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ATTORNEYS AT LAW

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DIVORCE INTERVIEW QUESTIONNAIRE

Yourself

Full Legal Name: _____
Address: _____
Home Phone: (_____) _____ Other: (_____) _____
Work Phone: (_____) _____
Email Address: _____
Employer Name: _____
Employer Address: _____
Gross Pay: \$ _____ Net Pay: \$ _____
Date of Birth: _____ Age: _____
Social Security Number: _____
Number of this Marriage: _____
Did your last marriage end in divorce: _____ What Year: _____
What state were you born in? _____
How many years of school do you have?
High School: _____ College: _____
Degrees: _____
Race: _____

Your Spouse

Full Legal Name: _____
Address: _____
Home Phone: (_____) _____ Other: (_____) _____
Work Phone: (_____) _____
Email Address: _____
Employer Name: _____
Employer Address: _____
Gross Pay: \$ _____ Net Pay: \$ _____
Date of Birth: _____ Age: _____
Social Security Number: _____
Number of this Marriage: _____
Did your last marriage end in divorce: _____ What Year: _____
What state were you born in? _____
How many years of school do you have?
High School: _____ College: _____
Degrees: _____
Race: _____

Current Marriage

Date of Marriage: _____
City, County and State of Marriage: _____
Years of Marriage: _____
Wife's maiden name: _____

Do you have a written Prenuptial or Postnuptial Agreement with your spouse?
☐ Yes ☐ No If yes, please attach a copy of the Agreement to this questionnaire when
returning the questionnaire to our office.

Children of this Marriage

Name of Child	Date of Birth	Social Security Number	Age of Child

Other information regarding minor children of this marriage:

Address of minor children at present time: _____

City and state where minor children have resided during the past five years:

List all persons with whom the minor children have lived during the past five years:

Has any legal proceeding regarding custody of the minor children of this marriage been filed and if so when
and where?

Information about children over the age of majority

Name of Child	Date of Birth	Whereabouts (college, married, etc.)

Previous Marriage

Information about children of previous marriages

Name of Child	Age	Social Security Number	Custodian	Support Payment	Paid or Received

Employment Information

	You	Spouse
Name of Employer		
Address of Employer		
Phone Number		
Position		
Length of Employment		
Pay Periods		
Monthly Gross		
Monthly Net		
Benefits Paid by Employer		
Benefits Paid by Employee		

How often are you paid?

_____ Monthly _____ Every Two Weeks _____ Twice a Month

How often is your spouse paid?

_____ Monthly _____ Every Two Weeks _____ Twice a Month

Banking Information

Please list all accounts, whether they are in your name, your spouse's name, jointly held, or for the benefit of the children.

Checking Accounts

Name of Bank	Account Number	Current Balance	Name(s) on Account
		\$	
		\$	
		\$	
		\$	
		\$	

Saving Accounts

Name of Bank	Account Number	Current Balance	Name(s) on Account
		\$	
		\$	
		\$	
		\$	

Cash

Amount of Cash	Who has the Cash?
\$	
\$	

Accounts for the Benefit of the Children *(Including, but not limited to, Section 529 Savings Plans or UTMA Accounts)*

Name of Bank	Account Number	Current Balance	Name(s) on Account
		\$	
		\$	
		\$	
		\$	

