

DIVORCE QUESTIONNAIRE

1. Client Information

Full Name: _____ (First, Middle, Last)

Maiden Name: _____ (if applicable)

Address: _____

_____ (Include name of county)

Length at current address: _____

Length of Residence in PA: _____

Date and Place of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security #: _____ Driver's License #: _____

E-Mail Address: _____

2. Spouse's Information

Full Name: _____ (First, Middle, Last)

Maiden Name: _____ (if applicable)

Address: _____

_____ (Include name of county)

Length at current address: _____

Length of Residence in PA: _____

Date and Place of Birth: _____

Social Security #: _____ Is Spouse in Military? Yes / No

What is the name of your spouse's attorney, if any: _____

3. Marriage Information

Date of Marriage:_____ Date of Separation:_____

Place of Marriage:_____

Previous Marriages, How and Where Dissolved:

a. Client:_____

b. Spouse:_____

4. Children

	Name	Age	Date of Birth	School
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

Are there any special emotional or physical problems of the children? If so, explain:

5. Marital Problems; Desired Grounds for Divorce

General Nature of Marital Problems:

Client's Residences Since Marriage (most recent first and so on)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Spouse's Residences Since Marriage (most recent first and so on)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

FINANCIAL INFORMATION

6. Your Employment and Earnings

Your Occupation: _____

Name of Employer: _____

Address: _____

Length of Employment: _____

Gross Salary \$ _____ per _____ (week, month, etc.)

Payroll Deductions (if self-employed, bring income tax return)

Fed. Withholding _____ Pension Plan _____

F.I.C.A. _____ Credit Plan _____

State Tax _____ Medical Ins. _____

Local Ins. _____ Health Ins. _____

Union Dues _____ Other: _____

Net Salary \$ _____ per _____ (week, month, etc.)

Do you have any of the following benefits?

Profit Sharing Plan _____ Expense Account _____

Stock Purchase Plan _____ Life Insurance _____

Health Insurance _____ Dental Insurance _____

Pension or Retirement Plan _____

Are you employed at any other full or part-time job?

If so, explain: _____

Are you currently receiving any financial assistance from Public Assistance, Social Security, Unemployment Compensation, Workers' Compensation, etc.?

No _____ Yes _____ If yes, please provide the following information:

From Whom: _____

Amount \$ _____ per _____ (week, month, etc.)

Date Benefit began _____ Date Benefit will end _____

Do you have any other income (dividends, interest, rental, support, etc.?)

No _____ Yes _____ If yes, please explain:

7. Spouse's Employment and Earnings

Spouse's Occupation: _____

Name of Employer: _____

Address: _____

Length of Employment: _____

Gross Salary \$ _____ per _____ (week, month, etc.)

Spouse's Payroll Deductions (if self-employed, bring income tax return)

Fed. Withholding _____ Pension Plan _____

F.I.C.A. _____ Credit Plan _____

State Tax _____ Medical Ins. _____

Local Ins. _____ Health Ins. _____

Union Dues _____ Other: _____

Net Salary \$ _____ per _____ (week, month, etc.)

Does your spouse have any of the following benefits?

Profit Sharing Plan _____ Expense Account _____
Stock Purchase Plan _____ Life Insurance _____
Health Insurance _____ Dental Insurance _____
Pension or Retirement Plan _____

8. Retirement Plans

Do you have the following? Answer yes or no.

IRA _____ Pension or retirement plan with former employer _____
Pension or retirement plan with the government _____
Keogh or other self-employment retirement plan _____

Does your spouse have the following? Answer yes or no.

IRA _____ Pension or retirement plan with former employer _____
Pension or retirement plan with the government _____
Keogh or other self-employment retirement plan _____

9. Marital Residence

Address _____ (Street, Twn/Boro, County)
_____ City, State, Zip Code)

Date Home Purchased _____ Purchase Price \$ _____

Down Payment \$ _____ Whose Funds? _____

Current Mortgage Balance \$ _____ as of _____

(Contact the lender before your appointment if time permits)

To Whom Mortgage is Paid _____

Monthly Mortgage Payment \$ _____

Are real estate taxes included in mortgage? _____

What is your estimate of the current market value of the residence? \$_____

Whose name(s) is the residence titled in? _____

10. Other Real Estate

Do you or your spouse own or have an interest in any other real estate?

