

CONFIDENTIAL QUESTIONNAIRE FOR MARRIAGE

DISSOLUTION/SEPARATION

So we will be able to answer your questions and handle your case in an efficient manner, it is imperative that you answer the following questions as fully and accurately as possible. If you require additional space to provide an answer, please use the back of that page. Please print your answers legibly.

The completed questionnaire is confidential and will remain in our possession.

I. YOUR PERSONAL INFORMATION

Full Name: _____
First Middle Last

Any and all Names you have ever used: _____

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

County You Live in: _____ Length of Residence in State: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emails: _____

Future Address: _____
Street City State Zip Code

When Effective? _____ Social Security Number: _____ - _____ - _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Education Level: _____ Year Completed: _____

Do you receive a pension, disability or retirement income from any source?
_____ No
_____ Yes (From whom, for whom and amount) _____

Do you receive any financial assistance?
_____ No
_____ Yes (From Whom, For Whom and \$ Amount) _____

General Health: _____

Physician/Clinic: _____

Individual most likely to always know where to reach you. _____

Phone Number: _____ Relationship to You: _____

II. YOUR EMPLOYMENT HISTORY

Present Employer: _____

Address: _____

Occupation/Position: _____

Length of Employment? _____ Hours per Week: _____

Possible to Contact You at Work? _____ No _____ Yes

How often are you regularly paid? _____ Weekly _____ Every 2 Weeks _____ Bi-Month _____ Monthly

Gross Earnings: \$_____ per _____. Net Earnings: \$_____ per _____.

Describe type and amount of other income (Overtime, Bonuses, Commissions, Other Employment): _____

Describe Employment Benefits (Car, Car Allowance, Meals, Memberships, etc.): _____

Do you receive, or expect to receive, any of the following as income?

(1) Public Assistance (per month) _____ Yes _____ No Amount: \$ _____

(2) Social Security Benefits, yourself only (per month): _____ Yes _____ No Amount: \$ _____

(3) Social Security Benefits, for child[ren] (per month): _____ Yes _____ No Amount: \$ _____

(4) Unemployment Compensation (per month): _____ Yes _____ No Amount: \$ _____

(5) Worker's Compensation (per month): _____ Yes _____ No Amount: \$ _____

(6) Rental Income (per month): _____ Yes _____ No Amount: \$ _____

(7) Other Income (per month): _____

_____ Yes _____ No Amount: \$ _____

_____ Yes _____ No Amount: \$ _____

Detail Prior Work Experience (Employer, Position, Dates): _____

Military Experience (Past or Present): _____

III. SPOUSE'S PERSONAL INFORMATION

Full Name: _____
First Middle Last

Any and all Names Spouse has ever used: _____

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

County Spouse Lives in: _____ Length of Residence in State: _____

Home Phone: _____ Work Phone: _____

Age: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Place of Birth: _____

Education Level: _____ Year Completed: _____

General Health: _____

Physician/Clinic: _____

Military Experience (Past or Present): _____

IV. SPOUSE'S EMPLOYMENT HISTORY

Present Employer: _____

Address: _____

Occupation/Position: _____

Length of Employment? _____ Hours per Week: _____

How often is Spouse regularly paid? Weekly Every 2 Weeks Bi-Month Monthly

Gross Earnings: \$ _____ per _____. Net Earnings: \$ _____ per _____.

Describe type and amount of other income (Overtime, Bonuses, Commissions, Other Employment): _____

Describe Employment Benefits (Car, Car Allowance, Meals, Memberships, etc.): _____

Does your Spouse receive, or expect to receive, any of the following as income?

- | | | |
|---|----------------|------------------|
| (1) Public Assistance (per month) | ___ Yes ___ No | Amount: \$ _____ |
| (2) Social Security Benefits, yourself only (per month): | ___ Yes ___ No | Amount: \$ _____ |
| (3) Social Security Benefits, for child[ren] (per month): | ___ Yes ___ No | Amount: \$ _____ |
| (4) Unemployment Compensation (per month): | ___ Yes ___ No | Amount: \$ _____ |
| (5) Worker's Compensation (per month): | ___ Yes ___ No | Amount: \$ _____ |
| (6) Rental Income (per month): | ___ Yes ___ No | Amount: \$ _____ |
| (7) Other Income (per month): | ___ Yes ___ No | Amount: \$ _____ |
| _____ | ___ Yes ___ No | Amount: \$ _____ |
| _____ | ___ Yes ___ No | Amount: \$ _____ |

