

Please print a copy.  
Complete and return  
to our office.



Referral Source: \_\_\_\_\_

## Divorce | Separate Maintenance Questionnaire

### OUR CLIENT

Full Legal Name: \_\_\_\_\_ SSN# \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (county or state): \_\_\_\_\_

*Please mark preferred phone number below.*

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Race: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ or Former Name: \_\_\_\_\_

Do you want your maiden or former name restored?  Yes  No If yes, select one:  Maiden  Former

Including this marriage, how many times have you been married? \_\_\_\_\_ 60 days legal residency in Kansas?  Yes  No

Previous marriages ended by (divorce/annulment - please list): \_\_\_\_\_

Date(s) previous marriage(s) ended: \_\_\_\_\_

Level of Education:  0-12 years  1-4 Years  5+ Years Degrees Earned: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_

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

Typical work hours: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. on \_\_\_\_\_ days.

### OUR CLIENT INCOME INFORMATION

Income: \$ \_\_\_\_\_ Monthly Gross Wages: \$ \_\_\_\_\_

Employment Benefits (e.g. phone, vehicle, etc.): \_\_\_\_\_

Pay Check Stub Attached:  Yes  No

Tax Return Copy Provided:  Yes  No

Withholding:  Single  Married

# of Dependents Claimed: \_\_\_\_\_

Federal Withholding: \$ \_\_\_\_\_

State Withholding: \$ \_\_\_\_\_ FICA: \$ \_\_\_\_\_

Health Insurance: \$ \_\_\_\_\_

Life Insurance: \$ \_\_\_\_\_

Other Deductions: \$ \_\_\_\_\_

Net Monthly Take-Home Amount: \$ \_\_\_\_\_ Paid:  Weekly  Bi-Weekly  Monthly  Semi-Monthly

Other Income (e.g. second job, Mary Kay, etc.): \_\_\_\_\_

# Divorce | Separate Maintenance Questionnaire

## OPPOSING PARTY

Full Legal Name: \_\_\_\_\_ SSN# \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (county or state): \_\_\_\_\_

*Please mark preferred phone number below.*

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Race: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ or Former Name: \_\_\_\_\_

Does she want her maiden or former name restored?  Yes  No If yes, select one:  Maiden  Former

Including this marriage, how many times have you been married? \_\_\_\_\_ 60 days legal residency in Kansas?  Yes  No

Previous marriages ended by (divorce/annulment - please list): \_\_\_\_\_

Date(s) previous marriage(s) ended: \_\_\_\_\_

Level of Education:  0-12 years  1-4 Years  5+ Years Degrees Earned: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Current Position: \_\_\_\_\_

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

Typical work hours: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. on \_\_\_\_\_ days.

## OPPOSING PARTY INCOME INFORMATION

Income: \$ \_\_\_\_\_ Monthly Gross Wages: \$ \_\_\_\_\_

Employment Benefits (e.g. phone, vehicle, etc.): \_\_\_\_\_

Pay Check Stub Attached:  Yes  No

Tax Return Copy Provided:  Yes  No

Withholding:  Single  Married

# of Dependents Claimed: \_\_\_\_\_

Federal Withholding: \$ \_\_\_\_\_

State Withholding: \$ \_\_\_\_\_ FICA: \$ \_\_\_\_\_

Health Insurance: \$ \_\_\_\_\_

Life Insurance: \$ \_\_\_\_\_

Other Deductions: \$ \_\_\_\_\_

Net Monthly Take-Home Amount: \$ \_\_\_\_\_ Paid:  Weekly  Bi-Weekly  Monthly  Semi-Monthly

Other Income (e.g. second job, Mary Kay, etc.): \_\_\_\_\_

# Divorce | Separate Maintenance Questionnaire

## MARITAL INFORMATION

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage (city, county, state): \_\_\_\_\_

Grounds:  Incompatibility  Failure to perform a material marital duty  Other (describe) \_\_\_\_\_

Actions Filed:  Yes  No When? \_\_\_\_\_ Status: \_\_\_\_\_ Caption/Case No. \_\_\_\_\_

## CHILDREN

Number of children born to marriage: \_\_\_\_\_

Child's Name	Date of Birth (MM/DD/YYYY)	Social Security Number	Age	Still Living at Home	Are they of Native American Heritage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Present address of children of this marriage:

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

Name(s) & address(es) of person(s) with whom children have lived for the past six (6) months:

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

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

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

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

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

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

City(ies) and State(s) where children have lived for the past five years:

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

Has there been litigation concerning custody of the children?  Yes  No

Where (City and State): \_\_\_\_\_ Case No. \_\_\_\_\_

Caption of Case: \_\_\_\_\_ Status: \_\_\_\_\_

# Divorce | Separate Maintenance Questionnaire

## MARITAL INFORMATION CONTINUED

Is there anyone else (other than other parent) who has or claims to have a right to physical custody of or visitation rights with the children?

Yes  No If yes, please provide their name(s): \_\_\_\_\_

**Names and Dates of Birth or minor children NOT born to this marriage:**

Child's Name	Date of Birth (MM/DD/YYYY)	Who Does Child Live With?
		<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives with Ex <input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives with Ex <input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives with Ex <input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you <input type="checkbox"/> Lives with Ex <input type="checkbox"/> Lives with Spouse's Ex

Pre-existing child support obligations paid:

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ County and State: \_\_\_\_\_

Amount of obligation: \$\_\_\_\_\_ per \_\_\_\_\_ Name of Paying Party: \_\_\_\_\_

## ESTATE PLANNING

Do you have a premarital/prenuptial agreement?  Yes  No

If yes, please attach: \_\_\_\_\_

Have you done Estate Planning?  Yes  No If yes, with whom? \_\_\_\_\_

If yes, please describe: (wills, trusts, attorney who drafted, etc.) \_\_\_\_\_

## INSTALLMENT DEBTS AND OBLIGATIONS

Creditor	Monthly Payments	Balance	Date of Last Payment	Who will assume
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

# Divorce | Separate Maintenance Questionnaire

## NECESSARY MONTHLY EXPENSES OF EACH PARTY

Note: review your last six (6) months of expenses to ensure that you have included all of them.

	Client	Frequency	Other Party	Frequency
Rent	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Food	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Utilities:	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Trash Service	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Newspaper	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Telephone	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Water	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Gas/Electric	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Other	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Life	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Health	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Car	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: House/Rental	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Other	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Medical	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Dental	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Prescription Drugs	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Medical and Dental other than insurance (co-pays, etc.)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Child Care (work related)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Child Care (non-work related)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Clothing	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
School Expense	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Haircuts and Beauty	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Car Repair	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Gas and Oil	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Personal Property Tax (on vehicles)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Miscellaneous (please specify):	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Entertainment	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
House Maintenance	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Cell Phone	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Cable	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Gifts	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Tithes/Offerings/Charities	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate

- CONTINUED ON NEXT PAGE -

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- CONTINUED FROM PREVIOUS PAGE -

	Client	Frequency	Other Party	Frequency
Security System	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Lawn Care	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Dry Cleaning Fees	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Membership Fees	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Sports Activities	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
House Cleaning	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Subscriptions	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Parking Fees	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Property Tax on House	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Lessons	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Camps	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Car Expense for Minor Children	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Other (be specific)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate

Have all of your income tax returns for all previous years been filed?  Yes  No

If not, which years have not been filed? \_\_\_\_\_

Have all income taxes been paid in full?  Yes  No

If not, please list the year, the unpaid amount, and the entity owed:

Year	Unpaid Amount	Entity Owed
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

# Divorce | Separate Maintenance Questionnaire

## LIQUID ASSETS

### CHECKING ACCOUNTS

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

### SAVINGS ACCOUNTS

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

### INDIVIDUAL RETIREMENT ACCOUNTS

(please provide us with the most recent statement for each account) Balance as of: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

CASH | Petitioner: \$ \_\_\_\_\_

Respondent: \$ \_\_\_\_\_

### STOCKS AND BONDS

Name of Stock or Bond	Value	Joint/Indv.
	\$	
	\$	

Name of Stock or Bond	Value	Joint/Indv.
	\$	
	\$	

### OTHER

Detail	Value
	\$
	\$

Detail	Value
	\$
	\$

RETIREMENT BENEFITS (please provide us with the most recent statement for each account) Balance as of: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)

Name of Plan	Value	Type	Client/Spouse
		<input type="checkbox"/> Pension <input type="checkbox"/> 401(k)/403(b)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
		<input type="checkbox"/> Pension <input type="checkbox"/> 401(k)/403(b)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
		<input type="checkbox"/> Pension <input type="checkbox"/> 401(k)/403(b)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse

# Divorce | Separate Maintenance Questionnaire

## VEHICLE, BOATS, CAMPERS, MOTORCYCLES

List all operable motor vehicles, including boats, campers and motorcycles and provide copy of title or registration.

Year:	Make	Model	Lien Holder	VIN	Mileage	Debt Owning	How Titled	Who will Drive?
						\$		
						\$		
						\$		
						\$		
						\$		

## OTHER PERSONAL PROPERTY

### TO GO TO CLIENT

Item:	Value:	Ownership:
Personal effects and belongings	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### TO GO TO OPPOSING PARTY

Item:	Value:	Ownership:
Personal effects and belongings	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

## PRE-MARITAL PROPERTY OR GIFTS

Identification of property, if any, acquired by each of the parties prior to the marriage or acquired during the marriage by gift, will or inheritance.

Item	How Obtained	Party Who Received Item	Value
			\$
			\$
			\$
			\$
			\$



# Divorce | Separate Maintenance Questionnaire

## REAL PROPERTY

Address:	
Legal Description	
Copy of Deed provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Purchased:	
Purchase Price:	
Record Ownership:	
Down Payment Amount:	\$
Borrowed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	
Total Amount Financed:	\$                      APR
Borrowers:	
Repayment Amount:	
Source of Payment:	
Term of Loan:	
Outstanding Mortgage Balance:	\$
Mortgage Holder:	
Fair Market Value:	
Method of Determination:	

Address:	
Legal Description	
Copy of Deed provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Purchased:	
Purchase Price:	
Record Ownership:	
Down Payment Amount:	\$
Borrowed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	
Total Amount Financed:	\$                      APR
Borrowers:	
Repayment Amount:	
Source of Payment:	
Term of Loan:	
Outstanding Mortgage Balance:	\$
Mortgage Holder:	
Fair Market Value:	
Method of Determination:	

## LIFE INSURANCE

Name of Company:	
Amount of Policy:	\$
Present Cash Value:	\$
Insured:	
Beneficiary	
Policy Number:	
Policy Type: (e.g. whole life, term)	
Date Issued:	
Premium Payments:	\$                      per

Name of Company:	
Amount of Policy:	\$
Present Cash Value:	\$
Insured:	
Beneficiary	
Policy Number:	
Policy Type: (e.g. whole life, term)	
Date Issued:	
Premium Payments:	\$                      per

## BUSINESS INTERESTS

Do you or the other party own a business or have an interest in a business?  Yes  No

If yes, please list names and addresses of business. \_\_\_\_\_

Does the business have an attorney or accountant on staff or retainer?  Yes  No

If yes, please state the name and address of each attorney or accountant.

Name	Address	Accountant Attorney
		<input type="checkbox"/> Accountant <input type="checkbox"/> Attorney
		<input type="checkbox"/> Accountant <input type="checkbox"/> Attorney
		<input type="checkbox"/> Accountant <input type="checkbox"/> Attorney

# Divorce | Separate Maintenance Questionnaire

Please list your percent of ownership of this business: \_\_\_\_\_% What is the purpose of this business: \_\_\_\_\_

Business Type:  S Corp  LLC  Corporation  Sole Proprietorship  Partnership  Other: \_\_\_\_\_

Please list the business' assets:

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Please list the business' liabilities:

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Please list the number of employees: \_\_\_\_\_

Is your spouse an employee of the business?  Yes  No Please list the annual net worth of the business: \$\_\_\_\_\_

Please list any business bank accounts: \_\_\_\_\_  
 \_\_\_\_\_

## HEALTH INSURANCE COVERAGE (provide copy of insurance verification)

Which party pays health insurance: \_\_\_\_\_ Coverage Type:  Medical  Dental  Vision  Drug

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Name(s) of all individuals covered by policy: \_\_\_\_\_  
 \_\_\_\_\_

How much does the parent pay for family coverage? \$\_\_\_\_\_ per \_\_\_\_\_

How much would it cost the parent for the parent only? \$\_\_\_\_\_ per \_\_\_\_\_

Have you or the other party signed up for the Affordable Care Act (ACA) exchange?  Yes  No

## PARENTING TIME

Who is to have primary residency? \_\_\_\_\_

How will parenting time be set out in the temporary order?

Shared Parenting Time  Specific Parenting Time  Reasonable Parenting Time

## WORK-RELATED CHILD CARE COSTS (provide statement from provider)

Paid by: \_\_\_\_\_ Amount paid: \$\_\_\_\_\_ per \_\_\_\_\_

Providers Name: \_\_\_\_\_ Providers Address: \_\_\_\_\_

# Divorce | Separate Maintenance Questionnaire

## ADDITIONAL INFORMATION

Will spouse be served?  Yes  No Address for service: \_\_\_\_\_

Voluntary Service?  Yes  No Address for service: \_\_\_\_\_

\_\_\_\_\_  
(rural route must have specific directions)

## DOMESTIC VIOLENCE/MENTAL HEALTH

Are you in a relationship in which you have been physically hurt or threatened by your spouse?  Yes  No

Has your spouse ever destroyed things that you care about?  Yes  No

Has your partner ever threatened or abused your children?  Yes  No

Do you feel afraid of your spouse?  Yes  No

Do you have guns in your home?  Yes  No

Has your spouse ever threatened to use them when he/she was angry?  Yes  No

Do you believe your spouse/significant other abuses alcohol?  Yes  No

Does your spouse/significant other believe you abuse alcohol?  Yes  No

Do you believe you abuse alcohol?  Yes  No

Do you believe your spouse/significant other abuses prescription or illegal drugs?  Yes  No

Does your spouse/significant other believe you abuse prescription or illegal drugs?  Yes  No

Do you believe you abuse prescription or illegal drugs?  Yes  No

Do you believe your spouse/significant other has/have a mental health problem or issue?  Yes  No Does

your spouse/significant other believe you have a mental health problem or issue?  Yes  No

Do you believe you have a mental health problem or issue?  Yes  No

## SOCIAL MEDIA PROFILES

Facebook:

Instagram:

Twitter:

LinkedIn:

YouTube:

Other:

## ADDITIONAL INFORMATION

Once completed, please print a copy and bring to our office. Save a copy for your records.