

## **Divorce Questionnaire**

|    | $\sim$ | 11    | 1      |        |
|----|--------|-------|--------|--------|
| I. | C      | llent | Intorr | mation |

| ۹. | Pe | ersonal Information                                 | on                     |               |                             |      |  |  |  |
|----|----|---|------------------------|---------------|-----------------------------|------|--|--|--|
|    | 1. | Name:   |                        | Maiden I      | Name:                       |      |  |  |  |
|    | 2. | Telephone No.:                                      | (Home)                 |               | (Work)                      |      |  |  |  |
|    | 3. | Social Security                                     | Number:                |               |                             |      |  |  |  |
|    | 4. | Date of Birth:                                      |                        | Age:          | Race:                       |      |  |  |  |
|    |    |   |                        |               |                             |      |  |  |  |
|    |    |   |                        |               | (Zip)                       |      |  |  |  |
|    | 6. | Mailing Address                                     | s (if different from a | <b>#</b> 5):  |                             |      |  |  |  |
|    |    |   | (City/State)           |               | (Zip)                       |      |  |  |  |
|    | 7. | Date of marriag                                     |                        |               |                             |      |  |  |  |
|    |    |   |                        |               |                             |      |  |  |  |
|    |    |   |                        |               |                             |      |  |  |  |
|    |    | (Separation car                                     | n include living in t  | he same hou   | se if you are not having se | xual |  |  |  |
|    |    | intercourse.)                                       |                        |               |                             |      |  |  |  |
|    | 10 | 10. Do you wish to be restored to your maiden name? |                        |               |                             |      |  |  |  |
|    | 11 | .Is there an EPC                                    | or DVO entered i       | n this case?  | rara, roc                   |      |  |  |  |
|    |    | If yes, please p                                    | rovide the county      | , state, year | and the number of the cas   | e in |  |  |  |
|    |    | which it was en                                     | tered:                 |               |                             |      |  |  |  |
|    |    |   |                        |               |                             |      |  |  |  |
|    | 12 | Length of reside                                    | ence in Kentucky:      |               |                             |      |  |  |  |
|    |    |   |                        |               |                             |      |  |  |  |
|    | 13 | .Name of perso                                      | n who can swear        | that you have | e resided in Kentucky for m | ore  |  |  |  |
|    |    | than 180 days:                                      |                        |               |                             |      |  |  |  |
|    |    |   | Phone:                 |               |                             |      |  |  |  |
|    |    |   | Address:               |               |                             |      |  |  |  |

| 14. Have you been married before?                |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| If the answer is yes,                            |  |  |  |  |  |  |
| a. Name of former spouse:                        |  |  |  |  |  |  |
| b. Date of marriage:                             |  |  |  |  |  |  |
| c. Date marriage ended:                          |  |  |  |  |  |  |
| d. How former marriage ended:                    |  |  |  |  |  |  |
| e. Support obligations:                          |  |  |  |  |  |  |
| <b>15.</b> Has your spouse been married before?  |  |  |  |  |  |  |
| If the answer is yes,                            |  |  |  |  |  |  |
| a. Name of former spouse:                        |  |  |  |  |  |  |
| b. Date of marriage:                             |  |  |  |  |  |  |
| c. Date marriage ended:                          |  |  |  |  |  |  |
| d. How former marriage ended:                    |  |  |  |  |  |  |
| Support obligations:                             |  |  |  |  |  |  |
| 16. Highest level of education attained:         |  |  |  |  |  |  |
| McVay Martin Shepard, PSC Employment Information |  |  |  |  |  |  |
| 1. Are you currently employed?                   |  |  |  |  |  |  |
| If the answer is yes,                            |  |  |  |  |  |  |
| a. Name of Employer:                             |  |  |  |  |  |  |
| b. Employer's Address:                           |  |  |  |  |  |  |
| (City/State) (Zip)                               |  |  |  |  |  |  |
| c. Employer's Telephone Number:                  |  |  |  |  |  |  |
| d. Your Job Title:                               |  |  |  |  |  |  |
| e. Length of Employment:                         |  |  |  |  |  |  |
| f. Net wages per week/month:                     |  |  |  |  |  |  |

В.