Detail Prior Work Experience (Employer, Position, Dates): _____

V. MARITAL INFORMATION

Was a Pre-Marital {Ante-nuptial} Agreement signed: ___ No ___ Yes When? _____

Date of Marriage: _____ Place of Marriage: _____
City State County

Separation Date: _____

Have You started divorce proceedings against this Spouse before? ___ No ___ Yes
When? _____ Where? _____

Do you feel there is any chance to save your marriage? ___ No ___ Yes

Any previous marriage counseling? ___ No ___ Yes By Whom: _____

What are Your primary complaints about your Spouse? _____

What are your Spouse's primary complaints about You? _____

Is there a history of domestic abuse in your marriage relationship? ___ No ___ Yes If so, explain: _____

Have You or your Spouse ever sought an order for protection as a result of domestic abuse? ___ No ___ Yes If so, when: _____ Describe: _____

Do You or your Spouse want a former name restored as a result of this proceeding? ___ No ___ Yes
Name Desired: _____

VI. CHILDREN OF THIS MARRIAGE/RELATIONSHIP

<i>Full Name</i>	<i>Birthdate</i>	<i>Living with ...</i>	<i>Social Security #</i>
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____

Is the wife now pregnant? ___ No ___ Yes (Due Date: _____)

Is the issue of parenting responsibility contested? ___ No ___ Yes

What type of parenting responsibility relationship do you desire?

- _____ Sole decision making and parenting responsibility to _____
- _____ Joint decision making and sole parenting responsibility to _____
- _____ Joint decision making and parenting responsibility (describe) _____

Child(ren)'s general health: _____

Special Needs or Health Problems of Child(ren): _____

(Complete If Parenting Responsibility Could Be An Issue)

1. Location where children have lived for past 5 years: _____
Who did they live with? _____

2. Have there been any parenting responsibility proceedings? ___ No ___ Yes
If yes, explain: _____

Could there be a claim that the husband in this marriage is not the father of any of the children? _____
If yes, explain: _____

3. Were any of the children conceived or born before the marriage? No Yes
If yes, explain: _____

VII. INFORMATION REGARDING YOUR OTHER MARRIAGES OR RELATIONSHIPS

Were You previously married? No Yes To Whom? _____
When were You divorced? _____ City/County/State: _____
Were there children from the marriage(s)? No Yes (list in Section VIII following)

If parenting responsibility was awarded pursuant to a paternity decree, provide **date** of paternity decree and the **city, county** and **state of issuance**: _____

Maintenance and child support payments **paid by You**:

Maintenance: \$ _____ per _____ since _____.
Child Support: \$ _____ per _____ since _____.

Maintenance and child support payments **received by You**:

Maintenance: \$ _____ per _____ since _____.
Child Support: \$ _____ per _____ since _____.

Assets awarded **to You**: _____

VIII. CHILDREN OF PRIOR RELATIONSHIPS

<i>Full Name</i>	<i>Birthdate</i>	<i>Living with ...</i>	<i>Social Security #</i>
_____	Age: _____	_____	_____
_____	Age: _____	_____	_____
_____	Age: _____	_____	_____
_____	Age: _____	_____	_____
_____	Age: _____	_____	_____
_____	Age: _____	_____	_____

Who has decision making of above-named child(ren)? _____

Do You have responsibility for other children not listed above who are not of this marriage? _____

If yes, for whom (describe circumstances) _____

Is family receiving Aid to Families with Dependent Children? No Yes
What county? _____

IX. INFORMATION REGARDING YOUR SPOUSE'S OTHER MARRIAGES OR RELATIONSHIPS

Was your Spouse previously married? No Yes To Whom? _____

When was your Spouse divorced? _____ City/County/State: _____
Were there children from the prior marriage(s)? _____ No _____ Yes (list in Section X following)

If parenting responsibility was awarded pursuant to a paternity decree, provide **date** of paternity decree and the **city, county** and **state of issuance**: _____

Maintenance and child support payments **paid by Your Spouse**:

Maintenance: \$ _____ per _____ since _____.

Child Support: \$ _____ per _____ since _____.

Maintenance and child support payments **received by Your Spouse**:

Maintenance: \$ _____ per _____ since _____.

Child Support: \$ _____ per _____ since _____.

