

## INSTRUCTIONS

Please fill out this packet as completely as possible. Obtain all documents and materials requested and forward them to your attorney with this packet. Failure to complete this pack and to provide requested documents may delay your divorce proceedings.

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The information given in this questionnaire is privileged and confidential. It is intended for use by the attorney retained to represent you.



**B. EDUCATION**

What is the highest level of education you have obtained?

- \_\_\_\_\_ Less than high school
- \_\_\_\_\_ GED – date obtained: \_\_\_\_\_
- \_\_\_\_\_ High school – where attended: \_\_\_\_\_, graduation date: \_\_\_\_\_
- \_\_\_\_\_ Vocational school – where attended: \_\_\_\_\_, graduation date: \_\_\_\_\_
- \_\_\_\_\_ College, where attended: \_\_\_\_\_, graduation date: \_\_\_\_\_

**C. EMPLOYMENT INFORMATION**

- **ATTACH LAST TWO (2) YEARS OF STATE AND FEDERAL TAX RETURNS.**
- **ATTACH YOUR PRIOR TWO (2) MONTHS PAYCHECK STUBS.**

Are you a member of the armed services of the United States, including the Reserves and/or the National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is your monthly income from this service? \$\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please skip to Section D. If yes, please answer the following:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Apt. No. P.O. Box (if applicable)

\_\_\_\_\_ City State Zip Code

Employer's Telephone Number: \_\_\_\_\_ / \_\_\_\_\_  
Area Code

Can you be called at work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Job Title: \_\_\_\_\_

Shift(s) Worked: \_\_\_\_\_

Starting Date of Employment: \_\_\_\_\_

Gross Income: \_\_\_\_\_ \$ \_\_\_\_\_  
 (Monthly, semi-monthly, bi-weekly, weekly)  
 DEDUCTIONS: Federal Withholding - \_\_\_\_\_  
 State Withholding - \_\_\_\_\_  
 FICA - \_\_\_\_\_  
 Medical Insurance - \_\_\_\_\_  
 Other deductions (specify): \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

NET INCOME (Take Home Pay): \$ \_\_\_\_\_

Number of Exemptions Claimed: \_\_\_\_\_

What benefits are provided or are available from your employer? (Check all those that apply.)

- |                              |                       |                     |
|------------------------------|-----------------------|---------------------|
| _____ Medical                | _____ Dental          | _____ Pension Plan  |
| _____ 401(k), 403(b), or 457 | _____ Commission      | _____ Advances      |
| _____ Profit Sharing         | _____ Stock Interests | _____ Savings Plans |
| _____ Expense Account        | _____ Per Diems       |                     |

Please provide the following information for each benefit checked above:

	<u>Amount in Plan</u>	<u>Account Number</u>	<u>Source, If Not Employer</u>
Profit Sharing Plan	_____	_____	_____
Stock Purchase Plan	_____	_____	_____
Pension Retirement Plan	_____	_____	_____
Commission Sales	_____	_____	_____
Expense Account	_____	_____	_____
Per Diems	_____	_____	_____
Advances	_____	_____	_____

**D. YOUR PREVIOUS WORK HISTORY**

Please list your employers for the last five (5) years prior to your current employer.

<u>Employer Name and Address</u>	<u>Income</u>	<u>Dates of Employment</u>	<u>Shift Worked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**E. PUBLIC BENEFITS**

1. Do you or your children receive financial assistance from the county? \_\_\_\_\_ Yes \_\_\_\_\_ No If you answered no, skip to no. 2. If you answered yes, please answer the following questions.

a. What county do you receive financial assistance from? \_\_\_\_\_

b. Please check any of the following benefits that you are receiving and fill in the amount received:

<u>Program</u>	<u>Amount</u>
_____ AFDC	\$ _____
_____ General Assistance	_____
_____ Food Stamps	_____
_____ Daycare Assistance	_____
_____ Medical Assistance	_____
_____ Other	_____

Financial Worker's Name: \_\_\_\_\_

Child Support Enforcement Worker's Name: \_\_\_\_\_

2. Do you or your children receive financial assistance from Social Security? \_\_\_\_\_ Yes \_\_\_\_\_ No If you answered no, skip to No. 3. If you answered yes, please answer the following:

a. Who receives benefits in your household?