No _____ Yes _____ If yes, complete the following:

Address _____ (Street, Twn/Boro, County)

_____ City, State, Zip Code)

Date Home Purchased _____ Purchase Price \$_____

Down Payment \$_____ Whose Funds? _____

Current Mortgage Balance \$_____ as of _____

To Whom Mortgage is Paid _____

Monthly Mortgage Payment \$_____

Are real estate taxes included in mortgage? _____

Rental Income Received \$_____ per month

What is your estimate of the current market value of the residence? \$_____

Whose name(s) is the residence titled in? _____

11. Bank or Other Investment Accounts

For all accounts (including checking, savings, certificate of deposit) state:

A. Bank or Institution _____

Address _____

Account Number _____ Type of Account _____

Balance \$_____ as of _____

Account is in the name(s) of _____

B. Bank or Institution _____

Address _____

Account Number _____ Type of Account _____

Balance \$ _____ as of _____

Account is in the name(s) of _____

C. Bank or Institution _____

Address _____

Account Number _____ Type of Account _____

Balance \$ _____ as of _____

Account is in the name(s) of _____

12. Stocks

# of Shares	Name of Stock	Purchase Date	Name	Cost	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. Bonds or Other Securities

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Is any property of yours or your spouse held by another person? _____

If so, explain all particulars: _____

15. Life Insurance

Face	Company	Whole or Term	Insured	Value	Beneficiary
------	---------	---------------	---------	-------	-------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

16. Motor Vehicles

A. Make _____ Model _____ Year _____

Who uses the vehicle _____ Title in Name of _____

Date Purchased _____ Purchase Price \$ _____

Current Debt on vehicle \$ _____ Monthly Payment \$ _____

To Whom _____ Current Value \$ _____

B. Make _____ Model _____ Year _____

Who uses the vehicle _____ Title in Name of _____

Date Purchased _____ Purchase Price \$ _____

Current Debt on vehicle \$ _____ Monthly Payment \$ _____

To Whom _____ Current Value \$ _____

C. Make _____ Model _____ Year _____

Who uses the vehicle _____ Title in Name of _____

Date Purchased _____ Purchase Price \$ _____

Current Debt on vehicle \$ _____ Monthly Payment \$ _____

To Whom _____ Current Value \$ _____

D. Make _____ Model _____ Year _____

Who uses the vehicle _____ Title in Name of _____

Date Purchased _____ Purchase Price \$ _____

Current Debt on vehicle \$ _____ Monthly Payment \$ _____

To Whom _____ Current Value \$ _____

E. Make _____ Model _____ Year _____

Who uses the vehicle _____ Title in Name of _____

Date Purchased _____ Purchase Price \$ _____

Current Debt on vehicle \$ _____ Monthly Payment \$ _____

To Whom _____ Current Value \$ _____

17. Furniture and Household Items

Your estimate of current value \$ _____

Any loan against furniture and household goods? No _____ Yes _____

If yes, how much borrowed? _____

Jewelry owned by you and your spouse in excess of \$200.00 (give particulars):

18. Are there any assets other than those listed above which are owned by either you or your spouse? For example is there a boat, motor house, motorcycle, etc.? If so please describe:

	Date Purchased	Cost	Titled	Value
Boat	_____	_____	_____	_____
Mobile Home	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____
Motorcycle	_____	_____	_____	_____
Snowmobile	_____	_____	_____	_____
Snowmobile	_____	_____	_____	_____
Other item	_____	_____	_____	_____
Other item	_____	_____	_____	_____
Other item	_____	_____	_____	_____
Other item	_____	_____	_____	_____

19. Are you or your spouse a party to any pending lawsuit? No _____ Yes _____

If yes, explain: _____

20. Are you or your spouse beneficiaries under any estate now in probate? If so, state which party, whose estate, where estate is being administered and approximate amount to be received:

24. Do you wish to retake your maiden name? No_____ Yes_____

If yes, what name?_____

25. Have you given your spouse Power of Attorney, i.e., did you ever sign a Power of Attorney naming your spouse as your power of attorney-in-fact?

No_____ Yes_____

26. Have you signed a Health Care Declaration (also known as a Living Will) naming your spouse as a surrogate? No_____ Yes_____

27. Do you have a Will? No_____ Yes_____

28. Are you interested in revising your Will? No_____ Yes_____

If your spouse is named in a Power of Attorney, Health Care Declaration or Will, we recommend that those documents be revised and we will be glad to discuss this with you. If you do not have a Will, we recommend that you have one prepared.

To help you prepare for your appointment, please write out any questions you wish to have answered: