
Your Name

Date of Appointment

Referred by

DOMESTIC RELATIONS QUESTIONNAIRE

CONFIDENTIAL

**PLEASE READ THESE
INSTRUCTIONS CAREFULLY**

You are having domestic difficulties of one kind or another, and have sought the advice of this law firm. In order to properly advise you, we need certain basic information about your background and the history of your marriage.

In order to handle your case efficiently, and to minimize costs, we are asking you to complete this Domestic Relations Questionnaire.

The following information is for the sole use of your attorney. All answers that you give will be held **STRICTLY CONFIDENTIAL**, and will not be released to any unauthorized person. If you wish, this questionnaire will be returned to you when your domestic problems have been concluded.

Answer each question fully and accurately. Success in your case depends upon mutual confidence and complete cooperation between client and attorney. We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing, or you do not think it is important.

Even if you do not understand why a question has anything to do with your particular circumstance, answer the question and we will be happy to discuss its bearing.

GENERAL INFORMATION

Your full name:

First, Middle, Last

Full name of your spouse:

First, Middle, Last

Your preferred name, if any:

Spouse's address (if different than yours):

Your address:

Street

Street

City, State, Zip

City, State, Zip

Indiana County: _____

Indiana County: _____

Spouse's home phone number:

Your home phone number:

Spouse's cell phone number:

Your cell phone number:

Spouse's business phone number:

Your business phone number:

Spouse's date and place of birth:

Your date and place of birth:

Date

Date

City, State

City, State

Spouse's Social Security Number:

Your Social Security Number:

Spouse's e-mail address:

Your e-mail address:

Spouse's physical attributes:

Height____ Weight____ Hair Color____

Race____ Distinguishing Marks____(i.e. tattoos, birthmarks, etc.)

Which party, if not both of you, lives at the marital residence? _____

Date of your marriage: _____

Date of physical separation: _____

Children of yours with your spouse: **(Please give all requested information)**

<u>Full Name</u>	<u>Date Born</u>	<u>City, ST born:</u>	<u>Gender:</u>	<u>SSN:</u>	<u>School/Occupation</u>	<u>Resides with:</u>
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Are any of your children disabled? No Yes: please explain: _____

Children of yours prior to this present marriage: (Please give all requested information)

Full Name Date Born City, ST born: Gender: SSN: School/Occupation Resides with:

Children of your spouse's prior to this present marriage: (Please give all requested information)

Full Name Date Born City, ST born: Gender: SSN: School/Occupation Resides with:

Have any previous actions been filed to dissolve this marriage? Yes No

If yes, please provide the following information:

By Whom? _____ When? _____

Where? _____ Disposition? _____

Are there any attorney's representing either of you? Yes No

If yes, please provide the attorney's name(s), and the nature of the case: _____

Are there currently any pending civil, family, or criminal cases/lawsuits involving you or your spouse? Yes No

If yes, please provide the following information:

Name of Case: _____

Cause Number: _____ Where filed: _____

Have you or your spouse received any inheritances, large gifts, personal injury or worker's compensation benefits or settlements during the marriage? Yes No

If yes, please provide the following information:

Who received: _____ When received: _____

How much received: _____ Proceeds still in existence?: _____

What were the proceeds used for?: _____

Are either you or your spouse, or both, presently serving in the military? Yes No

If yes, please specify, including dates: _____

Do either you or your spouse, or both, have any history of military service? Yes No

If yes, please specify, including dates: _____

Have you ever been convicted of a criminal offense? (Other than minor traffic violations): Yes No

If yes, please provide the following information:

Date: _____ Place: _____

Charges: _____ Result: _____

Has your spouse ever been convicted of a criminal offense? (Other than minor traffic violations): Yes No

If yes, please provide the following information:

Date: _____ Place: _____

Charges: _____ Result: _____

Your length of residency in this state: _____

County of residence and length of residency in county: _____

Your spouse's length of residency in this state: _____

County of residence and length of residency in county: _____

Are you a member of a church? Yes No If yes, which denomination? _____

Is your spouse a member of a church? Yes No If yes, which denomination? _____

In what religion are your children being raised, if any? _____

If applicable, do you wish to return to your former/maiden name? Yes No

If yes, what will your name be changed to? _____

Have there been any instances of domestic violence during your marriage and/or are you currently in fear for your safety and well-being? Yes No

If yes, please explain: (continue on the back of this page if more room is needed.)

