

Domestic Relations Questionnaire

Today's Date: _____ Referral Source: _____

Dissolution **Divorce** **Post-decree Action**

1) CLIENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Email Address: _____

Phone:
Home _____ Cell _____ Work _____

Cell phone provider: _____

Date of Birth: _____ Soc. Sec. No.: _____

Name of nearest relative: _____ Relationship: _____

Address of nearest relative: _____

City: _____ State: _____ Zip: _____

Phone of nearest relative: Home _____ Cell _____

County resided in last 90 days: _____

State resided in last 6 months: _____

Any pending lawsuits against anyone: _____

Date of Marriage: _____

Place of Marriage: _____
City County State

Any previous marriages? _____ If so, when and where? _____

2) CLIENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Date of Hire: _____

Years of Service: _____

Occupation: _____

Hourly or Salary: _____

Number of Pay Periods: _____

If hourly, average number of hours per pay period: _____

If hourly, hourly rate of pay: _____

Average number of overtime hours per pay period: _____

Estimated average of net income per pay period: _____

Average yearly gross income: _____

Estimated average yearly net income: _____

Any deduction other than for taxes (health insurance, self-employment expenses, union dues, etc): _____

Any pension or retirement plans: _____

If YES, what are they: _____

Value, if known: _____

Does Client pay or receive child support? _____

Is so, how much? _____

Has Client ever filed for bankruptcy? _____ If so, when? _____

Are you responsible for any other children not subject to this action? _____

Name(s) and date of birth(s) _____

3) OPPOSING PARTY' S PERSONAL INFORMATION

Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____

Date of Birth: _____ Soc. Sec. No.: _____

Name of spouse's attorney: _____

County resided in last 90 days: _____

State resided in last 6 months: _____

Pending lawsuits against anyone: _____

4) OPPOSING PARTY' S EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Date of Hire: _____

Years of Service: _____

Occupation: _____

Hourly or Salary: _____

Number of pay periods: _____

If hourly, average number of hours per pay period: _____

If hourly, hourly rate: _____

Average number of overtime hours per pay period: _____

Overtime rate of pay: _____

Average gross income per pay period: _____

Estimated average net income per pay period: _____

Average yearly gross income: _____

Estimated average yearly net income: _____

Any deduction other than for taxes (health insurance, self-employment expenses, union dues, etc.): _____

Any pension or retirement plans: _____

Value, if known: _____

Does spouse pay or receive child support? _____

Has spouse ever filed for bankruptcy? _____

5) CHILDREN

	Name	D.O.B.	Living with
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Will there be sole custody or shared parenting? _____

If sole custody, who will be custodian? _____

If shared parenting, who is residential parent for school purposes? _____

CHILD SUPPORT WORKSHEET

1. Father's gross annual income: \$ _____
Mother's gross annual income: \$ _____

2. Other children that you pay support to? _____ if so, how much? _____

3. How many other children (not issue of this marriage) do you have? ____ your spouse? _____

3. Are any of the children employed? _____

CHILDREN'S HEALTH INSURANCE

Who provides primary coverage: _____

What is cost per pay period, if any: _____

Insurance company: _____

Address: _____

Phone number: _____

Policy Number: _____ Group Number: _____

Is there secondary coverage available to other spouse?: _____

If so, list company name, address, phone number, policy, and group number: _____

How will out-of-pocket costs be divided?: _____

DEPENDENCY EXEMPTION

Who will get exemptions for which children in which years?: _____

VISITATION

Will there be a standard order of visitation? _____

Will there be a customized possession schedule? _____

Describe possession time of the parents: _____

Has anyone in the household been convicted of or pled guilty to domestic violence or abuse/neglect of a family member? _____

*******PARENTING AFFIDAVIT INFORMATION - this MUST be fully completed*******

Where have the children resided for last 5 years and with whom? (please attach additional sheets if more room is necessary)

Child	From	To	With Whom	Address
		Present		

6) REAL ESTATE

Are parties separated or still together? _____

Address of marital home: _____

Deed in whose name? _____

Date of purchase: _____ Purchase Price: _____

Down Payment: \$ _____ Source of down payment: _____

Beginning first mortgage: \$ _____ Lender: _____

Monthly payment: \$ _____ Are taxes included? _____

Amount of 2nd mortgage or Home Equity Line (if any): \$ _____

Date of second mortgage or equity line: _____

Monthly payment of second mortgage or equity line: \$ _____

Other liens or easements: _____

Date of last appraisal of property: _____

Value at last appraisal: \$ _____

Present value: \$ _____

Estimated equity: \$ _____

Other real estate owned: YES / NO (supplement)

If house is to be sold, how will the bills be divided while awaiting sale and how will the net proceeds from the sale of the house be divided? _____

If one party is keeping the house and the mortgage is in both parties' names, who is getting the house and how much time will the person have to refinance the mortgage and buy out the other party's interest? _____

If the parties are still living together at the marital residence, how long will the person who is leaving have to vacate the residence? _____

7) PERSONAL PROPERTY

AUTOMOBILES, BOATS, AIRPLANES, OTHER VEHICLES

HUSBAND

	Year	Make	Model	Owned/Leased	Disposition
1					
2					
3					

WIFE

	Year	Make	Model	Owned/Leased	Disposition
1					
2					
3					

Do any of the above vehicles have equity in them? _____
If so, how much? _____

LIQUID ASSETS

a) List husband's separate checking or savings accounts and balances: _____

b) List wife's separate checking or savings accounts and balances: _____

c) List joint checking or savings accounts and balances: _____

LIFE INSURANCE POLICIES

a) Does either party possess any life insurance policies with the other named as the beneficiary?

b) What will the disposition of those policies be? _____