<u>Name</u>	<u>Relationship to You</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. Are you receiving re-employment compensation or worker's compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, skip to No. 4. If yes, answer the following:

a. How much do you receive? \$ \_\_\_\_\_

b. How often do you receive the compensation? \$ \_\_\_\_\_

4. Do you have a part-time job or other source of income, not previously mentioned above? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

5. Have you received/paid any money from/to your spouse for support or spousal support (alimony) since your separation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how much per month? \$ \_\_\_\_\_

**F. PRIOR MARRIAGES AND RELATIONSHIPS**

Not counting this marriage, how many other times have you been married? \_\_\_\_\_

Ex-spouse'(s) name(s): \_\_\_\_\_

Date(s) of marriage(s): \_\_\_\_\_

Date(s) of divorce(s) or if widowed: \_\_\_\_\_

Are you receiving child support from any prior marriage or relationship? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, how much per month? \$ \_\_\_\_\_

Are you paying child support from any prior marriage or relationship? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, how much per month? \$ \_\_\_\_\_

Do you have any child support arrearages? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much?  
\$ \_\_\_\_\_

Are you receiving spousal support (alimony) from any prior marriage or relationship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much per month? \$ \_\_\_\_\_

Are you paying spousal support (alimony) from any prior marriage or relationship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much per month? \$ \_\_\_\_\_

Do you have any spousal support (alimony) arrearages? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes,  
how much? \$ \_\_\_\_\_

Names and dates of any children of any previous marriages or relationships:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Who Has Parenting Responsibility</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**G. YOUR HEALTH**

List your past and current health problems: \_\_\_\_\_

Have you ever been treated for chemical dependency or alcohol abuse? \_\_\_\_\_ Yes  
\_\_\_\_\_ No. If yes, answer the following:

1. Where: \_\_\_\_\_
2. When: \_\_\_\_\_
3. Doctor's Name: \_\_\_\_\_
4. Doctor's Address: \_\_\_\_\_

Are you or have you been in any other type of counseling or therapy (e.g., mental health, marital counseling)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, answer the following:

1. Where: \_\_\_\_\_
2. When: \_\_\_\_\_
3. Counselor's Name: \_\_\_\_\_
4. Counselor's Address: \_\_\_\_\_
5. Are you still seeing a counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently dating/seeing anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, answer the following:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Length of Time: \_\_\_\_\_

Do you or your spouse have differences regarding religion that may affect the upbringing of the children? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please explain: \_\_\_\_\_

\_\_\_\_\_





Is your spouse a member of the armed services of the United States, including the Reserves and the National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is your spouse's monthly income from this service? \$\_\_\_\_\_

Is your spouse currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please skip to Section D. If yes, please answer the following:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street P.O. Box (if applicable)

\_\_\_\_\_ City State Zip Code

Employer's Telephone Number: \_\_\_\_\_/  
Area Code

Job Title: \_\_\_\_\_

Shift(s) Worked: \_\_\_\_\_

Starting Date of Employment: \_\_\_\_\_

Gross Income: \_\_\_\_\_ \$ \_\_\_\_\_  
(Monthly, semi-monthly, bi-weekly, weekly)

DEDUCTIONS: Federal Withholding - \_\_\_\_\_  
State Withholding - \_\_\_\_\_  
FICA - \_\_\_\_\_  
Medical Insurance - \_\_\_\_\_  
Other deductions (specify):  
\_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

NET INCOME (Take Home Pay): \$ \_\_\_\_\_

Number of Exemptions Claimed: \_\_\_\_\_

What benefits are provided or are available from your spouse's employer? (Check all those that apply.)

_____ Medical	_____ Dental	_____ Pension Plan
_____ 401(k), 403(b), or 457	_____ Commission	_____ Advances
_____ Profit Sharing	_____ Stock Interests	_____ Savings Plans
_____ Expense Account	_____ Per Diems	

Please provide the following information for each benefit checked above:

	<u>Amount in Plan</u>	<u>Account Number</u>	<u>Source, If Not Employer</u>
Profit Sharing Plan	_____	_____	_____
Stock Purchase Plan	_____	_____	_____
Pension Retirement Plan	_____	_____	_____
Commission Sales	_____	_____	_____
Expense Account	_____	_____	_____
Per Diems	_____	_____	_____
Advances	_____	_____	_____

**D. SPOUSE'S PREVIOUS WORK HISTORY**

Please list your spouse's employers for the last five (5) years prior to his/her current employer.

