

## **Divorce Questionnaire**

I. Client Information

Pe	ersonal Information	
1.	Name:	Maiden Name:
2.	Telephone No.: (Home)	(Work)
3.	Social Security Number:	
4.	Email Address:	
		Age: Race:
6.	Place of Birth:	
7.	Street Address:	
	(City/State)	(Zip)
8.	Mailing Address (if different from #5)	s):
	(City/State)	(Zip)
9.		
10	.Place of marriage:	
11	.Date of separation from spouse:	
	(Separation can include living in the	e same house if you are not having sexual
	intercourse.)	onopara, roc
12	.Do you wish to be restored to your n	maiden name?
13	.Is there an EPO or DVO entered in t	this case?
	If yes, please provide the county, s	state, year and the number of the case in
	which it was entered:	
14	Length of residence in Kentucky:	
15	.Name of person who can swear tha	at you have resided in Kentucky for more
	than 180 days:	

<b>16.</b> 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:
17. 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:
18. Highest level of education attained:
19.
20. Religious Affiliation:
Mevay Martin Shepard, 150
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 Contribu	tions:		yes	no	
3.	Do	es your employer pr	ovide an	y of the follo	wing 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:	arti	n She	yes	nopsc	
	ĥ.	Retirement Benefits	car er		yes	no	
	i.	Professional/union	dues:		yes	no	
	j.	Childcare:			yes	no	
	Do you have a second job?						
	•	ou do not work outs		ome, are yo	u:		
	a.	A full-time homema	,	/es	no		
		If so, for how long?					
	b.	Retired: yes	r	10			

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5.

	c. Othe	er:				_
6.	Have yo	ou been employed	d by anyone	other than yo	ur current emp	oloyer while
	married	? yes	no			
	a. Nam	e of employer:				
	b. Emp	loyer's address: _				
	c. Your	job title:				
	d. Leng	gth of employment	t:			
	e. Reas	son for leaving: _				
	a. Nam	e of employer:				
	b. Emp	loyer's address: _				
	c. Your	· job title:				
		gth of employment				
		son for leaving:				
	a. Nam	e of employer:				
		loyer's address: _				
		job title:		1	J DO	
	IVIU	gth of employment		псиа	a, 15	
		son for leaving:				
	o. Roar					
7	Does vo	our monthly incom	e include am	ounts from an	v of the followi	ina?
•	•	al Security:	o intordate arm	yes	no	9.
	b. Retir	•		yes	no	
		kers' Comp:		yes	no	
		·		•		
	d. Disa	bility.		yes	no	
F۰	mily Info	rmation				
	•	imauon				
١.	Spouse	nougo'a Nama		,	Maidan Nama:	
	a. S	pouse's Name: _		I	vialuen Name.	

C.

b.	Telephone No.: (Home)	(Work)	
C.	Social Security Number:		
d.	Date of Birth:A	\ge: I	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	Y	EARS HELD
k.	Religious affiliation:		
Childre			
Va.	Name:	<del>pard.</del>	PSC
b.	Social Security Number:	,	
C.	Gender:		
	Date of birth:		
e.	Current address:		
f.	Lives with:		
g.	Child assets:		
	Name:		
	Social Security Number:		
C.	Gender:		
_	Date of birth:		
e.	Current address:		

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f.	Lives with:
g.	Child assets:
a.	Name:
	Social Security Number:
c.	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:
M	Way Martin Shapard PSC
Have	any of your children resided anywhere other than in your household
during	g the past five years?
a.	Child's Name:
	Residence:
	Time period:
a.	Child's Name:
	Residence:
	Time period:
a.	Child's Name:
b.	Residence:

3.

	c. Time	Period:					
	4. Do you want	custody of t	the minor ch	ildren?		yes	no
	a. Do y	ou expect yo	our spouse t	o want custo	ody?	yes	no
	b. Are y	ou intereste	d in joint cu	stody?		yes	no
	5. Have you	participated	in any oth	ner litigatio	n involvin	g custody	of these
	children? ye	es	no				
	<b>6.</b> Do any of the	e children ha	ave special r	needs?		yes	no
	7 Hag your on	auga physica	ally accounts	d vou or thr	ootopod te	o do oo?	
	7. Has your spo	buse physica	any assaune	u you or trii	eaterieu t	0 00 50?	
		/		/			
٩d٥	ditional Informati	ay Ma	artin	Shep	ard	, PSC	1
١.	Assets						
	1. Do you own	your own ho	me?			yes	no
	If so, please	answer the	following:				
	a. Address	of property:					
	b. Purchase						
	c. Date of p	urchase:					
	d. Monthly p	ayment:					
	e. Mortgage	holder:					
	f. If there a	e second or	third mortga	ages, please	e describe	):	
		Lende	r		Amou	nt	

