

Divorce Questionnaire

I. Client Information

A. Personal Information

1. Name: _____ Maiden Name: _____

2. Telephone No.: (Home) _____ (Work) _____

3. Social Security Number: _____

4. Date of Birth: _____ Age: _____ Race: _____

5. Place of Birth: _____

6. Street Address: _____

(City/State) _____ (Zip) _____

7. Mailing Address (if different from #5): _____

(City/State) _____ (Zip) _____

8. Date of marriage: _____

9. Place of marriage: _____

10. Date of separation from spouse: _____

(Separation can include living in the same house if you are not having sexual intercourse.)

11. Do you wish to be restored to your maiden name? _____

12. Is there an EPO or DVO entered in this case? _____

If yes, please provide the county, state, year and the number of the case in which it was entered: _____

13. Length of residence in Kentucky: _____

14. Name of person who can swear that you have resided in Kentucky for more than 180 days: _____

Phone: _____

Address: _____

15. 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: _____

16. 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: _____

17. Highest level of education attained: _____

18. _____

19. Religious Affiliation: _____

B. 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: _____

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 Contributions: | yes | no |

3. Does your employer provide any of the following 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: | yes | no |
| i. Professional/union dues: | yes | no |
| j. Childcare: | yes | no |

4. Do you have a second job? _____

5. If you do not work outside the home, are you:

- a. A full-time homemaker: yes no

 If so, for how long? _____

- b. Retired: yes no

- b. Telephone No.: (Home) _____ (Work) _____
- c. Social Security Number: _____
- d. Date of Birth: _____ Age: _____ Race: _____
Place of Birth: (City) _____ (State) _____
- e. Street Address: _____
(City/State) _____ (Zip) _____
- f. Mailing Address (if different from #5): _____
(City/State) _____ (Zip) _____
- g. Length of employment: _____
- h. Highest level of education attained: _____
- i. Spouse's current employer: _____
- j. Spouse's employment during marriage:

JOB

YEARS HELD

k. Religious affiliation: _____

2. Children

- a. Name: _____
- b. Social Security Number: _____
- c. Gender: _____
- d. Date of birth: _____
- e. Current address: _____
- f. Lives with: _____
- g. Child assets: _____

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- b. Social Security Number: _____
- c. Gender: _____
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a. Name: _____

b. Social Security Number: _____

c. Gender: _____

d. 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: _____

3. 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: _____

2. Any motor vehicles by you/your spouse? (cars, boats, RV's motorcycles, farm vehicles, etc.)

- a. Vehicle: _____
- b. Name on title: _____
- c. Value: _____
- d. Lien holder: _____
- e. Amount: _____

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3. List all checking, savings, cd's and money market/stock account.

- a. Account: _____
- b. Financial Institution: _____
- c. Source: _____
- d. Balance: _____

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- 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. List 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: _____

c. Policy Number: _____

d. Face amount: _____

e. CSV Loan: _____

a. Name of insured: _____

b. Company: _____

c. Policy Number: _____

d. Face amount: _____

e. CSV Loan: _____

5. Do you or your spouse participate in any retirement plans with employer?

- a. Husband: _____
- b. Wife: _____

6. Name the person who administers your plan: _____

7. List all debts over \$500.00.

- a. Creditor: _____
- b. Purpose of loan: _____
- c. Balance owed: _____
- d. Party liable: _____

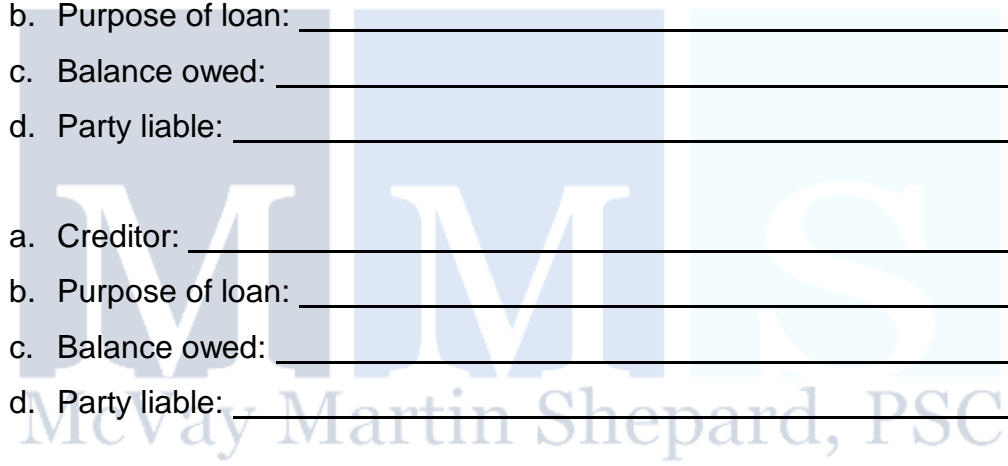
- a. Creditor: _____
- b. Purpose of loan: _____
- c. Balance owed: _____
- d. Party liable: _____

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8. Have you and your spouse always filed joint tax returns? yes no



d. Value now: _____

2. Did you inherit any property that you no longer retain? If so, please list.

a. Property: _____

b. Disposition: _____

c. Use of proceeds: _____

a. Property: _____

b. Disposition: _____

c. Use of proceeds: _____

a. Property: _____

b. Disposition: _____

c. Use of proceeds: _____

3. During the marriage did your spouse inherit any property from anyone (real and personal property)? If you still retain the property, please list.

a. Property: _____

b. Date inherited: _____

c. Value then: _____

d. Value now: _____

a. Property: _____

b. Date inherited: _____

c. Value then: _____

d. Value now: _____

a. Property: _____

b. Date inherited: _____

c. Value then: _____

d. Value now: _____

II. Living Expenses

- 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: _____
- 18. Insurance
 - Home: _____
 - Life: _____
 - Health: _____
 - Disability: _____
- 19. Children
 - School tuition: _____
 - Music lesson: _____
 - Other: _____
 - Allowance: _____
 - Orthodontist: _____



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)