<u>Employer Name and Address</u>	<u>Income</u>	<u>Dates of Employment</u>	<u>Shift Worked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**E. PUBLIC BENEFITS**

1. Does your spouse receive financial assistance from the county?  
 \_\_\_\_ Yes \_\_\_\_ No If you answered no, skip to no. 2. If you answered yes, please answer the following questions.

a. What county does your spouse receive financial assistance from?  
 \_\_\_\_\_

b. Please check any of the following benefits that your spouse is receiving and fill in the amount received:

<u>Program</u>	<u>Amount</u>
_____ AFDC	\$ _____
_____ General Assistance	_____
_____ Food Stamps	_____
_____ Daycare Assistance	_____
_____ Medical Assistance	_____
_____ Other	_____

Financial Worker's Name: \_\_\_\_\_

Child Support Enforcement Worker's Name: \_\_\_\_\_

2. Does your spouse receive financial assistance from Social Security?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If you answered no, skip to No. 3. If yes, what amount does your spouse receive from Social Security? \$\_\_\_\_\_
  
3. Does your spouse receive re-employment compensation or worker's compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, skip to No. 4. If yes, answer the following:
  - a. How much does your spouse receive? \$\_\_\_\_\_
  
  - b. How often does your spouse receive the compensation? \_\_\_\_\_
  
4. Does your spouse have a part-time job or other source of income, not previously mentioned above? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

#### **F. PRIOR MARRIAGES AND RELATIONSHIPS**

Not counting this marriage, how many other times has your spouse been married? \_\_\_\_

Ex-spouse'(s) name(s): \_\_\_\_\_

Date(s) of marriage(s): \_\_\_\_\_

Date(s) of divorce(s) or if widowed: \_\_\_\_\_

Is your spouse receiving child support from any prior marriage or relationship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much per month? \$\_\_\_\_\_

Is your spouse paying child support from any prior marriage or relationship? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, how much per month? \$\_\_\_\_\_

Does your spouse have any child support arrearages? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes,  
how much? \$\_\_\_\_\_

Is your spouse receiving spousal support (alimony) from any prior marriage or  
relationship? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much per month? \$\_\_\_\_\_

Are you paying spousal support (alimony) from any prior marriage or relationship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much per month? \$\_\_\_\_\_

Does your spouse have any spousal support (alimony) arrearages? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, how much? \$\_\_\_\_\_

Names and dates of birth of your spouse's children from any previous marriages or relationships:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Who Has Parenting Responsibility</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**G. SPOUSE'S HEALTH**

List your spouse's past and current health problems: \_\_\_\_\_

Has your spouse ever been treated for chemical dependency or alcohol abuse?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, answer the following:

1. Where: \_\_\_\_\_
2. When: \_\_\_\_\_
3. Doctor's Name: \_\_\_\_\_
4. Doctor's Address: \_\_\_\_\_

Is your spouse or has your spouse been in any other type of counseling or therapy (e.g., mental health, marital counseling)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, answer the following:

1. Where: \_\_\_\_\_
2. When: \_\_\_\_\_
3. Counselor's Name: \_\_\_\_\_
4. Counselor's Address: \_\_\_\_\_
5. Is your spouse still seeing a counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your spouse currently dating/seeing anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, answer the following:



\_\_\_\_\_

Are any of the children listed above adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, list the following information:

<u>Child's Name</u>	<u>Place of Adoption</u>	<u>Date of Adoption</u>
_____	_____	_____
_____	_____	_____

Do your children from your present marriage have any physical or emotional disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, describe the disability: \_\_\_\_\_

Are any of the children involved with juvenile court? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what kind? \_\_\_\_\_ Delinquency \_\_\_\_\_ Abuse/Neglect \_\_\_\_\_ Other

Which child(ren)? \_\_\_\_\_

Are you paying childcare costs while you work or go to school? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, monthly amount? \$\_\_\_\_\_

Do you receive any county subsidy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much? \$\_\_\_\_\_

Are you or your spouse pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, answer the following:

1. What is the expected due date? \_\_\_\_\_
2. Who is the biological father? \_\_\_\_\_

## V. PARENTING RESPONSIBILITY

### DEFINITIONS:

**Decision Making:** Is the right to make the major decisions about the children. These include the children's religious upbringing, schooling, and medical care. If these rights are shared, it is called joint decision making. This means both parents must cooperate and agree on the important decisions about the children. The court does not usually grant joint decision making if the parents cannot cooperate or there has been domestic abuse.

