

DIVORCE QUESTIONNAIRE

1. Client Information

Full Name: _____ (First, Middle, Last)

Maiden Name: _____

Address: _____ (Include name of county)

How long at current address: _____

Length of Residence in PA: _____

Birthday and Place of Birth: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

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

E-Mail Address: _____

2. Spouse's Information

Full Name: _____ (First, Middle, Last)

Maiden Name: _____

Address: _____ (Include name of county)

How long at current address: _____

Length of Residence in PA: _____

Birthday and Place of Birth: _____

Social Security Number: _____

Is Spouse in Military? Yes/No (circle one)

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

3. Marriage

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____

Other Marriages. How and Where Dissolved

a) Client: _____

b) Spouse: _____

Children:

	Name	Date of Birth	Age	School
a)				
b)				
c)				
d)				

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

4. Marital Problems; Desired Grounds for Divorce

General Nature of Marital Problems:

Client's Residences Since Marriage (List Below)

a)

b)

c)

Spouse's Residences Since Marriage (List Below)

a)

b)

c)

FINANCIAL INFORMATION

5. YOUR EMPLOYMENT AND EARNINGS

Your occupation: _____

Name of Employer: _____

Address: _____

Length of Employment: _____

Gross salary \$ _____ per _____

PAYROLL DEDUCTIONS (If self-employed, bring income tax return)

Fed. Withholding _____

Pension Plan _____

F.I.C.A. _____

Credit Plan _____

Local Tax _____

State Tax _____

Medical 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 terminate _____

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

No _____ Yes _____

If yes, please explain:

6. YOUR 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 _____

Local Tax _____ State Tax _____

Medical Ins. _____ Health Ins. _____

Union Dues _____ Other: _____

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

Do 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 _____

7. 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 current employer _____
Pension or retirement plan with former employer _____
Pension or retirement plan with the government _____
Keogh or other self-employment retirement plan _____

8. 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 \$ _____

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

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

9. OTHER REAL ESTATE

Do you or your spouse own or have an interest in any other real estate? No ___ Yes ___. If

yes, fill out below:

Address _____ (Street, Twn/Boro, County)

_____ (City, State, Zip Code)

Date purchased _____

Purchase Price _____

Down Payment \$ _____

Whose Funds? _____

Current Mortgage Balance \$ _____

as of _____

Monthly Mortgage Payment \$ _____

Are real estate taxes included in mortgage? _____

To whom Mortgage is Paid _____

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: _____

10. 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 _____

11. STOCKS

No. of Shares	Name of Stock	Date of Purchase	Whose Name	Cost	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. BONDS OR OTHER SECURITIES

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

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

If so, explain all particulars: _____

14. LIFE INSURANCE

Face	Company	Whole or Term?	Insured Beneficiary	Value	Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

15. MOTOR VEHICLES

A. Make _____ Model _____ Year _____

Who uses the vehicle _____ Title in Name of _____

Date Purchased _____ Purchase Price \$ _____

Current Debt on vehicle \$ _____ Monthly Pmts. \$ _____

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 Pmts. \$ _____

To Whom _____ Current Value \$ _____

16. 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 full particulars _____

17. 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	_____	_____	_____
Snowmobile	_____	_____	_____
Other item	_____	_____	_____

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

If yes, give full particulars _____

19. 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:

20. Do you or your spouse expect to receive an inheritance in the future? _____

If so, state which of you is to inherit and give the name of the person(s) from whom either of you expects an inheritance and an estimate of the value of the property to be received:

21. CREDIT CARDS: List all.

Card Company	Acct. Names on	Card Number	Current Balance	Monthly Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. DEBTS: List all regardless of whose name the debt is in:

Bank or Finance Co.	Date of Loan	Current Balance	Monthly Payments	Names on Loan
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

If yes, exactly what name? _____

24. 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_____

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

26. Do you have a Will? No_____ Yes_____

27. Are you interested in redoing 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 redone and we will be glad to discuss this with you. If you do not have a Will, we recommend that you do one.

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