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<b>2.</b> An	y motor vehicles by you/your spouse? (cars, boats, RV's motorcycles, farm
vehic	les, 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: Vav Martin Shepard, PSC
d.	Lien holder:
e.	Amount:
<b>3.</b> Lis	et all checking, savings, cd's and money market/stock account.
a.	Account:
	Financial Institution:
	Source:
d.	Balance:
a.	Account:
b.	Financial Institution:
	Source:

d.	Balance:
a.	Account:
	Financial Institution:
c.	Source:
	Balance:
a.	Account:
b.	Financial Institution:
c.	Source:
d.	Balance:
	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:
C.	Policy Number:
d.	Face amount:
e.	CSV Loan:
a.	Name of insured:
b.	Company:
	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:
<b>6.</b> Na	ame the person who administers your plan:
<b>7.</b> Li	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:
d.	Party liable:
a.	Creditor:
b.	Purpose of loan:
c.	Balance owed:
d.	Party liable: Alartin Shepard, PSC
	vie vay martin biiepara, i be
a.	Creditor:
b.	Purpose of loan:
C.	Balance owed:
	Party liable:
a.	Creditor:
b.	Purpose of loan:
C.	Balance owed:
	Party liable:

**8.** Have you and your spouse always filed joint tax returns? yes

no

a.	If not, which years did you file separately?					
<b>9.</b> Do	9. Do you have a safety deposit box? yes					
					-	
<b>10.</b> D	Oo you have any colle	ectibles?		yes	no	
11	ewelry	yes	no		-	
	•		110 _			
<b>12.</b> S	Silver/China/Crystal	yes	no _			
<b>13.</b> F	urs	yes	no _			
R Inform	nation for tracing non-	marital pr	coporty			
	uring the marriage			property from anyo	one (real and	
	operty)? If you still re				no (roar ana	
	Property:		01	1 00		
	Date inherited:		n Sne	para, Pa		
	Value then:					
d.	Value now:					
	_					
	Property:					
	Date inherited:					
	Value then:					
u.	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:
b.	Disposition:
C.	Use of proceeds:
a.	Property:
b.	Disposition:
C.	Use of proceeds:
	uring the marriage did your spouse inherit any property from anyone (real
-	al property)? If you still retain the property, please list.
	Property:
b.	Date inherited:
	Value then: Wartin Shepard, PSC
d.	Value now:
a.	
	Date inherited:
	Value then:
d.	Value now:
	Property:
	Date inherited:
	Value then:
d.	Value now:

<b>4.</b> D	id your spouse inherit any property that you no long	ger retain? Ple	ease list:
a.	Property:		
b.	Disposition:		
c.	Use of proceeds:		
a.	Property:		
	Disposition:		
C.	Use of proceeds:		
<b>5.</b> H	lave you ever recovered in an action for personal in	jury to you?	
a.	Date of injury:		
b.	Date you received payment:		
c.	Amount:		
	as your spouse ever recovered in an action for pers		hem?
a.	Date of injury:		
	Date you received payment:		
C.	Amount: ay Martin Shepai	nd PS	
	vievay Martin Briepa	iu, i o	
<b>7.</b> If	your spouse has an advanced degree, were you r	married 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
9. Are you currently receiving benefits from a trust fund?	yes	no
Name of person who created trust:		
b. Relationship to you:		
c. Name of trustee:		
d. Address of trustee:		
<b>10.</b> Are you the beneficiary of a trust but don't currently rec		?
	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:	l, PSC	
<b>12.</b> Is your spouse the beneficiary of a trust but doesn't cur	rently receiv	e 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 <sup>28</sup>	Insurance Vartin Shepard, Home:	PSC
	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