**Parenting Responsibility:** Where the children live and which parent makes the routine daily decisions. Parenting Responsibility is what most people think of when speaking about primary residence for the children. The court usually grants sole parenting responsibility to one parent. The court may grant joint parenting responsibility if both parties agree and on rare occasions without agreement.

FOR THE CHILDREN OF THIS MARRIAGE OR RELATIONSHIP (INCLUDING ADOPTED CHILDREN), ANSWER EACH OF THE FOLLOWING QUESTIONS:

Do you want sole decision making?     Yes     No     Don't know

Do you want joint decision making?     Yes     No     Don't know

Do you want joint parenting responsibility?     Yes     No     Don't know

Do you want sole parenting responsibility?     Yes     No     Don't know

Does your spouse want joint decision making ?     Yes     No     Don't know

Does your spouse want joint parenting responsibility?     Yes     No     Don't know

Does your spouse want sole parenting responsibility?     Yes     No     Don't know

DO YOU WANT PARENTING RESPONSIBILITY OF ANY CHILDREN THAT ARE NOT OF THIS MARRIAGE OR RELATIONSHIP?     Yes     No

If    yes,    list    the    name(s)    of    the    child(ren):

---

Which parent are the children living with now? \_\_\_\_\_

## VI. PARENTING TIME

**EXCEPT IN LIMITED CIRCUMSTANCES STATE LAW PROHIBITS PRIMARY RESIDENTIAL PARENTS FROM MOVING OUT-OF-STATE AFTER A DIVORCE UNLESS THE NON-PRIMARY RESIDENTIAL PARENT AGREES OR THE COURT GIVES PERMISSION.**

Are you thinking about moving out of state?     Yes     No    If yes, when and what state? \_\_\_\_\_

### **DEFINITIONS:**

**Reasonable Parenting Time:** You intend for your spouse to have parenting time without setting up a schedule, which may include overnights, weekends, and extended parenting time in the summer.

**Scheduled Parenting Time:** You and your spouse enter into a definite schedule of when parenting time will be exercised, such as every other weekend, holidays, birthdays, etc.

**Supervised Parenting Time:** Your spouse only has parenting time with the children when he/she is being monitored by a third party. Supervised parenting time is usually ordered only when the child is in possible danger from your spouse or when your spouse has very limited experience caring for the child by himself/herself. Supervised parenting time is rare.

**With Notice:** Your spouse would have to give you notice that he/she wants to exercise their parenting time rights. (An example of the notice could be 24 hours or 4 days notice.)

**With Restrictions:** Your spouse can only exercise his/her parenting time rights if he/she follows the restrictions. For example, no drug/alcohol consumption, no overnights, not to leave the state or a certain area, not to leave the child with certain parties or to always be present when the parenting time is occurring. You must give the court a reason why the restrictions are necessary and why they are in the best interests of the child.

If you want parenting responsibility of the child(ren), answer the following questions with your child(ren)'s best interests in mind:

Using the definitions listed above, what type of parenting time do you want your spouse to have? \_\_\_\_\_

If you want supervised parenting time, who do you want to supervise the parenting time (e.g., friend, relative, or visitation center)? \_\_\_\_\_

The party you want to supervise the parenting time, have they agreed to do the supervised parenting time? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **VII. PARENT EDUCATION PROGRAM**

The law may require that each party in a divorce that involves minor children attend a six (6) hour parent education program. This course is designed to help you and your ex-spouse understand the effects of a divorce on your children and help you deal with problems that may arise. If you are unable to attend the class, the court may excuse you from attending the program upon a showing of good cause. IF THE COURT ORDERS THAT YOU ATTEND OR COMPLETE THE PROGRAM AND YOU FAIL TO DO SO, THE COURT MAY IMPOSE SANCTIONS UPON YOU.

