>Ownership</u>	<u>Balance/FMV</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Stock/Bonds/Securities/Annuities:

<u>Type of Security</u>	<u>Number of Shares</u>	<u>Ownership</u>	<u>FMV</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Liabilities (Debts / Credit Cards / Loans, Etc.):

<u>Name of Creditor</u>	<u>Name of Debtor(s)</u>	<u>Approximate Balance</u>	<u>Monthly Payment</u>	<u>Property Mortgaged</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Do you currently have minor children who are in **work-related** day care? ____ Yes ____ No

If yes, what is the name of the day care, and what is the cost: _____

IV.INSURANCE AND ESTATE PLANNING

A. Insurance Policy(ies) in Force (Life/Health/Auto/Homeowners/Other):

<u>Type</u>	<u>Face Amount</u>	<u>Insured</u>	<u>Insurer</u>	<u>Beneficiary</u>	<u>Loans Against</u>	<u>Monthly Premium</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do you provide health insurance for your minor child? _____ Yes _____ No. If Yes, please list the provider and how much the cost is to provide the insurance for your child only. _____

B. Pension or Profit Sharing Plan(s) (please explain, if applicable):

C. Do you have a will? () Yes () No