Assets awarded to **Your Spouse**: _____

X. CHILDREN OF YOUR SPOUSE'S PRIOR RELATIONSHIPS

<i>Full Name</i>	<i>Birthdate</i>	<i>Living with ...</i>	<i>Social Security #</i>
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____
_____	_____ Age: _____	_____	_____

Who has parenting responsibility of above-named child(ren)? _____

Does your Spouse have responsibility for other children not listed above who are not of this marriage? _____

If yes, for whom (describe circumstances) _____

Is family receiving Aid to Families with Dependent Children? _____ No _____ Yes
What county? _____

XI. REAL PROPERTY

Address: _____

Homestead: _____ County: _____

How is Title Held? _____ Title in Whose Name(s)? _____

Purchase Date: _____ Purchase Price: \$ _____

Down Payment: _____ Source of Payment: _____

Mortgaged? _____ Current Balance: \$ _____

By Whom? _____ Address: _____
Monthly Payment: \$ _____ Escrow for taxes/insurance: _____
Any payments overdue? _____ Current Fair Market Value: \$ _____
Any 2nd mortgages on property? _____ When taken out? _____
Where: _____ Address: _____
How much? \$ _____ Current Balance? \$ _____

(A) Other Real Property (#1)

Address: _____
Homestead: _____ County: _____
How is Title Held? _____ Title in Whose Name(s)? _____
Purchase Date: _____ Purchase Price: \$ _____
Down Payment: _____ Source of Payment: _____
Mortgaged? _____ Current Balance: \$ _____
By Whom? _____ Address: _____
Monthly Payment: \$ _____ Escrow for taxes/insurance: _____
Any payments overdue? _____ Current Fair Market Value: \$ _____
Any 2nd mortgages on property? _____ When taken out? _____
Where: _____ Address: _____
How much? \$ _____ Current Balance? \$ _____
Describe any improvements made to this property: _____

(B) Other Real Property (#2)

Address: _____
Homestead: _____ County: _____
How is Title Held? _____ Title in Whose Name(s)? _____
Purchase Date: _____ Purchase Price: \$ _____
Down Payment: _____ Source of Payment: _____
Mortgaged? _____ Current Balance: \$ _____
By Whom? _____ Address: _____
Monthly Payment: \$ _____ Escrow for taxes/insurance: _____
Any payments overdue? _____ Current Fair Market Value: \$ _____
Any 2nd mortgages on property? _____ When taken out? _____
Where: _____ Address: _____
How much? \$ _____ Current Balance? \$ _____
Describe any improvements made to this property: _____

XII. PERSONAL PROPERTY

(A) Checking Accounts

Account #: _____ Current Balance: \$ _____
When opened: _____ In Whose Name(s): _____
Bank Name/Address: _____

Account #: _____ Current Balance: \$ _____
When opened: _____ In Whose Name(s): _____
Bank Name/Address: _____

Have You recently closed any accounts? ____ No ____ Yes
If so, when: _____ Account #: _____
Amount withdrawn: \$ _____ Bank Name: _____

(B) Savings Accounts

Account #: _____ Current Balance: \$ _____
When opened: _____ In Whose Name(s): _____
Bank Name/Address _____

Account #: _____ Current Balance: \$ _____
When opened: _____ In Whose Name(s): _____
Bank Name/Address: _____

Have You recently closed any accounts? ____ No ____ Yes
If so, when: _____ Account #: _____
Amount withdrawn: \$ _____ Bank Name: _____

In the past year for either checking or savings, have there been any large, unagreed withdrawals?
____ No ____ Yes When? _____ Amount withdrawn: \$ _____
Who withdrew it? _____ Bank Name: _____
Why? _____

(C) Safe Deposit Box

Do You or your Spouse own a safe deposit box? ____ No ____ Yes
Location? _____
In whose name(s) is it registered? _____
Who has access? _____
Describe contents: _____

(D) Cash Management/Brokerage Accounts

Depository Name/Address: _____
Account #: _____ Current Balance: \$ _____
When opened: _____ In Whose Name(s): _____

Depository Name/Address: _____
Account #: _____ Current Balance: \$ _____
When opened: _____ In Whose Name(s): _____

Have You recently closed any accounts? ____ No ____ Yes
If so, when: _____ Account #: _____

