

# 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:\_\_\_\_\_

Other 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:

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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: