

# FAMILY LAW QUESTIONNAIRE

## I. CLIENT PERSONAL DATA

1) Name: \_\_\_\_\_

2) Birthdate: \_\_\_\_\_

3) Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4) Address: \_\_\_\_\_

Can letters and documents be sent to your address: Yes \_\_\_\_\_ No \_\_\_\_\_

5) Contact:

A) Cellular: \_\_\_\_\_

Can you be contacted confidentially at this phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Can messages be left at this confidentially number? Yes \_\_\_\_\_ No \_\_\_\_\_

B) Email \_\_\_\_\_ @ \_\_\_\_\_

Can you be contacted confidentially at this email? Yes \_\_\_\_\_ No \_\_\_\_\_

C) Work: \_\_\_\_\_

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

Can messages be left at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Restrictions: \_\_\_\_\_

D) Home: \_\_\_\_\_

Can you be contacted at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Can messages be left at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Restrictions: \_\_\_\_\_

6) Marriage (or relationship):

A) Date of Marriage (or relationship): \_\_\_\_\_

B) Place of Marriage (City, County, State): \_\_\_\_\_

C) Date of Separation: \_\_\_\_\_

D) If female, do you want to resume your maiden name? Yes \_\_\_\_ No \_\_\_\_

E) The name that you want to resume: \_\_\_\_\_

F) Previous marriages: Yes \_\_\_\_ No \_\_\_\_

(1) If yes, please set forth:

(1) Name of prior spouse \_\_\_\_\_

(2) Marriage ended by: Death \_\_\_\_ Divorce \_\_\_\_

**II. FORMER PLACES OF RESIDENCE SINCE MARRIAGE**

Please list full addresses and dates of residence, in chronological order for prior five years:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**III. CLIENT EDUCATIONAL BACKGROUND**

- A) Please list your highest level of education: \_\_\_\_\_
- B) Type of Degree Earned: \_\_\_\_\_

**IV. CLIENT EMPLOYMENT HISTORY**

- A) Present Employer: \_\_\_\_\_
- B) Address: \_\_\_\_\_
- C) Employment Title: \_\_\_\_\_
- D) Number of Years at Current Employment: \_\_\_\_\_
- E) Gross Salary: \_\_\_\_\_ PER \_\_\_\_\_ Month \_\_\_\_\_ Week \_\_\_\_\_ Bi-Weekly
- F) Net Salary: \_\_\_\_\_ PER \_\_\_\_\_ Month \_\_\_\_\_ Week \_\_\_\_\_ Bi-Weekly
- G) Deductions:
  - (1) Federal Income W/H:       \$ \_\_\_\_\_
  - (2) State Income W/H:       \$ \_\_\_\_\_
  - (3) Security W/H:           \$ \_\_\_\_\_
  - (4) Health Insurance W/H:   \$ \_\_\_\_\_
  - (\*Please list the premium ONLY for employee and premium ONLY for children)
  - (5) Other Exemptions Claimed: \$ \_\_\_\_\_
- H) Previous Employer: \_\_\_\_\_
- I) Previous Employer Address: \_\_\_\_\_
- J) Period of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

**V. SPOUSE/OTHER PARTY INFORMATION**

- 1) Name: \_\_\_\_\_
- 2) Birthdate: \_\_\_\_\_
- 3) Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

- 4) Address: \_\_\_\_\_
- 5) Relationship to you: \_\_\_\_\_
- 6) Do they have an attorney: N/Y If yes, who? \_\_\_\_\_
- 7) Contact Information:
- A) Home: \_\_\_\_\_
- B) Work: \_\_\_\_\_
- C) Cell: \_\_\_\_\_
- D) Email: \_\_\_\_\_
- 8) County of Residence: \_\_\_\_\_
- 9) Previous marriages: Yes \_\_\_ No \_\_\_
- A) If yes, please set forth:
- (1) Name of prior spouse \_\_\_\_\_
- (1) Marriage ended by: Death \_\_\_ Divorce \_\_\_