Amount withdrawn: \$_____ Depository Name: _____

(E) Certificates of Deposit

Depository Name/Address: _____

Purchase Date: _____ In Whose Name(s): _____ Current Balance: \$_____

Depository Name/Address: _____

Purchase Date: _____ In Whose Name(s): _____ Current Balance: \$_____

Have You recently cashed in any CDs? _____ No _____ Yes If so, when: _____

Amount Received: \$_____ Depository Name: _____

(F) Stocks or Bonds

For each stock or bond give:

<i>Type</i>	<i># of Shares</i>	<i>Value Per Share</i>	<i>In Whose Name</i>

For each stock or bond named above, give:

<i>Type</i>	<i>Date of Purchase</i>	<i>Value When Purchased</i>

(G) Household Goods and Furnishings

Estimated Value of Household Goods and Furnishings: \$_____

Any items having a value of more than \$_____, please describe more fully below:

<i>Item</i>	<i>Value</i>	<i>Balance Owed</i>	<i>Balance Owed</i>

Any items having a cost of more than \$ _____, please describe more fully below:

<i>Item</i>	<i><u>Purchase Price</u></i>	<i><u>Creditor Name/Address</u></i>	<i><u>Monthly Payment</u></i>	<i><u>Balance Owed</u></i>

(H) Motor Vehicles (automobiles)

- Year: _____ Make: _____ Purchase Date: _____ Price: \$ _____
 Creditor Name/Address: _____
 Current Balance: \$ _____ Monthly Payment: \$ _____ Pay-off Date? _____
 Name(s) on the Title: _____
 Location of Car: _____ Location of Title? _____
 Current Market Value: \$ _____ How arrived at: _____
- Year: _____ Make: _____ Purchase Date: _____ Price: \$ _____
 Creditor Name/Address: _____
 Current Balance: \$ _____ Monthly Payment: \$ _____ Pay-off Date? _____
 Name(s) on the Title: _____
 Location of Car: _____ Location of Title? _____
 Current Market Value: \$ _____ How arrived at: _____
- Year: _____ Make: _____ Purchase Date: _____ Price: \$ _____
 Creditor Name/Address: _____
 Current Balance: \$ _____ Monthly Payment: \$ _____ Pay-off Date? _____
 Name(s) on the Title: _____
 Location of Car: _____ Location of Title? _____
 Current Market Value: \$ _____ How arrived at: _____

(I) Other Vehicles (travel trailer, motorcycles, campers, snowmobiles, boats/motors, etc.)

- Year: _____ Make: _____ Purchase Date: _____ Price: \$ _____
 Creditor Name/Address: _____
 Current Balance: \$ _____ Monthly Payment: \$ _____ Pay-off Date? _____
 Name(s) on the Title: _____
 Location of Vehicle: _____ Location of Title? _____
 Current Market Value: \$ _____ How arrived at: _____
- Year: _____ Make: _____ Purchase Date: _____ Price: \$ _____
 Creditor Name/Address: _____
 Current Balance: \$ _____ Monthly Payment: \$ _____ Pay-off Date? _____
 Name(s) on the Title: _____
 Location of Vehicle: _____ Location of Title? _____
 Current Market Value: \$ _____ How arrived at: _____
- Year: _____ Make: _____ Purchase Date: _____ Price: \$ _____
 Creditor Name/Address: _____
 Current Balance: \$ _____ Monthly Payment: \$ _____ Pay-off Date? _____
 Name(s) on the Title: _____

Location of Vehicle: _____ Location of Title? _____
Current Market Value: \$ _____ How arrived at: _____

(J) Retirement/Pension/Profit Sharing Plans

Your Plan Name: _____ Where: _____
Date Began: _____ Can you withdraw from it? ____ No ____ Yes
Amount Vested: _____ Plan Value: \$ _____
If yes, under what circumstances: _____

Your Plan Name: _____ Where: _____
Date Began: _____ Can you withdraw from it? ____ No ____ Yes
Amount Vested: _____ Plan Value: \$ _____
If yes, under what circumstances: _____

Spouse's Plan Name: _____ Where: _____
Date Began: _____ Can you withdraw from it? ____ No ____ Yes
Amount Vested: _____ Plan Value: \$ _____
If yes, under what circumstances: _____

Spouse's plan: _____ Where: _____
Date Began: _____ Can you withdraw from it? ____ No ____ Yes
Amount Vested: _____ Plan Value: \$ _____
If yes, under what circumstances: _____

(K) Personal Injury

List any sums *already received* by You or your Spouse from personal injury, worker's compensation or disability claims. State when, where, how much and what happened to the money: _____

