

## DIVORCE QUESTIONNAIRE

To the client: The following information is necessary to allow us to properly file your divorce case. This is information which the Court requires and which only you can provide. Please carefully answer all questions to the best of your ability. If you cannot answer a question, please state why. Thank you for properly completing this form.

1. Your name: \_\_\_\_\_  
  
\_\_\_\_\_  
Date of Birth                      Social Security Number
2. Spouse's name: \_\_\_\_\_  
  
\_\_\_\_\_  
Date of Birth                      Social Security Number
3. Your state of birth: \_\_\_\_\_  
  
Your spouse's state of birth: \_\_\_\_\_
4. Date of Marriage: \_\_\_\_\_  
  
City, County, and State of Marriage: \_\_\_\_\_
5. Date of Separation: \_\_\_\_\_
6. Yours or your spouse's maiden name: \_\_\_\_\_
- 7a. Your current address: \_\_\_\_\_
- 7b. Spouse's current address: \_\_\_\_\_
8. Education: (specify only highest grade completed)  
  
Yours: \_\_\_\_\_  
  
Your spouse's: \_\_\_\_\_
9. Number of children of this Marriage: \_\_\_\_\_
10. Names, Social Security numbers, birthdates, and ages of minor children of this marriage:

Name	S.S. Number	Date of Birth	Age
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filing of the decree.

15. Names, Social Security numbers, and ages of minor children of any previous marriages or relationship. as to either you or your spouse, and facts as to custody and support payments paid or received, if any:

Name	Name of Residential Custodian	Social Security Number	Date / of Birth	Support Paid or Recvd.
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

16. Your employer: \_\_\_\_\_

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\_\_\_\_\_  
(Name and address of employer)

\*Gross Pay or Salary \$ \_\_\_\_\_  
(before deductions)

How often paid (check one) \_\_\_\_\_ Weekly \_\_\_\_\_ Twice a Month  
\_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly

Tax withheld: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_  
(United Way, union dues, etc.)

Insurance:

Health: \_\_\_\_\_ Life: \_\_\_\_\_

Dental: \_\_\_\_\_ Other: \_\_\_\_\_

(enter amount as applicable)

NET PAY:(after deductions) \_\_\_\_\_

Other income: \$ \_\_\_\_\_; from what source (i.e., part-time work, disability, support, or other (describe): \_\_\_\_\_.

17. Spouse's employer: \_\_\_\_\_  
(Name and address of employer)

\*Gross Pay or Salary \$ \_\_\_\_\_  
(before deductions)

How often paid (check one) \_\_\_\_\_ Weekly \_\_\_\_\_ Twice a Month  
\_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly

Tax withheld: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_  
(United Way, union dues, etc.)

Insurance:

Health: \_\_\_\_\_ Life: \_\_\_\_\_

Dental: \_\_\_\_\_ Other: \_\_\_\_\_

(enter amount as applicable)

Other Income: \$ \_\_\_\_\_; from what source (i.e., part-time work, disability, support, or other (describe): \_\_\_\_\_.

\*Attach your most recent paystub with earnings to date and withholding information and last year's W-2 form(s). Also, please provide us with a copy of the previous 3 years joint or individual tax returns, if available.

18. The assets owned by you and your spouse are:

A. Checking accounts: (List institution and account numbers)

Description of Assets	Value or Amount	Date of Valuation	Joint/ indiv.
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

B. Savings accounts and certificates of deposit:

Description of Assets	Value or Amount	Date of Valuation	Joint/ indiv.
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_____	\$ _____	_____	_____
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_____	\$ _____	_____	_____
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C. Cash on Hand:

You \$ \_\_\_\_\_

Spouse \$ \_\_\_\_\_

D. Employer retirement/savings benefit plans (401K, profit sharing, etc.)

	Type of Plan	Value
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You	_____	_____
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Spouse	_____	_____
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List name and address of plan administrator and explanation for each plan on an attached sheet.

E. Real Estate:

Address	Date Acquired	Title (Joint or Indiv.)	Parties' Value	County Appraiser's Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. Stocks, bonds, mutual funds and other marketable securities:

Description	Date Acquired	Title (Joint or Indiv.)	Purchase Price	Present Value
_____	_____	_____	_____	_____

G. List all money owed to you and your spouse, whether jointly or individually:

Name and address of person	When Due	Amount
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owing money to you

\_\_\_\_\_ \$\_\_\_\_\_

H. Life Insurance:

Company & Policy No.	Face Amount	Cash Value
_____	_____	\$_____
_____	_____	\$_____

I. List all vehicles, including automobiles, trucks, and motorcycles. Identify by make, model, VIN#, ownership (joint or individual), when acquired and trade-in book value.