Will you attend this program voluntarily? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, why not? \_\_\_\_\_  
\_\_\_\_\_



**VIII. CHILD SUPPORT**

If your children are currently residing with you, do you want child support? \_\_\_\_ Yes  
\_\_\_\_ No

Have you received any money from your spouse since the separation? \_\_\_\_ Yes  
\_\_\_\_ No If yes, how much? \$\_\_\_\_\_

Does your spouse pay a certain amount every week or month? \_\_\_\_\_  
Is your spouse voluntarily paying support or is there a court order? \_\_\_\_\_

If you do not have a support order, have you contacted child support enforcement?  
\_\_\_\_ Yes \_\_\_\_ No If yes, who is your child support officer? \_\_\_\_\_

**IX. REAL ESTATE (LAND) OWNED BY EITHER PARTY**

Do you or your spouse own a mobile home? \_\_\_\_ Yes \_\_\_\_ No If \_\_\_\_ yes,  
answer the following:

Year, make, and model: \_\_\_\_\_

Serial or ID No.: \_\_\_\_\_

Do you own or rent the property the mobile home is located on? \_\_\_\_ Own  
\_\_\_\_ Rent If you rent, skip to Section X. If the land is owned by you, your  
spouse, or jointly, please continue to the next questions.

IF YOU OWN ANY PROPERTY (INCLUDING YOUR HOME), ANSWER THE  
FOLLOWING QUESTIONS:

1. What is the legal description of your home and/or property owned? Because it is important to have an accurate legal description, please check your deed or contract for deed. The description on a tax statement is not a complete legal description of your property and cannot be used. If you do not have a copy of your deed, please contact the Register of Deeds in the county where the property is located to obtain the proper legal description. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you and your spouse agreed on who should live in the home? \_\_\_\_ Yes  
\_\_\_\_ No If yes, who? \_\_\_\_\_
3. Have you and your spouse agreed on who should pay the house debt?  
\_\_\_\_ Yes \_\_\_\_ No If yes, who? \_\_\_\_\_

4. Who is listed as owner(s) of the property? \_\_\_\_\_
5. Date you purchased the property? \_\_\_\_\_
6. Purchase price of the property? \_\_\_\_\_
7. Down payment made on the property? \_\_\_\_\_
8. Amount of yearly taxes? \_\_\_\_\_
9. Source of down payment (savings, gift, loan, premarital)? \_\_\_\_\_
10. Property's estimated market value? \_\_\_\_\_
11. Have there been any major improvements of the property since purchase?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, answer the following:
  - a. The date(s) the improvements were made: \_\_\_\_\_
  - b. Type and costs of all major improvements: \_\_\_\_\_
12. If you have a mortgage answer the following questions:
  - a. First mortgage:
    - (1) Who holds the mortgage? \_\_\_\_\_
    - (2) Address of the bank or mortgage company? \_\_\_\_\_
    - (3) Current balance on mortgage? \_\_\_\_\_
    - (4) Monthly payment on the mortgage? \_\_\_\_\_
    - (5) Does the monthly payment include the taxes and insurance?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  - b. Second mortgage:
    - (1) Who holds the mortgage? \_\_\_\_\_
    - (2) Address of the bank or mortgage company? \_\_\_\_\_
    - (3) Current balance on mortgage? \_\_\_\_\_
    - (4) Monthly payment on the mortgage? \_\_\_\_\_

(5) Does the monthly payment include the taxes and insurance?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

13. If you have a contract for deed, please answer the following:

a. Who is the seller? \_\_\_\_\_

b. Address of the seller? \_\_\_\_\_

c. Current balance owed to the seller? \_\_\_\_\_

d. Monthly payment on the contract for deed? \_\_\_\_\_

e. Date of contract for deed? \_\_\_\_\_

14. Do you own any other real estate besides the property listed above? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, for each separate parcel of real estate, answer questions 1  
through 13 on a separate piece of paper.

**X. PERSONAL PROPERTY OWNED BY EITHER PARTY**

**A. SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT**

<u>Bank</u>	<u>Account Number</u>	<u>Balance/Date</u>	<u>Name of Account Holders</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**B. CHECKING ACCOUNTS**

<u>Bank</u>	<u>Account Number</u>	<u>Balance/Date</u>	<u>Name of Account Holders</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. STOCKS, BONDS, OR MUTUAL FUNDS**

<u>Bank</u>	<u>Account Number</u>	<u>Balance/Date</u>	<u>Name of Account Holders</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. RETIREMENT, PENSION, 401K, 403B, 457 PLANS (ANSWER ALL THAT APPLY)**

<u>Bank</u>	<u>Account Number</u>	<u>Balance/Date</u>	<u>Name of Account Holders</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you want to claim any portion of your spouse's retirement/pension plan? \_\_\_\_\_ Yes  
 \_\_\_\_\_ No If you answered no, please sign your name on this line: \_\_\_\_\_