Do you *anticipate receiving* any sums? ____ No ____ Yes If so, describe: _____

(L) Have either you or your spouse sold or given any property away any property having value of more than \$500 for less than its true value in the last year? ____ No ____ Yes If so:

Item: _____ Value \$ _____
What was received? _____ Transferred to: _____
When? _____ By whom? _____ Why? _____

(M) Have You or your Spouse received an inheritance, either cash or property? ____ No ____ Yes
If so, describe as follows:

For Whom: _____ From Whom? _____
Date Received: _____ Item Received? _____

Do You or your Spouse anticipate receiving an inheritance, cash or property? ____ No ____ Yes
If so, describe as follows:

For Whom: _____ From Whom? _____
Date to be Received: _____ Item to be Received? _____

(N) Do you anticipate receiving an income tax refund? ____ No ____ Yes If so:

Amount: \$ _____ For whom? _____
Date Expected? _____

(O) Does anyone owe You or your Spouse money? No Yes If so:
Name/Address: _____
Loan Date: _____ Loan Amount: \$ _____ Balance Owed: \$ _____
Purpose of Loan: _____
Repayment Terms: _____

(P) Are either You or your Spouse involved in business interests not detailed above? No Yes
If so, provide Name of Business? _____
Address: _____ When began: _____
Description: _____
Beginning investment? \$ _____ When: _____
Other investment(s): \$ _____ When? _____
Current value of business: \$ _____ Current income from investment(s): \$ _____
Are there other people involved in this business (partners, etc.)? No Yes
Name/Address: _____
Interest: _____
Name/Address: _____
Interest: _____
Are there documents showing this agreement? No Yes If so, describe: _____

(Q) List all the personal property such as jewelry, stereo, tools, guns, sporting equipment, collections (stamps, coins, etc.), musical instruments, royalties, rents, patents, furs, pets, livestock, savings bonds, stock options, anticipated bonuses etc. over \$250.

Secured by Whom and How	Market Value	(pre-marital, gifted, inherited)
Description		

(R) Identify all property listed above which was acquired before the marriage, was a gift to You or your Spouse, or received as an inheritance. _____

(S) Do You or your Spouse have any cash on hand not otherwise mentioned herein? No Yes
If so, describe as follows:
Balance: \$ _____ Location: _____

(T) Are either You or your Spouse named as a party in any pending lawsuit, including bankruptcy?
 No Yes

XIII. INSURANCE

(A) Life Insurance on Husband

1. Type: _____ Company: _____
Policy # _____ Beneficiary: _____
Premium Amount: \$ _____ per _____ Paid by Whom: _____
Policy Cash Value: \$ _____ Policy Face Amount: \$ _____
Loan: \$ _____ Payment on loan: \$ _____ per _____
2. Type: _____ Company: _____
Policy # _____ Beneficiary: _____
Premium Amount: \$ _____ per _____ Paid by Whom: _____
Policy Cash Value: \$ _____ Policy Face Amount: \$ _____
Loan: \$ _____ Payment on loan: \$ _____ per _____

(B) Life Insurance on Wife

1. Type: _____ Company: _____
Policy # _____ Beneficiary: _____
Premium Amount: \$ _____ per _____ Paid by Whom: _____
Policy Cash Value: \$ _____ Policy Face Amount: \$ _____
Loan: \$ _____ Payment on loan: \$ _____ per _____
2. Type: _____ Company: _____
Policy # _____ Beneficiary: _____
Premium Amount: \$ _____ per _____ Paid by Whom: _____
Policy Cash Value: \$ _____ Policy Face Amount: \$ _____
Loan: \$ _____ Payment on loan: \$ _____ per _____

(C) Life Insurance on Children

1. Type: _____ Company: _____
Policy # _____ Beneficiary: _____
Premium Amount: \$ _____ per _____ Paid by Whom: _____
Policy Cash Value: \$ _____ Policy Face Amount: \$ _____
Loan: \$ _____ Payment on loan: \$ _____ per _____
2. Type: _____ Company: _____
Policy # _____ Beneficiary: _____
Premium Amount: \$ _____ per _____ Paid by Whom: _____
Policy Cash Value: \$ _____ Policy Face Amount: \$ _____
Loan: \$ _____ Payment on loan: \$ _____ per _____

(D) Health Insurance on Husband

1. Company: _____
Amount for premiums: \$ _____ per _____
How premiums are paid: _____
2. Company: _____
Amount for premiums: \$ _____ per _____
How premiums are paid: _____

(E) Health Insurance on Wife

1. Company: _____
Amount for premiums: \$ _____ per _____
How premiums are paid: _____
2. Company: _____
Amount for premiums: \$ _____ per _____
How premiums are paid: _____

(F) Health Insurance on Children

1. Company: _____
Amount for premiums: \$ _____ per _____
How and by whom premiums are paid: _____
2. Company: _____
Amount for premiums: \$ _____ per _____
How and by whom premiums are paid: _____

XIV. DEBTS (Other than those listed in the real estate or personal property sections)

1. Creditor Name/Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
2. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
3. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
4. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
5. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
6. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
7. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
8. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____
9. Creditor and Address: _____
Reason for Debt: _____ Person Who Incurred: _____
Current Balance Due: \$ _____ Monthly Payments: \$ _____

MONTHLY LIVING EXPENSES

Please complete this to the best of your ability (*estimate when necessary*).
 (include expenses for your children if you expect to have parenting responsibility of your children)

HOME EXPENSES

Mortgage payments \$ _____
 Rent \$ _____
 Property taxes \$ _____
 Homeowner's Insurance \$ _____

CHILD CARE EXPENSES

Lunch Money \$ _____
 School Supplies \$ _____
 Babysitter \$ _____
 Allowance \$ _____

FOOD/HOUSEHOLD

Supplies \$ _____

SUPPORT PAYMENTS

(prior marriage) \$ _____

UTILITIES

Electricity \$ _____
 Gas \$ _____
 Fuel Oil \$ _____
 Water \$ _____
 Telephone \$ _____
 Sewage \$ _____
 Garbage \$ _____

SCHOOL EXPENSES

(tuition, etc.) \$ _____

ENTERTAINMENT

\$ _____

LAUNDRY/DRY CLEANING

\$ _____

INCIDENTALS

Pet Expenses \$ _____
 Membership dues \$ _____
 Newspapers/magazines \$ _____
 Barber \$ _____
 Beauty shop \$ _____
 Cosmetics \$ _____
 Other (specify) _____ \$ _____

CLOTHING

\$ _____

MEDICAL EXPENSES (not covered by insurance)

Doctors \$ _____
 Eyeglasses \$ _____
 Hospital \$ _____
 Medicine (drugs) \$ _____
 Vitamins \$ _____
 Therapy \$ _____

TRANSPORTATION (other than auto)

\$ _____

DENTAL EXPENSES (not covered by insurance)

_____ \$ _____
 _____ \$ _____

AUTO EXPENSES

Gas/oil \$ _____
 Repairs/tuning \$ _____
 Auto loan \$ _____
 Other (specify) _____ \$ _____
 _____ \$ _____

INSURANCE (if deducted by employer, do not itemize)

Life \$ _____
 Health \$ _____
 Disability \$ _____
 Auto \$ _____

INSTALLMENT PAYMENTS (if not reflected above, specify)

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

OTHER EXPENSES (specify)

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

XV. NARRATIVE HISTORY

Please prepare a narrative history of your life and marriage. Tell me about where you were born and raised, your educational background, and your employment history. Give me the same information regarding your spouse.

If parenting responsibility is an issue, tell me your strongest arguments for having parenting responsibility awarded to you. What are the claims your spouse will make as to why you should not be awarded parenting responsibility? This information should include problems or conduct that could be used against you or your spouse in the process of the divorce.

If spousal support is an issue, please describe the reasons why you believe you are entitled to spousal support or why you believe your spouse should not receive spousal support. If you believe spousal support should be awarded for a limited period of time, indicate why and the length of time.

When you return this confidential questionnaire to our office, along with your retainer fee, also gather up and bring into our office the following items that are checked:

- _____ 1. Last 3 paycheck stubs for each party
- _____ 2. Information regarding all pension or profit sharing plans
- _____ 3. Federal and State income tax returns for year(s) _____
- _____ 4. Deed to your real estate or other documents showing legal description
- _____ 5. All recent loan information
- _____ 6. Recent statements from stockbrokers
- _____ 7. Any recent financial statements
- _____ 8. Social Security reports
- _____ 9. Pre-Marital (Ante-nuptial) Agreement (if one was signed)
- _____ _____
- _____ _____