Make/Model	VIN#	Title (Joint or Indiv.)	Value
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____

J. Household furnishings and appliances (itemized on separate sheet if necessary):\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your opinion as to value: \$\_\_\_\_\_.

OTHER PROPERTY:

K. State whether you or your spouse have any of the following:

	Present Value
Boats, trailers, or campers: Yes ___ No ___	\$_____
Hand or power tools: Yes ___ No ___	\$_____
Personal Injury or Workers Compensation Claim of any nature: Yes ___ No ___	\$_____

Guns, Sporting Equipment,  
Antiques, Jewelry or Camera  
Equipment: Yes \_\_\_ No \_\_\_ \$\_\_\_\_\_

Other property not described  
above: Yes \_\_\_ No \_\_\_ \$\_\_\_\_\_

**\*\*\*Note\*\*\*** If answer is "Yes" to any of the above, specifically describe the property below (i.e., make, model, or type of person property, where located, when and how acquired, and purchase price):

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L. List any other assets owned by either you or your spouse not included above.

Description	Present Value	Date Acquired	Title (Joint or Indiv.)
_____	\$_____	_____	_____
_____	\$_____	_____	_____
_____	\$_____	_____	_____

19. List all debts owed by you and your spouse: Include mortgages and indebtedness to banks, individuals, loan companies or on credit accounts. Indicate actual balance due as of the date of this document is prepared. If secured, state the property which secures the loan.

Creditor	Balance Owed	Amount of Mo. Payment/Amount Past Due	Security (Collateral)
_____	\$_____	\$_____	_____
Creditors (continued)			
_____	\$_____	\$_____	_____

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

20. List any child support, maintenance, or other payments or contributions received or paid by you or your spouse. This pertains to such monies paid or received from a prior spouse or third party. (Specify source or payee and the amount denoting (+) if income and (-) if payment.)

Source	You	Spouse	Nature of Payment (child supp.,etc)
_____	_____	_____	_____

21. State any work related child care expenses:

Weekly expense	Name and address of child care provider
\$ _____	_____

Attach canceled checks to provider for preceding 3 months.

22. Health Insurance Expense: Family Coverage \_\_\_\_ Yes \_\_\_\_ No

Name of health insurance plan, and name and address of plan administration: \_\_\_\_\_

\_\_\_\_\_  
Monthly cost for family health insurance coverage to

\_\_\_ You \_\_\_ Spouse

Health \$ \_\_\_\_\_; Dental \$ \_\_\_\_\_;

Person(s) insured on family plan \_\_\_\_\_

What is the increased cost for providing family plan over the cost of single plan coverage?  
\$ \_\_\_\_\_; Any additional cost for number of dependents, if so, how much?

\$ \_\_\_\_\_; Amount of annual deductible.

\_\_\_\_\_%; coinsurance.

23. Identify the property if any owned by either you or your spouse prior to marriage or acquired during marriage by family gift, will or inheritance.

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24. MONTHLY LIVING EXPENSES:

	You (actual or est.)	Spouse (actual or est.) (if known)
(a) House payment, rent, or mortgage	\$ _____	\$ _____
(b) Food	\$ _____	\$ _____
(c) Utilities:		
Trash service	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Water	\$ _____	\$ _____
Lights	\$ _____	\$ _____
Cable	\$ _____	\$ _____
Other	\$ _____	\$ _____
(d) Newspaper	\$ _____	\$ _____
(e) Insurance:		
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Car	\$ _____	\$ _____

House	\$ _____	\$ _____
Other	\$ _____	\$ _____
(f) Medical	\$ _____	\$ _____
(g) Dental	\$ _____	\$ _____
(h) Child care		
(babysitting)	\$ _____	\$ _____
(i) Clothing	\$ _____	\$ _____
(j) Gas & Oil	\$ _____	\$ _____
(k) School expenses	\$ _____	\$ _____
(l) Hair cuts & beauty	\$ _____	\$ _____
(m) Car repair	\$ _____	\$ _____
(n) Personal Property		
Tax & tags	\$ _____	\$ _____
(o) Entertainment	\$ _____	\$ _____
(p) Miscellaneous		
(specify)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL LIVING EXPENSES</b>	\$ _____	\$ _____

**\_\_\_\_\_ FOR ATTORNEY USE ONLY \_\_\_\_\_**

DIVORCE: \_\_\_\_\_ SEPARATE MAINTENANCE: \_\_\_\_\_

GROUND FOR DIVORCE OR SEPARATE MAINTENANCE: \_\_\_\_\_

TEMPORARY CHILD SUPPORT - EX PARTE: \$\_\_\_\_\_ (prepare Child Support Worksheet).