| 2. Do you have any deduction for any of the following (circle one): |   |                       |                       |                 |              |         |  |  |
|---|---|-----------------------|-----------------------|-----------------|--------------|---------|--|--|
|   | a.  | Medical Insurance:    |                       | yes             | no           |         |  |  |
|   | b.  | Dental Insurance:     |                       | yes             | no           |         |  |  |
|   | C.  | Life Insurance:       |                       | yes             | no           |         |  |  |
|   | d.  | Savings Accounts:     |                       | yes             | no           |         |  |  |
|   | e.  | Credit Union:         |                       | yes             | no           |         |  |  |
|   | f.  | Loan Repayment:       |                       | yes             | no           |         |  |  |
|   | g.  | Retirement:           |                       | yes             | no           |         |  |  |
|   | h.  | Union/Other dues:     |                       | yes             | no           |         |  |  |
|   | i.  | Charitable Contribut  | ions:                 | yes             | no           |         |  |  |
|   |   |                       |                       |                 |              |         |  |  |
| 3.  | Do  | es your employer pro  | ovide any of the foll | lowing benefits | without cost | to you: |  |  |
|   | a.  | Medical Insurance:    |                       | yes             | no           |         |  |  |
|   | b.  | Dental Insurance:     |                       | yes             | no           |         |  |  |
|   | c.  | Life Insurance:       |                       | yes             | no           |         |  |  |
|   | d.  | Meals:                |                       | yes             | no           |         |  |  |
|   | e.  | Transportation:       |                       | yes             | no           |         |  |  |
|   | f.  | Uniforms:             |                       | yes             | no           |         |  |  |
|   | g.  | Lodging:              |                       | yes             | no           |         |  |  |
|   | h.  | Retirement Benefits   | artin Sh              | yes             | no           |         |  |  |
|   | i.  | Professional/union of | lues:                 | yes             | no oc        |         |  |  |
|   | j.  | Childcare:            |                       | yes             | no           |         |  |  |
|   |   |                       |                       |                 |              |         |  |  |
|   | Do you have a second job?                     |                       |                       |                 |              |         |  |  |
|   |   |                       |                       |                 |              |         |  |  |
|   |   |                       |                       |                 |              |         |  |  |
|   | If you do not work outside the home, are you: |                       |                       |                 |              |         |  |  |
|   | a.  | A full-time homemak   | ker: yes              | no              |              |         |  |  |
|   |   | If so, for how long?  |                       |                 |              |         |  |  |
|   | b.  | Retired: yes          | no                    |                 |              |         |  |  |
|   | c.  | Other:                |                       |                 |              |         |  |  |
|   |   |                       |                       |                 |              |         |  |  |

4.

5.

| 6. | Ha   | ave you been employed by    | anyone   | other than | your current employer | while |
|----|------|-----------------------------|----------|------------|-----------------------|-------|
|    | ma   | arried? yes                 | no       |            |                       |       |
|    | a.   | Name of employer:           |          |            |                       |       |
|    | b.   | Employer's address:         |          |            |                       |       |
|    | C.   | Your job title:             |          |            |                       |       |
|    | d.   | Length of employment:       |          |            |                       |       |
|    | e.   | Reason for leaving:         |          |            |                       |       |
|    | a.   | Name of employer:           |          |            |                       |       |
|    | b.   | Employer's address:         |          |            |                       |       |
|    | c.   | Your job title:             |          |            |                       |       |
|    | d.   | Length of employment:       |          |            |                       |       |
|    | e.   | Reason for leaving:         |          |            |                       |       |
|    |      |                             |          |            |                       |       |
|    |      | Name of employer:           |          |            |                       |       |
|    | b.   | Employer's address:         |          |            |                       |       |
|    | c.   | Your job title:             |          |            |                       |       |
|    | d.   | Length of employment:       |          |            |                       |       |
|    | e.   | Reason for leaving:         | in S     | hepa       | ard, PSC              |       |
| 7. | Do   | pes your monthly income inc | clude am | ounts from | any of the following? |       |
|    | a.   | Social Security:            |          | yes        | no                    |       |
|    | b.   | Retirement:                 |          | yes        | no                    |       |
|    | c.   | Workers' Comp:              |          | yes        | no                    |       |
|    | d.   | Disability:                 |          | yes        | no                    |       |
| Fa | mily | y Information               |          |            |                       |       |
| 1. | Spo  | ouse                        |          |            |                       |       |
|    |      | a. Spouse's Name:           |          |            | _ Maiden Name:        |       |
|    |      | b. Telephone No.: (Home)    | )        |            | _ (Work)              |       |
|    |      | c. Social Security Number   | r:       |            |                       |       |
|    |      |                             |          |            |                       |       |

C.