**E. PERSONAL PROPERTY**

Have you and your spouse divided up your personal property to your mutual satisfaction? In other words, do you have in your possession all items you want out of the marriage and your spouse has all items he/she may want out of the marriage in his/her possessions? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, skip to Section F. If no, please answer the following:

List all personal property with a value over \$100 (except for motor vehicles, mobile homes, snowmobiles, motorcycles, campers, ATVs, etc.):

<u>Type of Property</u>	<u>Loan Amount</u>	<u>Estimated Value</u>	<u>Do You Want This</u>	<u>Who has the Item</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**F. MOTOR VEHICLES (INCLUDING MOTORCYCLES, SNOWMOBILES, ATVS, MOBILE HOMES, BOATS, CAMPERS, TRAILERS, ETC.)**

	<u>Vehicle No. 1</u>	<u>Vehicle No. 2</u>	<u>Vehicle No. 3</u>
Year	_____	_____	_____
Vehicle ID No.	_____	_____	_____
Model/Make	_____	_____	_____

Date Purchased	_____	_____	_____
Purchase Price	_____	_____	_____
Loan Balance	_____	_____	_____
Monthly Payment	_____	_____	_____
Current Value	_____	_____	_____
Names on Title	_____	_____	_____
Yearly Insurance	_____	_____	_____
License Cost	_____	_____	_____

Which motor vehicles do you want? \_\_\_\_\_

**G. MISCELLANEOUS PROPERTY**

What part, if any, of your marriage estate (marital property) was received by you or your spouse by inheritance, gift, or damages resulting from personal injury claims:

<u>Whom Received</u>	<u>From Whom</u>	<u>Nature of Inheritance/Award</u>	<u>Date Received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or your children a beneficiary under any will or estate now in probate court? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, name of the estate: \_\_\_\_\_  
 Estimate of amount involved in the estate: \_\_\_\_\_

Is your spouse a beneficiary under any will or estate now in probate court? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, name of the estate: \_\_\_\_\_  
 Estimate of amount involved in the estate: \_\_\_\_\_

Are you, your spouse, or children a part to any present lawsuit (Worker's Compensation, personal injury, car accident, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the details of the lawsuit: \_\_\_\_\_  
 \_\_\_\_\_

Do you or your spouse have any money or property held by others? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you have more than \$1,000 in case or property when you got married? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Did your spouse have more than \$1,000 in case or property when you got married?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you, your spouse, or children received any money from lawsuits? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, please give the details: \_\_\_\_\_

## XI. TAXES AND INSURANCE

### A. TAXES

Do you and/or your spouse have any state and federal tax refunds due? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes, what is the amount of the refund from federal tax? \$ \_\_\_\_\_  
What is the amount of the refund from state tax? \$ \_\_\_\_\_

Do you and/or your spouse owe any state and federal tax? \_\_\_\_\_ Yes \_\_\_\_\_ No If  
yes, what is the amount of federal tax owed? \$ \_\_\_\_\_ What is the amount of  
state tax owed? \$ \_\_\_\_\_

### B. LIFE INSURANCE (LIST ALL LIFE INSURANCE POLICIES ON EITHER YOU OR YOUR SPOUSE, INCLUDING THOSE THROUGH EMPLOYERS)

Policy No. 1

Name of insured: \_\_\_\_\_

Is it through the employer: \_\_\_\_\_

Type of policy (term, whole life, universal life): \_\_\_\_\_

Company name and address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date policy was purchased: \_\_\_\_\_

Death benefit amount (face value): \$ \_\_\_\_\_

Beneficiary(ies) and their relationship to insured: \_\_\_\_\_

Cash value (if any): \$ \_\_\_\_\_

Policy No. 2

Name of insured: \_\_\_\_\_

Is it through the employer: \_\_\_\_\_

Type of policy (term, whole life, universal life): \_\_\_\_\_

Company name and address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date policy was purchased: \_\_\_\_\_

Death benefit amount (face value): \$\_\_\_\_\_

Beneficiary(ies) and their relationship to insured: \_\_\_\_\_

Cash value (if any): \$\_\_\_\_\_

Policy No. 3

Name of insured: \_\_\_\_\_

Is it through the employer: \_\_\_\_\_

Type of policy (term, whole life, universal life): \_\_\_\_\_

Company name and address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date policy was purchased: \_\_\_\_\_

Death benefit amount (face value): \$\_\_\_\_\_

Beneficiary(ies) and their relationship to insured: \_\_\_\_\_

Cash value (if any): \$\_\_\_\_\_

**C. DISABILITY INSURANCE (LIST ALL DISABILITY INSURANCE POLICIES ON EITHER YOU OR YOUR SPOUSE, INCLUDING THOSE THROUGH THE EMPLOYER)**

Policy No. 1

Name of insured: \_\_\_\_\_

Is it through the employer: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date policy was purchased: \_\_\_\_\_

Policy No. 2

Name of insured: \_\_\_\_\_

Is it through the employer: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date policy was purchased: \_\_\_\_\_

**XII. DEBTS OF YOU AND YOUR SPOUSE**

**A. DEBTS**

1. Bankruptcy

Have you ever filed bankruptcy? \_\_\_ Yes \_\_\_ No If yes, when did you file? \_\_\_\_\_

Has your spouse ever filed bankruptcy? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

2. Loans

<u>Name of Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Name(s) on Account</u>	<u>Authorized Users</u>	<u>Item Purchased</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



3. Credit card Accounts

<u>Name of Creditor</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Name(s) on Account</u>	<u>Authorized Users</u>	<u>Item Purchased</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**B. MONTHLY EXPENSES**

<u>Expense Type</u>	<u>Joint Expenses Before Separation</u>	<u>Expenses After Separation</u>	<u>Children (if separate)</u>
Contract for Deed, Mortgage or Rent Payment	_____	_____	_____
Real Estate Taxes	_____	_____	_____
Homeowners' Insurance	_____	_____	_____
Utilities: Fuel Per Month	_____	_____	_____
Water Per Month	_____	_____	_____
Garbage per Month	_____	_____	_____
Laundry/Dry Cleaning	_____	_____	_____
Telephone	_____	_____	_____
Cable Television	_____	_____	_____
Maintenance of House, Yard, And Repairs	_____	_____	_____
Food	_____	_____	_____
Car: Gas, Oil Per Month	_____	_____	_____
License	_____	_____	_____
Loan Payment Per Month	_____	_____	_____
Insurance Per Month	_____	_____	_____
Repairs Per Month	_____	_____	_____
Clothing	_____	_____	_____
Medical: Health	_____	_____	_____
Dental	_____	_____	_____
Vision	_____	_____	_____
Drugs	_____	_____	_____
Life Insurance (All Premiums)	_____	_____	_____
Church or Synagogue	_____	_____	_____
Subscriptions: Newspaper	_____	_____	_____
Periodicals	_____	_____	_____
Magazines	_____	_____	_____

Child Care/Day Care	_____	_____	_____
Haircuts	_____	_____	_____
Club Memberships	_____	_____	_____
Entertainment	_____	_____	_____
Veterinary Expenses (pet food, etc.)	_____	_____	_____
Travel	_____	_____	_____
Miscellaneous Expenses	_____	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____	_____

Do you or your spouse owe any money to the welfare department or social security because of any overpayment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

### **XIII. SPOUSAL SUPPORT (ALIMONY)**

**Definition:** Money paid by one party of the marriage to the other party for their support, not the children's. The court will consider age, health, education, work experience and skills, standard of living during the marriage, and length of the marriage in determining whether a spousal support award will be given and how much it will be. The court will balance the needs of the person who will receive spousal support against the other parties' ability to pay spousal support.

Permanent spousal support is paid to the recipient until the person paying spousal support dies, until further order of the court, or sometimes until remarriage.

Temporary or rehabilitative support is paid only for a definite time period. Its purpose is to put the recipient in a financial position to better support themselves, e.g. finishing school or furthering their employment opportunities.

Do you want spousal support (alimony) from your spouse? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Unsure

If no, sign your name here: \_\_\_\_\_

If yes, do you want permanent or temporary spousal support? \_\_\_\_\_

Specify the reasons why you are requesting spousal support: \_\_\_\_\_  
\_\_\_\_\_

### **XIV. DOMESTIC ABUSE**

If there has been domestic abuse (physical harm or the threat of physical harm) in your marriage or relationship, please answer the following questions:

When was the last time an incident occurred? \_\_\_\_\_

Please give details of that incident and generally about what type of domestic abuse has occurred: \_\_\_\_\_

\_\_\_\_\_

Do you or does your spouse now have an Order for Protection? \_\_\_\_ Yes \_\_\_\_ No  
PLEASE ATTACH A COPY OF YOUR CURRENT ORDER TO THIS QUESTIONNAIRE.

