

DISSOLUTION OF MARRIAGE QUESTIONNAIRE
(Attach additional pages if necessary)

CLIENT INFORMATION

Date: _____

Full Name: _____
First Middle Last

Current Address: _____

Phone Numbers: _____
Work Home Cell

E-Mail Address: _____

Date of Birth: _____ Social Security Number: _____

Present Employer: _____
Address: _____ Dates of Employment: _____ Pay Rate: _____

Previous Employer: _____
Address: _____ Dates of Employment: _____ Pay Rate: _____

Please provide the following **only** if your divorce is contested:

Do you have any criminal history? Explain:

What is your educational background?

Do you have any medical conditions? Explain:

SPOUSE'S INFORMATION

Full Name: _____
First Middle Last

Current Address: _____

Phone Numbers: _____
Work Home Cell

E-Mail Address: _____

Date of Birth: _____ Social Security Number: _____

Present Employer: _____
Address: _____ Dates of Employment: _____ Pay Rate: _____

Previous Employer: _____
Address: _____ Dates of Employment: _____ Pay Rate: _____

Please provide the following **only** if your divorce is contested:

Do your spouse have any criminal history? Explain:

What is your spouse's educational background?

Do your spouse have any medical conditions? Explain:

THE MARRIAGE

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____

Reason for Divorce: _____

Restore Wife's maiden/former name?: Yes: ____ No: ____ EXACT name to be restored: _____

CHILDREN

Full Legal Name	Gender (M/F)	Date of Birth	Place of Birth	Social Security Number

With whom do the children presently live? _____

Which party desires custody? _____

Spouse/child abuse? No: ____ Yes: ____ If yes, explain: _____

Do you require a temporary or permanent restraining order? Yes: ____ No: ____

If yes, explain: _____

HEALTH INSURANCE: Is health insurance available through either parent's employment? Yes: ___ No: ___

Through which parent? Mother: ___ Father: ___

Is health insurance currently in effect? No: ___ Yes: ___ Who pays? _____

Cost for child's health insurance: (Total premium less amount for parent) \$ _____

Cost each parent's health insurance: Mother: \$ _____ Father: \$ _____

PROPERTY

List any real property owned by you and/or your spouse: (Provide copies of deeds and mortgages for all properties listed)

1.	Address: _____			
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	How Titled? _____	Lender: _____		
	Mortgage Balance: _____	Monthly Payment: _____		
2.	Address: _____			
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	How Titled? _____	Lender: _____		
	Mortgage Balance: _____	Monthly Payment: _____		
3.	Address: _____			
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	How Titled? _____	Lender: _____		
	Mortgage Balance: _____	Monthly Payment: _____		
4.	Address: _____			
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
	How Titled? _____	Lender: _____		
	Mortgage Balance: _____	Monthly Payment: _____		

List any personal property owned by you and/or your spouse:

Automobiles:

1.	_____			
	<i>Make/Model/Year</i>	<i>VIN</i>	<i>How Titled?</i>	<i>Who gets?</i>
	<i>Lien Holder</i>	<i>Account Number</i>	<i>Monthly Payment</i>	<i>Remaining Balance</i>
2.	_____			
	<i>Make/Model/Year</i>	<i>VIN</i>	<i>How Titled?</i>	<i>Who gets?</i>
	<i>Lien Holder</i>	<i>Account Number</i>	<i>Monthly Payment</i>	<i>Remaining Balance</i>
3.	_____			
	<i>Make/Model/Year</i>	<i>VIN</i>	<i>How Titled?</i>	<i>Who gets?</i>
	<i>Lien Holder</i>	<i>Account Number</i>	<i>Monthly Payment</i>	<i>Remaining Balance</i>

4.

<i>Make/Model/Year</i>	<i>VIN</i>	<i>How Titled?</i>	<i>Who gets?</i>
<i>Lien Holder</i>	<i>Account Number</i>	<i>Monthly Payment</i>	<i>Remaining Balance</i>

Other personal property: (including furniture, household effects, boats, jewelry, stocks, bonds, certificates of deposit, etc.)

<i>Description</i>	<i>How Titled?</i>	<i>Who has it now?</i>	<i>Who gets it?</i>

List any items of real or personal property that were yours prior to your marriage and/or that were given to you as gifts, either by your spouse or your family/friends (indicate if title has changed during the marriage):

List all financial accounts (checking, savings, retirement, 401(k), money market):

<i>Bank/Institution</i>	<i>Account Number</i>	<i>Balance or Value at Date of Filing</i>	<i>Name(s) on Account (husband or wife)</i>	<i>Account Type</i>

SEPARATION AGREEMENT CHECKLIST

1. Parenting plan for minor children:

a. shared or sole parental responsibility (decision-making authority in matters that affect the important interests of the children). If the parties exercise shared parental responsibility:

(i) which parent will have ultimate decision-making authority as to:

- (1) educational/academic matters
- (2) non-emergency medical/dental care
- (3) religion/religious training
- (4) extra-curricular activities
- (5) counseling and mental health care
- (6) child care

(ii) which parent's address will be designated as the child(ren)'s address for purposes of school and school district purposes and which parent shall be responsible for enrolling the children in school as ensuring that both parents are listed as emergency contacts on all school forms?

(iii) relocation with the children?

(iv) provisions for communication between the child(ren) and the absent parent when the other parent is exercising parental timesharing?

b. Parental timesharing schedule.

c. Child support (based on reasonable needs of child and ability of parents to contribute). Payment through the official depository?

d. Who has responsibility for transportation or pays the transportation expenses of the child(ren) related to parental timesharing? Where will the exchange of the child(ren) take place?

e. Is medical insurance to be maintained on children? Who pays premiums?

f. Who pays medical and dental bills of children not covered by insurance or government benefit and expense of extra-curricular activities??

g. Who claims children as dependents for tax purposes?

2. Alimony - permanent or rehabilitative? How much? How long?

3. Will either party be required to maintain life insurance (private or SGLI) to secure child support or alimony?

4. Claim on retired pay or retirement benefits? Is a qualified domestic relations order (QDRO) necessary?

5. Spouse and/or children designated as beneficiaries under military Survivor's Benefit Plan?

6. Do parties file joint or separate tax returns as long as they are married?

7. Division of property - specific description and serial number (VIN for vehicles) of each item of property - who gets it? If there is a lien, who pays lien? How much? Name of creditor? Account Number.

8. Division of debts - name and address of each creditor, account number and amount. Is debt joint or individual? Who pays? Who gets ownership of account in the future?

8. Legal fees and court costs - who pays?