|    | d.      | Date of Birth:            | Age:             | Race:      |
|----|---------|---------------------------|------------------|------------|
|    |         | Place of Birth: (City)    |                  | (State)    |
|    | e.      | Street Address:           |                  |            |
|    |         | (City/State) _            |                  | (Zip)      |
|    | f.      | Mailing Address (if diffe | erent from #5):  |            |
|    |         | (City/State) _            |                  | (Zip)      |
|    | g.      | Length of employment:     |                  |            |
|    | h.      | Highest level of educat   | ion attained:    |            |
|    | i.      | Spouse's current emplo    | oyer:            |            |
|    | j.      | Spouse's employment       | during marriage: |            |
|    |         | JOB                       |                  | YEARS HELD |
|    |         |                           |                  |            |
|    |         |                           |                  |            |
|    |         |                           |                  |            |
|    | k.      | Religious affiliation:    |                  |            |
|    |         |                           |                  |            |
| 2. | Childre | n                         |                  |            |
|    | a.      | Name:                     |                  |            |
|    | b.      | Social Security Numbe     | r:               |            |
|    |         |                           | in Shepard       |            |
|    | d.      | Date of birth:            | III onepara      | , 100      |
|    | e.      | Current address:          |                  |            |
|    | f.      | Lives with:               |                  |            |
|    | g.      | Child assets:             |                  |            |
|    |         |                           |                  |            |
|    | a.      | Name:                     |                  |            |
|    | b.      | Social Security Numbe     | r:               |            |
|    | C.      | Gender:                   |                  |            |
|    | d.      | Date of birth:            |                  |            |
|    | e.      | Current address:          |                  |            |
|    | f.      | Lives with:               |                  |            |
|    | g.      | Child assets:             |                  |            |

| a.     | Name:  |
|--------|--|
| b.     | Social Security Number:  |
|        | Gender:  |
|        | Date of birth:   |
| e.     | Current address:   |
| f.     | Lives with:  |
| g.     | Child assets:  |
|        |  |
| a.     | Name:  |
| b.     | Social Security Number:  |
| C.     | Gender:  |
| d.     | Date of birth:   |
| e.     | Current address:   |
| f.     | Lives with:  |
| g.     | Child assets:  |
|        |  |
| Have   | any of your children resided anywhere other than in your household |
| during | the past five years?   |
| a.     | Child's Name:  |
| b.     | Residence:   |
| C.     | Time period:   |
|        |  |
| a.     | Child's Name:  |
| b.     | Residence:   |
| C.     | Time period:   |
|        |  |
| a.     | Child's Name:  |
| b.     | Residence:   |
|        | Time Period:   |

3.

|         | 4. Do you want custody of the minor children?                                     | yes          | no       |
|---------|---|--------------|----------|
|         | a. Do you expect your spouse to want custody?                                     | yes          | no       |
|         | b. Are you interested in joint custody?   | yes          | no       |
|         | <b>5.</b> Have you participated in any other litigation involved children? yes no | ving custody | of these |
|         | 6. Do any of the children have special needs?                                     | yes          | no       |
|         | 7. Has your spouse physically assaulted you or threatened                         | d to do so?  |          |
|         |   |              |          |
|         |   |              |          |
| II. Add | ditional Information  |              |          |
| A.      | Assets  1. Do you own your own home?  | d, PSC       | no       |
|         | If so, please answer the following:   |              |          |
|         | a. Address of property:   |              |          |
|         | b. Purchase price:  |              |          |
|         | c. Date of purchase:  |              |          |
|         | d. Monthly payment:   |              |          |
|         | e. Mortgage holder:   |              |          |
|         | f. If there are second or third mortgages, please descri                          |              |          |
|         |   | ount         |          |
|         |   |              |          |
|         |   |              |          |

| 2. Any motor vehicles by you/your spouse? (cars, boats, RV's motorcycles, far | n |
|---|---|
| vehicles, etc.)   |   |
| a. Vehicle:   |   |
| b. Name on title:   |   |
| c. Value:   |   |
| d. Lien holder:   |   |
| e. Amount:  |   |
|   |   |
| a. Vehicle:   |   |
| b. Name on title:   |   |
| c. Value:   |   |
| d. Lien holder:   |   |
| e. Amount:  |   |
|   |   |
| a. Vehicle:   |   |
| b. Name on title:   |   |
| c. Value:   |   |
| d. Lien holder:   | _ |
| e. Amount: av Martin Shepard, PSC   |   |
| into tay intaitin biropara, i bo  |   |
| 3. List all checking, savings, cd's and money market/stock account.           |   |
| a. Account:   |   |
| b. Financial Institution:   |   |
| c. Source:  |   |
| d. Balance:   |   |
|   |   |
| a. Account:   |   |
| b. Financial Institution:   |   |
| c. Source:  |   |
| d. Balance:   |   |