Expenses

Expense	Monthly Expense	Annual Expense		Monthly Expense	Annual Expense
Home Expenses			Transportation		
Rent/Mortgage	\$	\$	Auto Payment	\$	\$
Homeowners/ Association Fee	\$	\$	Fuel	\$	\$
Home Equity Loan	\$	\$	Repairs/Maintenance	\$	\$
Property Taxes	\$	\$	Total Transportation Expenses	\$	\$
Telephone	\$	\$			
Cell Phone/Pager	\$	\$	Miscellaneous		
Internet	\$	\$	Postage	\$	\$
Security System	\$	\$	Gifts/Holiday Expenses	\$	\$
Cable/Satellite	\$	\$	Vitamins/Non-Prescription Drug	\$	\$
Electricity	\$	\$	Toiletries	\$	\$
Gas	\$	\$	Beauty Salon/Hair/Nails	\$	\$
Water/Garbage	\$	\$	Pet Care/Vet	\$	\$
Landscape Maintenance/Lawn	\$	\$	Books/Newspapers/Magazines	\$	\$
Snow Removal	\$	\$	Donations	\$	\$
Exterminator	\$	\$	Memberships/Clubs	\$	\$
General Home Repairs/Maint	\$	\$	Miscellaneous	\$	\$
Home Improvements/Upgrade	\$	\$	Credit Card	\$	\$
Housecleaning	\$	\$	Total Miscellaneous Expenses	\$	\$
Miscellaneous Household/Pool	\$	\$			
Total Home Expenses	\$	\$	Other Payments		
			Quarterly Taxes/Addtl Tax Pmts	\$	\$
Food			Spousal Support Payments	\$	\$
Groceries	\$	\$	Child Support Payments	\$	\$
Dining Out	\$	\$	Eldercare Expenses	\$	\$
Total Food Expenses	\$	\$	Professional Fees:	\$	\$
			Accounting	\$	\$
Clothing Expenses			Financial Planning	\$	\$
Clothing	\$	\$	Legal	\$	\$
Laundry/Dry Cleaning	\$	\$	Miscellaneous	\$	\$
Total Clothing Expenses	\$	\$	Total Other Payments Expenses	\$	\$
Entertainment/Recreation			Total Expenses (excluding children)	\$	\$
Entertainment-Excludes Dining Out	\$	\$			
Videos/CDs/DVDs	\$	\$	Child Related Expenses		
Hobbies	\$	\$	Education/Tuition	\$	\$
Movies & Theater	\$	\$	School Lunches	\$	\$
Vacations/Travel	\$	\$	Counselor	\$	\$
Classes/Lessons	\$	\$	Sports/Camps/Lessons	\$	\$
Total Entertainment/Recreation	\$	\$	Hobbies/Field Trips/School Activities	\$	\$
			Toys/Games	\$	\$
Medical			Boy Scout/Girl Guide Dues	\$	\$
(After or not covered by insurance)	\$	\$	Clothing	\$	\$
(Excludes children)	\$	\$	Medical	\$	\$
Physicians	\$	\$	Dental/Orthodontics*	\$	\$
Dental/Orthodontist	\$	\$	Optometry/Glasses/Contacts*	\$	\$
Optometry/Glasses/Contacts	\$	\$	Prescriptions*	\$	\$
Prescriptions	\$	\$	Allowances	\$	\$
Total Medical Expenses	\$	\$	Miscellaneous/Haircuts	\$	\$
			Total Child Related Expenses	\$	\$
Insurance			*Not Covered by Insurance		
Life Insurance	\$	\$			
Health	\$	\$			
Disability	\$	\$	Total Expenses (Including Children)	\$	\$
Long-Term Care	\$	\$			
Home	\$	\$			
Auto	\$	\$			
Other (Boat, College, Etc.)	\$	\$			
Total Insurance Expense	\$	\$			

Monthly Payments to Banks, Loan Companies or Credit Card Account

(Do not include mortgage payments – see following pages)

Creditor	When Incurred	Amount of Last Payment	Date of Last Payment	Current Balance	Husband	Wife

Real Estate and Mortgage Information

First Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Second Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Third Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Other Real Estate and Mortgage Information

First Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Second Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Information Regarding Assets

All personal property including vehicles, boats, trailers, retirement benefits, profit sharing, pensions, IRAs, 401(k)s, stocks, bonds, mutual funds, life insurance policies, trusts, inheritance, other savings, employee benefits, non-qualified plans, deferred income plans. If it is an inheritance, please identify if any acquired prior to marriage or acquired during marriage by a Will.

Description of Asset	Number of Shares/Units	Fair Market Value	Husband	Wife	Joint

Have you been involved with any assisted reproductive technologies
(i.e. had sperm or embryos stored)?

☐ Yes ☐ No

If so, when?

What is the current status of the assisted reproductive technologies (i.e. undergone treatment in the past, currently undergoing any treatment, sperm or embryos being held in storage and could be accessed at a later date, etc.)

Do you have a copy of the contract with the storage facility?

☐ Yes ☐ No

If yes, please attach a copy of the contract with the storage facility when returning the questionnaire to this office.

List the name, address and phone number of the storage facility:

Has your spouse/partner been involved with any assisted reproductive technologies
(i.e. had sperm or embryos stored, etc.)?

☐ Yes ☐ No

If so, when?

What is the current status of the assisted reproductive technologies (i.e. undergone treatment in the past, currently undergoing any treatment, sperm or embryos being held in storage and could be accessed at a later date, etc.)

Do you have a copy of the contract with the storage facility?

☐ Yes ☐ No

If yes, please attach a copy of the contract with the storage facility when returning the questionnaire to this office.

List the name, address and phone number of the storage facility:

Information Regarding Miscellaneous Items

Who pays for family health care coverage? _____

Cost of family coverage? _____

Have you and/or your spouse undergone any type of counseling? If so, who have you seen?

In general words, give your reason for filing a domestic action at this time?

Do you have a particular amount of money in mind needed in terms of spousal support or child support which will meet your monthly obligations?

Have you and your spouse discussed a division of property? If so, please give particulars:

General Information About Your Initial Divorce Papers *(Check the ones that apply to your desires)*

Divorce		Residence	
Separate Maintenance		Primary Custody	
Annulment		Child Support	
Joint Custody		Restraining Order	
Attorney fees to be paid by other party		Costs	
Personal Property to be awarded to you		Restoration of maiden name	
Personal Property to be awarded to spouse		Spousal Maintenance	

Your Spouse's "Hidden" Assets – A Checklist (adapted from article by Leonard Karp, Tuscon, AZ)

In helping you to prepare for your property division settlement or trial, we try not to overlook anything. Please take a moment to help us complete this list of "hidden" assets (or easily overlooked ones) so that we don't miss anything.

Client's Name _____

Date of meeting with client: _____

[illegible]