#### VI. SPOUSE/OTHER PARTY EDUCATIONAL BACKGROUND

- A) Please list the other party's highest level of education: \_\_\_\_\_
- (1) Type of Degree Earned: \_\_\_\_\_

#### VII. SPOUSE/OTHER PARTY EMPLOYMENT HISTORY

- A) Present Employer: \_\_\_\_\_
- B) Address: \_\_\_\_\_
- C) Employment Title: \_\_\_\_\_
- D) Number of Years at Current Employment: \_\_\_\_\_
- E) Gross Salary: \_\_\_\_\_ PER \_\_\_\_\_ Month \_\_\_\_\_ Week \_\_\_\_\_ Bi-Weekly
- F) Net Salary: \_\_\_\_\_ PER \_\_\_\_\_ Month \_\_\_\_\_ Week \_\_\_\_\_ Bi-Weekly
- G) Deductions:
- (1) Federal Income W/H: \$ \_\_\_\_\_
- (2) State Income W/H: \$ \_\_\_\_\_
- (3) Security W/H: \$ \_\_\_\_\_
- (4) Health Insurance W/H: \$ \_\_\_\_\_
- (\*Please list the premium ONLY for employee and premium ONLY for children)
- (5) Other Exemptions Claimed: \$ \_\_\_\_\_
- H) Previous Employer: \_\_\_\_\_
- I) Previous Employer Address: \_\_\_\_\_

J) Period of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

**VIII. CHILDREN BORN OF MARRIAGE OR RELATIONSHIP WITH OPPOSING PARTY**

1)

A) Name: \_\_\_\_\_

B) DOB: \_\_\_\_\_

C) SSN: \_\_\_\_\_

D) Birth Place: (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(COMPLETE THIS SECTION IF CHILD IS UNDER 18 YEARS OF AGE OR IS IN HIGH SCHOOL)

Presently Resides: \_\_\_\_\_ (How Long) \_\_\_\_\_

Previous Address: \_\_\_\_\_ (How Long) \_\_\_\_\_

2)

A) Name: \_\_\_\_\_

B) DOB: \_\_\_\_\_

C) SSN: \_\_\_\_\_

D) Birth Place: (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(COMPLETE THIS SECTION IF CHILD IS UNDER 18 YEARS OF AGE OR IS IN HIGH SCHOOL)

E) Presently Resides: \_\_\_\_\_ (How Long) \_\_\_\_\_

F) Previous Address: \_\_\_\_\_ (How Long) \_\_\_\_\_

3)

A) Name: \_\_\_\_\_

B) DOB: \_\_\_\_\_

C) SSN: \_\_\_\_\_

D) Birth Place: (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(COMPLETE THIS SECTION IF CHILD IS UNDER 18 YEARS OF AGE OR IS IN HIGH SCHOOL)

E) Presently Resides: \_\_\_\_\_ (How Long) \_\_\_\_\_

F) Previous Address: \_\_\_\_\_ (How Long) \_\_\_\_\_

4)

A) Name: \_\_\_\_\_

B) DOB: \_\_\_\_\_

C) SSN: \_\_\_\_\_

D) Birth Place: (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(COMPLETE THIS SECTION IF CHILD IS UNDER 18 YEARS OF AGE OR IS IN HIGH SCHOOL)

E) Presently Resides: \_\_\_\_\_ (How Long) \_\_\_\_\_

F) Previous Address: \_\_\_\_\_ (How Long) \_\_\_\_\_

If you incur any of the following costs for the benefit of a minor child, state the average monthly amount paid over the prior twelve (12) months:

- 1) Therapy: \_\_\_\_\_
- 2) Doctor Bills: \_\_\_\_\_
- 3) Bills of other practitioners, uncovered amounts and co-pays: \_\_\_\_\_
- 4) Medications, uncovered mediations and co-pays: \_\_\_\_\_
- 5) Cost of supplements: \_\_\_\_\_
- 6) Cost of equipment: \_\_\_\_\_
- 7) Expenditures for supplies relating to child: \_\_\_\_\_
- 8) Expenses of caregiver training: \_\_\_\_\_
- 9) Extra cost of special nutritional requirements: \_\_\_\_\_
- 10) Extra Cost of special clothing and personal care: \_\_\_\_\_
- 11) Cost of home modifications: \_\_\_\_\_
- 12) Cost of vehicle modifications: \_\_\_\_\_
- 13) Non-parental caregiver costs: \_\_\_\_\_
- 14) Transportation expenses: \_\_\_\_\_
- 15) Respite care: \_\_\_\_\_
- 16) Any other costs: \_\_\_\_\_

#### IX. REAL PROPERTY

- 1) Marital Residence Address: \_\_\_\_\_
- 2) How is this property titled: \_\_\_\_ Jointly \_\_\_\_ Husband only \_\_\_\_ Wife only

<b>Mortgage Company (or Holder):</b>
<b>Address:</b>
Original Amount of Mortgage:
Balance as of DOS:
Amount of Monthly Payment:
Estimated Fair Market Value:
Present Tax Value:
Date Purchased & Purchase Price:
Annual Ad Valorem Tax (City):
Annual Valorem Tax (County):
Annual Homeowners Insurance Premium:

<b>Second Mortgage Company (or Holder):</b>
<b>Address:</b>
Original Amount of 2 <sup>nd</sup> Mortgage
Present Balance:
Amount of Monthly Payment:

**X. OTHER REAL PROPERTY OWNED BY YOU AND/OR SPOUSE/OPPOSING PARTY**

<b>Address:</b>
How is this property titled: ____ Jointly ____ Husband only ____ Wife only
Date Purchased & Purchase Price:
Mortgage Holder & Balance as of DOS:
Estimated Fair Market Value:
Present Tax Value:
Annual Ad Valorem Tax (City):
Annual Valorem Tax (County):
Annual Homeowners Insurance Premium:
Use Made of Property:

\*Attach a list of any other real property owned by you and/or spouse/opposing party with the same information requested above\*

**XI. PERSONAL PROPERTY/ACCOUNTS**

<b>Cash on Hand:</b>	
Amount:	
Held by:	
<b>Bank Accounts - Checking</b>	
Balance on DOS:	
Current Balance:	
Bank:	
Account Number:	
Who Can Sign:	
<b>Bank Accounts - Savings</b>	
Balance on DOS:	
Current Balance:	
Bank:	
Account Number:	
Who Can Sign:	
<b>Brokerage Accounts:</b>	
Balance on DOS:	
Current Balance:	
Name Account Held:	
Bank:	
Account Number:	
Type of Account:	
<b>Money Market Accounts:</b>	
Balance on DOS:	
Current Balance:	

Name Account Held:	
Bank:	
Account Number:	
Type of Account:	

\*Attach a list of any other financial accounts with the same information requested above\*

## XII. PERSONAL PROPERTY

### 1) Securities or Mutual Funds

Name of Company or Fund	No. of Shares	Common or Other	Date and Value of Last Statement

### 2) Stocks held outside Brokerage Account

Name of Company	No. of Shares	Common or Preferred	Owner	Location of Certificate

### 3) Bonds

Maker or Issuer	Account, Number & Denomination	Interest Rate

4) Automobiles

Year	Make & Model	How Titled	Balance Owed	To Whom (Is this Leased?)	Monthly Payment	Fair Mkt Value

5) Boats/Airplanes/Other Vehicles

Type/Year	How Titled	Balance Owed	To Whom	Monthly Payment

6) Individual Retirement Accounts

Bank	Name on Account	Account No.	Balance on DOS	Current Balance

7) Client Retirement Benefits

<b>Type</b>	
Company	
Plan Administrator	
Date of Employment	
Date First Participated in Plan	
Amount of Benefits Currently Being Paid	
<b>Type</b>	
Company	
Plan Administrator	
Date of Employment	
Date First Participated in Plan	
Amount of Benefits Currently Being Paid	
<b>Type</b>	
Company	
Plan Administrator	
Date of Employment	
Date First Participated in Plan	
Amount of Benefits Currently Being Paid	