|    | a.  | Account:  |
|----|-----|---|
|    | b.  | Financial Institution:  |
|    | C.  | Source:   |
|    | d.  | Balance:  |
|    |     |   |
|    | a.  | Account:  |
|    | b.  | Financial Institution:  |
|    | c.  | Source:   |
|    | d.  | Balance:  |
|    |     |   |
| 4. | Lis | et all life insurance policies.                                       |
|    | a.  | Name of insured:  |
|    | b.  | Company:  |
|    | C.  | Policy Number:  |
|    | d.  | Face amount:  |
|    | e.  | CSV Loan:   |
|    |     |   |
|    | a.  | Name of insured:  |
|    | b.  | Company:  |
|    |     | Policy Number:  |
|    | d.  | Face amount:  |
|    | e.  | CSV Loan:   |
|    |     |   |
|    | a.  | Name of insured:  |
|    | b.  | Company:  |
|    |     | Policy Number:  |
|    |     | Face amount:  |
|    |     | CSV Loan:   |
|    |     |   |
| 5. | Do  | you or your spouse participate in any retirement plans with employer? |
|    | a.  | Husband:  |
|    | b.  | Wife:   |
|    |     |   |

| <b>6.</b> Na  | ame the person who administers your plan:                      |
|---------------|--|
|               |  |
| <b>7.</b> Lis | st all debts over \$500.00.                                    |
| a.            | Creditor:  |
| b.            | Purpose of loan:   |
| c.            | Balance owed:  |
| d.            | Party liable:  |
|               |  |
| a.            | Creditor:  |
| b.            | Purpose of loan:   |
| C.            | Balance owed:  |
|               | Party liable:  |
|               |  |
| a.            | Creditor:  |
| b.            | Purpose of loan:   |
| C.            | Balance owed:  |
| d.            | Party liable:  |
|               |  |
| a.            | Greditor: av Martin Shepard, PSC                               |
| b.            | Purpose of loan:   |
| C.            | Balance owed:  |
| d.            | Party liable:  |
|               |  |
| a.            | Creditor:  |
| b.            | Purpose of loan:   |
| C.            | Balance owed:  |
| d.            | Party liable:  |
|               |  |
| <b>8.</b> Ha  | ave you and your spouse always filed joint tax returns? yes no |
| a.            | If not, which years did you file separately?                   |
|               |  |

| 9. Do you have a safety o          | deposit bo  | x?      | yes            | no        |
|------------------------------------|-------------|---------|----------------|-----------|
| 10. Do you have any coll           | ectibles?   |         | yes            | no        |
|                                    |             |         | <u> </u>       |           |
| <b>11.</b> Jewelry                 | yes         | no      |                |           |
| 12. Silver/China/Crystal           | yes         | no      |                |           |
| 13. Furs                           | yes         | no      |                |           |
| B. Information for tracing nor     | n-marital p | roperty |                |           |
| 1. During the marriage             |             |         | ty from anyone | real and  |
| personal property)? If you still r |             |         | y mom anyone   | roar arra |
| a. Property:                       |             |         |                |           |
| b. Date inherited:                 |             | V       |                |           |
| c. Value then:                     |             | - GI    | J DO           | 0         |
| d. Value now:                      | larti       | п эпера | ra, rs         | <u> </u>  |
| a. Property:                       |             |         |                |           |
| b. Date inherited:                 |             |         |                |           |
| c. Value then:                     |             |         |                |           |
| d. Value now:                      |             |         |                |           |
| a. Property:                       |             |         |                |           |
| b. Date inherited:                 |             |         |                |           |
| c. Value then:                     |             |         |                |           |
| d. Value now:                      |             |         |                |           |

| <b>2.</b> Di | d you inherit any property that you no longer retain? If so, please list. |
|--------------|---|
| a.           | Property:   |
| b.           | Disposition:  |
| C.           | Use of proceeds:  |
| a.           | Property:   |
|              | Disposition:  |
|              | Use of proceeds:  |
| a.           | Property:   |
|              | Disposition:  |
|              | Use of proceeds:  |
| -            | al property)? If you still retain the property, please list.  Property:   |
|              | uring the marriage did your spouse inherit any property from anyone (rea  |
|              | Property:   |
|              | Date inherited:   |
| C.           | Value then:   |
| d.           | Value then: Value now:  |
| I            | McVay Martin Shepard, PSC   |
| b.           | Date inherited:   |
| C.           | Value then:   |
|              | Value now:  |
| a.           | Property:   |
| b.           | Date inherited:   |
|              | Value then:   |
|              | Value now:  |
|              |   |

| 4. D  | iid your spouse innerit any property that you no long | jer retain? Pie  | ease list: |
|-------|---|------------------|------------|
| a.    | Property:   |                  |            |
| b.    | Disposition:  |                  |            |
| C.    | Use of proceeds:                                      |                  |            |
| _     | Draw out v  |                  |            |
|       | Property:   |                  |            |
|       | Disposition:  |                  |            |
| C.    | Use of proceeds:                                      |                  |            |
| 5 H   | lave you ever recovered in an action for personal in  | iury to you?     |            |
|       | Date of injury:                                       |                  |            |
| b.    | Date you received payment:                            |                  |            |
|       | Amount:   |                  |            |
|       |   |                  |            |
| 6. Ha | as your spouse ever recovered in an action for pers   | onal injury to t | hem?       |
| a.    | Date of injury:                                       |                  |            |
| b.    | Date you received payment:                            |                  |            |
| C.    | Amount:   |                  |            |
|       |   |                  |            |
| 7. If | your spouse has an advanced degree, were you n        | narried while y  | our spouse |
| was   | in school?  | yes              | no         |
| a.    | If so, did you work during the period?                | yes              | no         |
| b.    | Did your spouse also work?                            | yes              | no         |
| c.    | Complete the following:                               |                  |            |
|       | i. Year:  |                  |            |
|       | ii. Your work:  |                  |            |
|       | iii. Your income:                                     |                  |            |
|       | iv. Spouse's work:                                    |                  |            |
|       | v. Spouse's income:                                   |                  |            |
|       |   |                  |            |

| 8. Are you the beneficiary of a trust?  | yes | no |  |
|---|-----|----|--|
| <b>9.</b> Are you currently receiving benefits from a trust fund?                   |     | no |  |
| a. Name of person who created trust:  |     |    |  |
| b. Relationship to you:   |     |    |  |
| c. Name of trustee:   |     |    |  |
| d. Address of trustee:  |     |    |  |
| 10. Are you the beneficiary of a trust but don't currently rec                      |     | e? |  |
|   | yes | no |  |
| a. Name of person who created trust:  |     |    |  |
| b. Relationship to you:   |     |    |  |
| c. Name of trustee:   |     |    |  |
| d. Address of trustee:  |     |    |  |
| e. When does trust take effect?   |     |    |  |
|   |     |    |  |
| 11. Does your spouse have income from a trust?                                      | yes | no |  |
| a. Name of trustee:   |     |    |  |
| b. Amount of income:  |     |    |  |
| McVay Martin Shepard  |     |    |  |
| 12. Is your spouse the beneficiary of a trust but doesn't currently receive income? |     |    |  |
|   | yes | no |  |
| a. Name of trustee:   |     |    |  |

| Living E | xpenses                        |
|----------|--------------------------------|
| 1.       | Mortgage/Rent (include taxes): |
| 2.       | Food:                          |
| 3.       | Utilities:                     |
| 4.       | Telephone:                     |
| 5.       | Cleaning:                      |
| 6.       | Medical/Dental:                |
| 7.       | Childcare:                     |
| 8.       | Transportation:                |
| 9.       | Car payment:                   |
| 10       | .Gasoline:                     |
| 11       | .Repairs:                      |
| 12       | .Lawn:                         |
| 13       | .Beauty/Hair:                  |
| 14       | .Dues:                         |
| 15       | . Clubs:                       |
| 16       | .Professional:                 |
| 17       | .Entertainment:                |
| M 18     | Insurance Martin Shepard, PSC  |
|          | nome.                          |
|          | Life:                          |
|          | Health:                        |
|          | Disability:                    |
| 19       | . Children                     |
|          | School tuition:                |
|          | Music lesson:                  |
|          | Other:                         |
|          | Allowance:                     |
|          | Orthodontist:                  |

II.

## Please provide copies of the following:

- 1. real estate deeds, mortgages, and closing
- 2. state and federal income tax returns for previous two years
- 3. personal and business net worth statements
- 4. insurance policies
- 5. car titles
- 6. bank records (bank statements, cancelled checks, check registers)
- 7. payroll records
- 8. divorce judgments from previous marriages
- 9. adoption decrees
- 10. estate planning documents (wills and trusts)
- 11. employment benefits (insurance, retirement plan)
- 12. antenuptial agreements
- 13. business agreements (partnerships and buy-sell)

McVay Martin Shepard, PSC