



## DIVORCE INTERVIEW QUESTIONNAIRE

Today's Date: \_\_\_\_\_

### Yourself

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home:  Work:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

How many times have you been married including your current marriage? \_\_\_\_\_

Did your last marriage end in divorce: \_\_\_\_\_ What Year: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

What state were you born in? \_\_\_\_\_

How many years of school have you completed?

High School: \_\_\_\_\_ College: \_\_\_\_\_

Degrees: \_\_\_\_\_

Race: \_\_\_\_\_

Do you currently have any health conditions? Yes:  No:

If yes, please explain: \_\_\_\_\_

**Your Spouse**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

How many times has your spouse been married including your current marriage? \_\_\_\_\_

Did spouse's last marriage end in divorce: \_\_\_\_\_ What Year: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

What state was your spouse born in? \_\_\_\_\_

How many years of school has your spouse completed?

High School: \_\_\_\_\_ College: \_\_\_\_\_

Degrees: \_\_\_\_\_

Race: \_\_\_\_\_

Does your spouse currently have any health conditions? Yes:  No:

If yes, please explain: \_\_\_\_\_

\*\*\*\*\*

**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

**Daycare Costs**

Amount per week: \_\_\_\_\_

Paid by: \_\_\_\_\_

Is daycare expense paid by cash or check? \_\_\_\_\_

Name of daycare provider: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do any of your children have special needs? Yes  No

If yes, please elaborate:

Address of minor children at present time:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Addresses, including city, state, and zip code where minor children have resided during the past **FIVE** years:

List all persons and their corresponding addresses, including city, state, and zip code with whom the minor children have lived with 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? (For example PFA or PFS cases)

Information about children over the age of majority

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

\*\*\*\*\*

**Previous Marriage / Relationship**

Information about Children of previous marriages /relationships of either you or your spouse

Name of Child	Date of Birth	Social Security Number	Custodian	Support Payment Amount	Paid or Received

Are you or your spouse currently paying spousal maintenance (alimony) to an ex-spouse? Yes  No

If yes, how much per month? \_\_\_\_\_

Have you or your spouse already left the marital residence? Yes  No

If yes, who left and when? \_\_\_\_\_

\*\*\*\*\*

**Current Employment Information**

	You	Spouse
Name of Employer		
Address of Employer Including City, State, & Zip Code		
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
  Weekly

How often is your spouse paid?

- Monthly
  Every Two Weeks
  Twice a Month
  Weekly

**Please provide copies of your 6 most recent paystubs and complete copies of your income tax returns for the last 3 years if available to you.**

Who pays for family health care coverage? \_\_\_\_\_

Is it an extra cost? Yes  No

If yes, please provide the cost of coverage for:

Employee only: \_\_\_\_\_ Employee plus child(ren): \_\_\_\_\_

Employee + child(ren) + spouse: \_\_\_\_\_

Are there any special health care costs (i.e. orthodontic, etc.)?

Who pays?

Company/ provider name and address including city, state, and zip code:

**Please provide documentation from your employer or insurance provider showing your monthly health insurance premium costs.**

**Previous Employment Information**

Please state employment history for you:

<b>Employer</b>	<b>Occupation</b>	<b>Dates of Employment</b>	<b>Beginning rate of pay</b>	<b>Ending rate of pay</b>	<b>Balance of 401(k), retirement, etc.</b>	<b>Reason for leaving</b>

Please state employment history for your spouse:

<b>Employer</b>	<b>Occupation</b>	<b>Dates of Employment</b>	<b>Beginning rate of pay</b>	<b>Ending rate of pay</b>	<b>Balance of 401(k), retirement, etc.</b>	<b>Reason for leaving</b>

\*\*\*\*\*

**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:

<b>Name of Bank</b>	<b>Account Number</b>	<b>Current Balance</b>	<b>Name(s) on Account</b>

Saving Accounts:

<b>Name of Bank</b>	<b>Account Number</b>	<b>Current Balance</b>	<b>Name(s) on Account</b>

Certificates of Deposit (CD's):

<b>Name of Bank</b>	<b>Account Number</b>	<b>Current Balance</b>	<b>Name(s) on Account</b>

Cash

<b>Amount of Cash</b>	<b>Who has the Cash?</b>

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

<b>Name of Bank</b>	<b>Account Number</b>	<b>Current Balance</b>	<b>Name(s) on Account</b>



Safety Deposit Boxes:

Name of Bank	Address	Persons Authorized to enter Safety Deposit Box	Contents of Safety Deposit Box	Date of Last Entry of Safety Deposit Box

### Expenses

Please list all expenses and indicate whether expense is paid monthly (M), quarterly (Q), yearly (Y), etc.

Expenses:

Expense	Amount	Monthly Yearly Quarterly	Expense	Amount	Monthly Yearly Quarterly
<b>Home Expenses:</b>			Snow Removal		
Rent/ Mortgage			Exterminator		
Homeowners Association Fee			Home Repairs/ Maintenance		
Property Taxes (Included in Mortgage? Y / N)			<b>Insurance:</b>		
Home Phone			Life Insurance		
Cell Phone			Health		
Internet			Disability		
Security System			Long-Term Care		
Cable/Satellite			Home (Included in Mortgage? Y / N)		
Electricity			Auto		
Gas			<b>Medical (not covered by insurance):</b>		
Water			Physicians (not covered by insurance)		
Garbage			Dental/ Orthodontist (not covered by insurance)		
Lawn Care/Landscaping			Optometry/Glasses/Contacts (not covered by insurance)		
Housecleaning			Prescriptions/Non-Prescription Drugs (not covered by insurance)		

Expense	Amount	Monthly Yearly Quarterly	Expense	Amount	Monthly Yearly Quarterly
<b>Food:</b>			Child Support Payments		
Groceries			<b>Transportation:</b>		
Dining Out			Car Payment		
<b>Clothing Expenses:</b>			Fuel		
Clothing			Maintenance /Repairs		
Laundry/ Dry Cleaning			<b>Professional Fees:</b>		
<b>Entertainment / Recreation:</b>			Accounting		
Hobbies			Financial Planning		
Movies & Theater			Legal		
Vacation/Travel			<b>Child Related Expenses:</b>		
DVD's/CD'S/Streaming Services			Education/Tuition/ Daycare		
Classes/Lessons			School Lunches		
<b>Miscellaneous</b>			Counselor		
Gifts/Holiday Expenses			Sports/Camps/Lessons		
Toiletries			Hobbies/Field Trips/School Activities		
Beauty Salon/Hair/Nails			Toys/Games		
Pet Care/ Vet			Clothing		
Books/Newspapers/ Magazines			Medical (not covered by insurance)		
Donations			Dental/ Orthodontics (not covered by insurance)		
Memberships/Clubs			Optometry/Glasses/Contacts (not covered by insurance)		
Credit Card Payments			Prescriptions (not covered by insurance)		
<b>Other Payments:</b>			Allowances		
Quarterly Taxes/ Addt'l Tax Payments			Haircuts		
Spousal Support Payments			Miscellaneous		

Monthly Payments to Banks, Loan Companies, or Credit Card Account

(Do not include mortgage payments – see following pages)

Creditor Name and Loan description (i.e. vehicle, home, credit card)	Date Incurred	Amount of Last Payment	Date of Last Payment	Current Balance	Husband	Wife
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**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 (Lender): \_\_\_\_\_

Second Mortgage or HELOC Information

Address: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance Due on Loan: \$ \_\_\_\_\_

Name of Mortgage Holder (Lender): \_\_\_\_\_

Third Mortgage or HELOC Information

Address: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance Due on Loan: \$ \_\_\_\_\_

Name of Mortgage Holder (Lender): \_\_\_\_\_

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 (Lender): \_\_\_\_\_

Second Mortgage or HELOC Information

Address: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance Due on Loan: \$ \_\_\_\_\_

Name of Mortgage Holder (Lender): \_\_\_\_\_

**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 was acquired prior to marriage or a c quired during marriage by a Will.

Description of asset. (year, make, model of vehicles, boats etc. Type of benefit and where held. Examples: 2009 Ford Explorer, Morgan Stanley IRA.	Number of shares or units	Fair Market Value	How is asset titled or held?		
			Husband	Wife	Joint
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes  No

If yes, 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 to 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 questionnaire to this office.)*

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

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

Yes  No

If yes, 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 to 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 questionnaire to this office.)*

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

### Information Regarding Miscellaneous Items

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

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

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

General Issues Applicable to your Divorce (Check all that apply or that you wish to explore)

- |  |   |
|--|---|
| <input type="checkbox"/> Divorce                                   | <input type="checkbox"/> Residence                  |
| <input type="checkbox"/> Separate Maintenance                      | <input type="checkbox"/> Primary Custody            |
| <input type="checkbox"/> Annulment                                 | <input type="checkbox"/> Joint Custody              |
| <input type="checkbox"/> Costs                                     | <input type="checkbox"/> Child Support              |
| <input type="checkbox"/> Attorney fees to be paid by other party   | <input type="checkbox"/> Spousal Support            |
| <input type="checkbox"/> Personal Property to be awarded to you    | <input type="checkbox"/> Restoration of Maiden Name |
| <input type="checkbox"/> Personal Property to be awarded to spouse | <input type="checkbox"/> Restraining Order          |

**Your Spouse’s “Hidden” Assets – A Checklist**

**(adapted from article by Leonard Karp, Tucson, 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.

✓	Type of Asset	Location of item	Notes/ Comments
<input type="checkbox"/>	Frequent Flyer Mileage		
<input type="checkbox"/>	Security Deposits (e.g., utilities, car lease)		
<input type="checkbox"/>	Timeshare property		
<input type="checkbox"/>	Leased Vehicles, cell phone, etc.		
<input type="checkbox"/>	Stock Options		
<input type="checkbox"/>	Memberships (e.g., Country Club)		
<input type="checkbox"/>	Bond or deposit for Country Club		
<input type="checkbox"/>	Unused vacation, sick leave		
<input type="checkbox"/>	Patents, Copyrights, Royalties		
<input type="checkbox"/>	Quarterly Income Tax payments		
<input type="checkbox"/>	Income tax refunds		
<input type="checkbox"/>	Income tax capital loss carry-forwards		
<input type="checkbox"/>	Income tax charitable contribution carry-forwards		
<input type="checkbox"/>	Market able government licenses (radio licenses, commercial fishing quotas)		
<input type="checkbox"/>	Special Retirement Benefits (“golden parachutes”)		
<input type="checkbox"/>	Retirement – life insurance benefits		
<input type="checkbox"/>	Retirement – medic al benefits		
<input type="checkbox"/>	Retirement – survivor benefits		
<input type="checkbox"/>	Hobby or other collections		
<input type="checkbox"/>	Contract rights from marital employment (e.g., insurance renewal payments for agent)		
<input type="checkbox"/>	Affiliation “rewards” programs (e.g., points or discounts for credit card use)		
<input type="checkbox"/>	Entertainment tickets, season ticket options		
<input type="checkbox"/>	Hangar lease (for aircraft)		
<input type="checkbox"/>	Hotel or credit card points		
<input type="checkbox"/>	Cash		
<input type="checkbox"/>	Small business retained earnings		
<input type="checkbox"/>	U.S. Savings Bonds, other securities		
<input type="checkbox"/>	“Hidden Value” items – rare items of personal property (e.g., antiques), rare pets, collectibles		
<input type="checkbox"/>	Options to purchase property		
<input type="checkbox"/>	Unpaid commissions on deals set to close		
<input type="checkbox"/>	Referral fees (e.g., for personal injury lawyers)		
<input type="checkbox"/>	Security of performance bonds posted		
<input type="checkbox"/>	Car Insurance paid		
<input type="checkbox"/>	Taxes prepaid		