### XIII. FAMILY OWNED BUSINESSES

<b>Name of Business:</b>	
<b>Type of Business:</b>	
<b>Proprietorship:</b>	
<b>Partnership:</b>	<b>Percentage Interest of Ownership:</b>
<b>Corporation:</b>	<b>Percentage Interest of Ownership:</b>
Type and Extent of Ownership:	
Officer's Names:	
Director's Names:	
Stockholders' Names and Shares of Stock:	
Partners' Names and % Interest:	
Employee (If so, job description):	
Salary:	
Estimated Fair Market Value of Interest:	

### XIV. OTHER REVENUES/ASSETS

	<b>Amount</b>	<b>Source</b>
Farming		
Royalties		
Rent		
Franchises		
Sales Commission and Renewals		
Notes Receivable		
Patents		
Intellectual Property		

### XV. INSURANCE

#### 1) Life Insurance

<b>Company Name</b>	
Company Address	
Owner	
Owner's Address	
Insured's Name	
Beneficiary	
Policy Number	
Cash Value	
<b>Company Name</b>	
Company Address	
Owner	
Owner's Address	
Insured's Name	
Beneficiary	
Policy Number	
Cash Value	

\*For each additional policy attach a sheet listing the same information requested above\*

2) Hospital, Health & Accident Insurance

Policy No.	
Insurance Co.	
Address	

Do you have any group policies, through employment or otherwise? Yes \_\_\_\_ No \_\_\_\_

If so, describe: \_\_\_\_\_  
 \_\_\_\_\_

**XVI. DEBTS**

Type of Account	Name on Account	Monthly Payment	Balance Owed on DOS
Visa			
MasterCard			
Discover			
Car Loan			
Finance Company			
Department Store			
Department Store			
Other Debt			
Other Debt			
Other Debt			
Other Debt			
Other Debt			
Other Debt			

**XVII. SEPARATION**

(Complete this section only if applicable)

1) Have you ever been separated before? Yes \_\_\_\_ No \_\_\_\_

2) If so, give time, place, circumstances and conditions of each separation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Has there been any discussion of terms of a separation agreement? If so, what did Husband propose?

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4) What did Wife propose?

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5) Have you or your spouse previously engaged in marriage counseling? Name and Address of Counselor (Physician, Minister, Psychiatrist, or other Counselor?)

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**XVIII. INITIAL DOCUMENTS CLIENT TO FURNISH TO ATTORNEY**

	<b>PLEASE PROVIDE ATTORNEY WITH ITEMS MARKED BELOW</b>
Deeds and Deeds of Trust for all real property	
Bank statements for 6 months prior to and including date of separation	
Last 5 years tax returns (personal & business)	
Last 5 years financial statements (personal & business)	
Copy of life insurance policies	
Documentation from life insurance companies stating cash value on the date of separation	
All credit card statements for 6 months prior to and including date of separation and currently	
Year to date paystubs or other verification of current earnings	
Property tax listings for past 3 years (personal & business)	
Documentation showing balanced in all IRA accounts for past year up to and including the date of separation and currently	
Documentation from employer identifying the type of retirement benefits and whether or not you are vested, including the summary plan description and benefits statement	
Documentation of the account balanced and defined contribution retirement plans (401(K) Savings Plans, etc.) for the past year up to and including the DOS and currently	
Documentation of the cost to client for health and dental insurance, itemizing the cost for client and the cost for children	
Copies of all titles to all vehicles	
Documentation from all banks or other lending institutions stating the balances owed on all debts on date of separation and currently (business & personal)	
Copies of stock certificates	
Copies of any prenuptial or postnuptial agreements executed by you and your spouse	
Copies of any separation agreements, property settlement agreements and orders executed previously	