

DIVORCE INTAKE QUESTIONNAIRE

Referred by: _____

Client's Name: _____

Address: _____

Phone: _____ May we leave detailed messages on voicemail? YES NO

Email Address: _____

Social Security No. _____ Place of Birth: _____

DOB: _____ AGE: _____

Employer: _____

Position: _____ Years Employed: _____

Salary: Gross: _____ Net: _____ annual/monthly/ weekly

Spouse's Name: _____

Address(If different): _____

Phone: _____

Email Address: _____

Social Security No. _____ Place of Birth: _____

DOB: _____ AGE: _____

Spouse's Employer: _____

Position: _____ Years Employed: _____

Salary: Gross: _____ Net: _____ annual/monthly/ weekly

Children:

Children of the Marriage/relationship:

Name	DOB	Lives With
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children from other relationships (both):

Name	DOB	Child of
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of these children have special needs? _____

MARRIAGE INFORMATION

Date: _____ Place: _____

Spouse's Attorney: _____

Are/were there any Domestic Violence filings, police reports, or previous Divorce Actions, commenced against either party? If yes, please provide info:

Previous Marriages: Client: _____ Spouse: _____

How and When Ended:

Client: _____

Spouse: _____

ASSETS

Marital Residence:

Address: _____

Who holds mortgage?: _____

Are payments current? _____

Who makes payments? _____

When purchased: _____ Price Paid: _____

Monthly payment: _____ Current balance: _____

Approximate annual taxes: _____ Estimated value: _____

Are taxes/homeowner's insurance included with payment? YES NO

Other Real Estate:

Address: _____

Who holds mortgage?: _____

Are payments current? _____

Who makes payments? _____

When purchased: _____ Price Paid: _____

Monthly payment: _____ Current balance: _____

Approximate annual taxes: _____ Estimated value: _____

Are taxes/homeowner's insurance included with payment? YES NO

If applicable: Gross monthly income: _____ Net monthly income: _____

Can you furnish an Income-Expense Statement? _____

Automobiles:

Year, Make, Model: _____

Name on Title: _____

Who has possession: _____ License plate #: _____

Who holds lien: _____

Payments per month: _____ Balance of loan: _____

Who is making payments: _____

Estimated value: _____

Year, Make, Model: _____

Name on Title: _____

Who has possession: _____ License plate #: _____

Who holds lien: _____

Payments per month: _____ Balance of loan: _____

Who is making payments: _____

Estimated value: _____

Stocks and Bonds:

Amount, type, company: _____ Location: _____

Named Owner: _____ Value as of _____ :\$ _____

Amount, type, company: _____ Location: _____

Named Owner: _____ Value as of _____ :\$ _____

Bank Accounts:

Location: _____ Current balance: _____

Names on account: _____

Type of Account: _____

Location: _____ Current balance: _____

Names on account: _____

Type of Account: _____

Retirement Accounts:

Retirement/Pension Plans/Annuity/401k, list details:

INSURANCE POLICIES

Health Insurance:

Company: _____ Policy Number: _____

Named insured: _____ Covers: Individual/Family

Medical ____ Prescription ____ Dental ____ Vision ____

Premiums: _____ weekly/monthly/annual/included in pay

Homeowners/Renters Insurance:

Company: _____ Policy Number: _____

Named insured: _____ Approximate value: _____

Description of coverage: _____

Life Insurance:

Company: _____

Policy Number: _____ Face Amount: _____

Owner: _____

Beneficiary: _____

Premiums: _____ Cash Value: \$ _____

Company: _____

Policy Number: _____ Face Amount: _____

Owner: _____

Beneficiary: _____

Premiums: _____ Cash Value: \$ _____

LIABILITIES:

Credit Card Debt:

Company	Monthly Payment	Balance as of...
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Loans:

To Whom Owed	Monthly Payment	Balance as of...
_____	_____	_____
_____	_____	_____

Automobile Loans:

Company	Monthly Payment	Balance as of...
_____	_____	_____
_____	_____	_____
_____	_____	_____

ISSUES TO ADDRESS:

Maiden name restored: YES NO Maiden Name: _____

Custody: JOINT HUSBAND WIFE

Physical (residential) custody: HUSBAND WIFE

Alimony/Maintenance: YES NO

Child Support: YES NO