Have you or your spouse ever had an Order for Protection? \_\_\_\_ Yes \_\_\_\_ No If yes, date of the last order? \_\_\_\_\_

Have criminal charges ever been filed against you or your spouse for Domestic Violence? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

Have you or your spouse ever abused the children? \_\_\_\_ Yes \_\_\_\_ No Please describe: \_\_\_\_\_

\_\_\_\_\_

#### **XV. SERVICE**

Please give an accurate physical description of your spouse:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Distinctive Physical Characteristics: \_\_\_\_\_

Give make, model, year, color, and license number of the car your spouse if driving:

\_\_\_\_\_

When and where should the divorce papers be served on your spouse? \_\_\_\_\_

\_\_\_\_\_

Would your spouse be willing to come to our office or the Sheriff's Department to be served the divorce papers? \_\_\_\_ Yes \_\_\_\_ No

**XVI. PRIVATE OWNED BUSINESS**

If you or your spouse own a business, answer the following:

**A. YOUR BUSINESS**

Name of your company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Service or product: \_\_\_\_\_

Type of business: \_\_\_\_\_ Sole ownership    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation  
                                  \_\_\_\_\_ Unincorporated

If your business is a partnership, please list the other partners: \_\_\_\_\_

Name of corporate attorney: \_\_\_\_\_

Share of stock of corporation: \_\_\_\_\_ How many do you own? \_\_\_\_\_

Does your spouse have an interest in your company? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are you employed at any other full or part-time jobs? \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes,  
please explain: \_\_\_\_\_

**B. YOUR SPOUSE'S BUSINESS**

Name of your spouse's company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Service or product: \_\_\_\_\_

Type of business: \_\_\_\_\_ Sole ownership    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation  
                                  \_\_\_\_\_ Unincorporated

If your spouse's business is a partnership, please list the other partners: \_\_\_\_\_

Name of corporate attorney: \_\_\_\_\_

Share of stock of corporation: \_\_\_\_\_ How many does your spouse own? \_\_\_\_\_

Do you have an interest in your company? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your spouse employed at any other full or part-time jobs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

**XVII. ADDITIONAL PARENTING RESPONSIBILITY INFORMATION**

Please check off which parent handled these tasks prior to your separation. If done by both parents, estimate what percentage of time each parent performed the task (50%, etc.).

<b>TASK</b>	<b>YOU</b>	<b>SPOUSE</b>	<b>BOTH</b>
Who prepared meals for the child(ren)?			
Who served meals to the child(ren)?			
Who dressed the child(ren)?			
Who bathed the child(ren)?			
Who changed diapers?			
Who usually got up at night with the child(ren)?			
Who put the child(ren) to bed?			
Who read bedtime stories to the child(ren)?			
Who drove the child(ren) to and from school?			
Who made appointments?			
Who took child(ren) to doctor?			
Who attended parent/teacher conferences?			
Who disciplined child(ren)?			
Who supervised homework and other lessons?			
Who scheduled social activities for child(ren)?			
Who took child(ren) to church, temple, or Sunday school?			
Who played with the child(ren)?			

Has your spouse ever been involved in a parenting responsibility/parenting time case before? \_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_ Describe \_\_\_\_\_

For each child, list the name of the child's school, grade, and teacher:

<u>Child</u>	<u>School</u>	<u>Grade</u>	<u>Teacher's Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the names and address of your child(ren)'s doctor and/or clinic:

<u>Child</u>	<u>Clinic</u>	<u>Doctor's Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the name and address of your child(ren)'s dentist: \_\_\_\_\_

Have you ever taken your child(ren) to a psychologist, psychiatrist, or other mental health counselor? If so, give the following details:

a. Which child attended: \_\_\_\_\_

Name of counselor/psychologist: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate dates of treatment: \_\_\_\_\_

Purpose: \_\_\_\_\_

Did anyone else attend with your child: \_\_\_\_\_

b. Which child attended: \_\_\_\_\_

Name of counselor/psychologist: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate dates of treatment: \_\_\_\_\_

Purpose: \_\_\_\_\_

Did anyone else attend with your child: \_\_\_\_\_

Has there been any physical or sexual abuse of your children? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, give details:

What happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who caused the abuse? \_\_\_\_\_

When did the abuse happen? \_\_\_\_\_

Where did it happen? \_\_\_\_\_

Were the police or child protection notified? \_\_\_\_\_ Yes \_\_\_\_\_ No