EMPLOYMENT INFORMATION

Your employer: _____

Employer's address: _____

Your occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____

Any profit sharing or 401 (K) plans through work? Yes No

If yes, approximate the value in each: _____

Any pension plans through work? Yes No If yes, is your pension vested? Yes No

Any stocks or bonds through work? Yes No If yes, approximate the value in each: _____

Your spouse's employer: _____

Spouse's employer's address: _____

Spouse's occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____

Any profit sharing or 401 (K) plans through work? Yes No

If yes, approximate the value in each: _____

Any pension plans through work? Yes No If yes, is their pension vested? Yes No

Any stocks or bonds through work? Yes No If yes, approximate the value in each: _____

Are there vested retirement benefits at any previous place of employment for you or your spouse? Yes No

If yes, who is the employer? _____

What is the amount and type of retirement? _____

Other relevant facts regarding earnings (other full-time or part-time employment, whether taxed or on a cash-basis, self-employment, bonuses, tips, child-support, variations in income, etc.):

Yours: _____

Your spouse's: _____

EDUCATION AND TRAINING

What education have you had, including any special employment training? (Include dates of training):

What education has your spouse had, including any special employment training? (Include dates of training):

MAINTENANCE ISSUES

Do you or your spouse have any physical or mental disabilities that keep either of you from being able to work or fully support yourself? Yes No

If yes, please explain and provide any history of social security or other disability benefits, if applicable:

Are you or your spouse in college, or contemplating attending college? Yes No

If yes, please state where attending, education receiving and cost of education:

LIST OF MONTHLY LIVING EXPENSES

HOUSING

1. Rent/Mortgage _____
2. Gas & Electric _____
3. Telephone & Cell Phone _____
4. Water _____
5. Sanitation _____
6. Cable _____
7. Internet _____
8. Taxes _____
9. Insurance (Home) _____
10. Maintenance _____
11. Lawn Care _____
12. Water Softener _____
13. Pool Costs _____

GROCERIES

1. Food _____
2. Toiletries _____
3. Paper Products _____
4. Cleaning Supplies _____
5. Other (list items) _____
- _____
- _____
- _____
- _____

BEAUTY CARE

1. Hair Cuts _____
2. Cosmetics _____
3. Other (list items) _____
- _____
- _____

CLOTHING

1. Clothes _____
2. Shoes _____
3. Sporting Gear/Uniforms _____

INFANT CARE (IF APPLICABLE)

1. Diapers _____
2. Formula/Food _____
3. Doctor (Shots) _____

SCHOOL SUPPLIES (IF APPLICABLE)

1. Lunches _____
2. Books _____
3. Tuition _____

TRANSPORTATION

1. Car Payment _____
2. Gasoline _____
3. Oil Changes _____
4. Maintenance _____
5. Vehicle Insurance _____
6. Car Washes _____
7. Vehicle Repairs _____
8. License Plates _____

MISCELLANEOUS

1. Church Donations _____
2. Health Insurance _____
3. Doctor Visits _____
4. Dentist _____
5. Child Care _____
6. Newspapers, Books, Magazines _____
7. Cigarettes _____
8. Dry Cleaning _____
9. Medicine _____
10. Entertainment _____
11. Extracurricular _____
12. Pets _____
13. Other (list items) _____
- _____
- _____

REAL PROPERTY

If you own your home, provide the following information:

How is the title held? _____

Address of property: _____
Street

City, State and Zip

Brief description of building (i.e. two bedroom brick house with two-car garage):

Date of purchase: _____

Is there a mortgage? Yes No If yes, in whose name? _____

Who is the mortgage lender? _____

Purchase price \$ _____ Balance owed \$ _____

Monthly payments \$ _____ Current estimated market value \$ _____

Taxes/insurance included or paid separately? _____

Down payment made and where monies came from: _____

If you own other real estate, provide the same information:

How is the title held? _____

Address of property: _____
Street

City, State and Zip

Brief description of building (i.e. two bedroom brick house with two-car garage):

Date of purchase: _____

Is there a mortgage? Yes No If yes, in whose name? _____

Who is the mortgage lender? _____

Purchase price \$ _____ Balance owed \$ _____

Monthly payments _____ Current estimated market value \$ _____

Taxes/insurance included or paid separately? _____

Down payment made and where monies came from: _____

PERSONAL PROPERTY

Vehicle (Automobiles, Trucks, Campers, Motorcycles, Boats, etc.) – list additional on back

Make _____ **Model** _____ **Year** _____ **Color** _____

How is it titled? _____

Who drives this vehicle? _____

Is it financed or is there a lien? _____, With whom? _____

If yes, in whose name? _____ Date of purchase: _____

Mileage: _____ Purchase price: \$ _____

Monthly payments \$ _____ Balance owed: \$ _____

Current market value: \$ _____ License Plate # _____

Make _____ **Model** _____ **Year** _____ **Color** _____

How is it titled? _____

Who drives this vehicle? _____

Is it financed or is there a lien? _____, With whom? _____

If yes, in whose name? _____ Date of purchase: _____

Mileage: _____ Purchase price: \$ _____

Monthly payments \$ _____ Balance owed: \$ _____

Current market value: \$ _____ License Plate # _____

BANK ACCOUNTS, STOCKS AND BONDS – list additional on back

Checking and Savings Accounts

Name of Bank, Savings & Loan, or Credit Union: _____

Checking Balance \$ _____ Checking Account # _____

Savings Balance \$ _____ Savings Account # _____

Whose names are on these accounts? _____

Name of Bank, Savings & Loan, or Credit Union: _____

Checking Balance \$ _____ Checking Account # _____

Savings Balance \$ _____ Savings Account # _____

Whose names are on these accounts? _____

Do you have a safe deposit box (lock box)? Yes No

If yes, in whose name? _____

Where is this box located? _____

What has traditionally been kept in the box? _____

List all stocks, bonds, IRAs, and other investments for you and your spouse:

INDEBTEDNESS

List information for all creditors (i.e. VISA, MasterCard, Discover, etc.):

(1) Creditor's name: _____

Address: _____
Street

City, State and Zip

Balance owed \$ _____ Monthly payments \$ _____

Joint or individual debt? _____

Dates incurred: _____

Credit used for: _____

(2) Creditor's name: _____

Address: _____
Street

City, State and Zip

Balance owed \$ _____ Monthly payments \$ _____

Joint or individual debt? _____

Dates incurred: _____

Credit used for: _____

(3) Creditor's name: _____

Address: _____
Street

City, State and Zip

Balance owed \$ _____ Monthly payments \$ _____

Joint or individual debt? _____

Dates incurred: _____

Credit used for: _____

(list additional on back)

INSURANCE

List all life insurance policies insuring either you or your spouse:

Name of company: _____

Name of insured: _____

Beneficiary: _____

Date of policy: _____

Face amount: \$ _____ Monthly Payments: \$ _____

Does this policy have a cash surrender value? Yes No

If yes, what is that amount? _____

Name of company: _____

Name of insured: _____

Beneficiary: _____

Date of policy: _____

Face amount: \$ _____ Monthly Payments: \$ _____

Does this policy have a cash surrender value? Yes No

If yes, what is that amount? _____

(NOTE: List any loans against above policies under "INDEBTEDNESS")

Medical Insurance:

Name of company: _____

Type of coverage: _____ Monthly payments: \$ _____

Coverage provided by your or your spouse's employer? _____

The amount of the monthly premium you, or your spouse, pay to cover just your children on this policy:
\$ _____, paid by _____

Dental Insurance:

Name of company: _____

Type of coverage: _____ Monthly payments: \$ _____

Coverage provided by your or your spouse's employer? _____

The amount of the monthly premium you, or your spouse, pay to cover just your children on this policy:
\$ _____, paid by _____

Give your reasons for wanting a divorce:
