



**CONFIDENTIAL DIVORCE QUESTIONNAIRE**

**SECTION I**

**Your Background**

Please answer the following questions about yourself

Name: \_\_\_\_\_  
                                First                                Middle                                Last

Address: \_\_\_\_\_, MI, \_\_\_\_\_  
                                Street                                City                                ZIP code

Telephone: \_\_\_\_\_  
                                Home                                Work                                Cell                                Pager

Email(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Resident of \_\_\_\_\_, MI \_\_\_\_\_  
                                County                                How long                                City                                State                                Country                                How Long

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
                                Street                                City                                State                                ZIP code

Are you currently working? [ ] yes [ ] no If not, why: \_\_\_\_\_

Gross pay:\$ \_\_\_\_\_ Net pay\$ \_\_\_\_\_

Are you paid:

[ ] weekly [ ] bi-weekly (26 times a year) [ ] bi-monthly (24 times a year) [ ] monthly

Net weekly take home pay\$ \_\_\_\_\_ (**please provide a copy of your current paystub**)

Do you receive: [ ] ADC, [ ] Unemployment, [ ] Social Security, [ ] Workers compensation

Number of prior marriages: \_\_\_\_\_

**INFORMATION FOR VERIFIED STATEMENT**

Eye Color:\_\_\_\_\_ Hair Color:\_\_\_\_\_ Height:\_\_\_\_\_ Weight:\_\_\_\_\_ Race:\_\_\_\_\_

Distinguishing marks:\_\_\_\_\_

Other names you are known by:\_\_\_\_\_

Driver license number:\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HEALTH ISSUES**

Do you suffer from any health issues?     Yes     No

If so, please detail what those issues are including any limitations said issues may cause:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

What is your level of education (i.e. : High School Diploma, College Degree, Masters, etc.)?

\_\_\_\_\_

Do you have any advanced training or certifications in your professional field? If so, what are they? \_\_\_\_\_

\_\_\_\_\_

**SECTION II  
Your Spouse's Background**

Please answer the following questions about your spouse

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_, MI, \_\_\_\_\_  
                    Street                                    City                                    ZIP code

Telephone: \_\_\_\_\_  
                    Home                                    Work                                    Cell                                    Pager

Email(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Resident of \_\_\_\_\_, MI \_\_\_\_\_  
County How long How Long City State Country

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employers Address: \_\_\_\_\_  
Street City State ZIP code

Are you currently working?  yes  no If not, why: \_\_\_\_\_

Gross pay:\$ \_\_\_\_\_ Net pay\$ \_\_\_\_\_

Are they paid:  
 weekly  bi-weekly (26 times a year)  bi-monthly (24 times a year)  monthly

Net weekly take home pay\$ \_\_\_\_\_ (please provide a copy of their current paystub)

Do they receive:  ADC,  Unemployment,  Social Security,  Workers compensation

Number of prior marriages: \_\_\_\_\_

**INFORMATION FOR VERIFIED STATEMENT**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Distinguishing marks: \_\_\_\_\_

Other names you are known by: \_\_\_\_\_

Driver license number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HEALTH ISSUES**

Do your spouse suffer from any health issues?  Yes  No

If so, please detail what those issues are including any limitations said issues may cause:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATIONAL BACKGROUND

What is your spouse's level of education (i.e. : High School Diploma, College Degree, Masters, etc.)?  
\_\_\_\_\_

Does your spouse have any advanced training or certifications in your professional field? If so, what are they? \_\_\_\_\_  
\_\_\_\_\_

### Section III General Information

Complete all questions

Marriage date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Separation date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Marriage: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State County Country

Married by a:  Minister,  Rabbi,  Priest,  Judge,  Justice of the Peace

Wife's maiden name: \_\_\_\_\_  
First Middle Last

Wife's prior name: \_\_\_\_\_  
First Middle Last

Does wife want maiden name or prior name restored?  No  Maiden  Prior

Husband's former name(s): \_\_\_\_\_  
First Middle Last

Has either of you filed for divorce from each other before?  Yes  No

If yes, provide the date and case number: \_\_\_\_/\_\_\_\_/\_\_\_\_ No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Is the wife pregnant:  Yes  No If yes, when is the baby due: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, is the husband the father:  Yes  No

### Section IV Children

Please fill in the following information for each of your children:

Full Name	Social Security #	DOB	Age
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Please state the address, custodian and length of time at each address for each minor child

<b>Name</b>	<b>Address</b>	<b>Custodian</b>	<b>Length of time at each address</b>

If a child lived at a different address for the last 5 years (other than identified above), list each address, the custodian and the length of time at each address

<b>Name</b>	<b>Address</b>	<b>Custodian</b>	<b>Length of time at each address</b>

Do you pay daycare for the minor children?  Yes  No

If yes, how much do you pay per month: \_\_\_\_\_

Is there a family support order?  Yes  No

If yes, what is the case number: DS-\_\_\_\_\_ - \_\_\_\_\_

What amount is ordered to pay: \$\_\_\_\_\_ per week

Who is the payer: \_\_\_\_\_

Is the payer behind in payments?  Yes  No If yes, what amount: \$\_\_\_\_\_

Have you participated in child custody litigation regarding the minor children of this marriage?  
 Yes  No If yes, is it pending?  Yes  No Name the court and what the case number is: \_\_\_\_\_

Do you know of any past or present court cases concerning custody of your children?  Yes  
 No If yes, where is/was the case and the case number: \_\_\_\_\_

Is there anyone (grandparents, uncles, aunts, etc.) who is not a party to this divorce (you and your spouse) who has physical custody of any child?  Yes  No or who claims visitation ?  
 Yes  No or who claims custodial rights?  Yes  No

If yes to any of the above, please give the following information:

Name	Address	Relationship to child	Explanation

Have you or your spouse agreed on an amount of child support?  Yes  No

If yes, what is the amount per week? \$\_\_\_\_\_

Are you or your spouse paying child support for children outside of the marriage?  Yes  No  
If yes:

<b>Payer</b>	<b>Weekly Amount</b>

Who will claim your children as dependants on your tax returns?  You  Your spouse

Or have you agreed upon alternating years for declaring the children on your returns?  Yes  
 No

If yes, please give the following information:

<b>Child</b>	<b>Age</b>	<b>Person to Claim exemption</b>

**Shared legal custody** means one parent has physical custody with the other parent having open and liberal visitation. The parents confer with each other on all important matters affecting health, education and welfare of the minor children

**Shared physical custody** means you and your spouse physically share the minor children so that the children reside with each of your in more or less equal amounts of time through out the year.

Have you and your spouse agreed on who will have custody of the children?  Yes  No

Do you agree on shared legal custody?  Yes  No

Or have you agreed on shared physical custody?  Yes  No

So you anticipate problems with visitation (lack of cooperation by other parent, need for specific schedule, etc.)?  Yes  No If yes, please explain:

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Does your child/children attend daycare or after school care?  Yes  No  
 If yes please complete the following:

<b>Name of Child</b>	<b>Name of Daycare or After school care</b>	<b>How often do they attend</b>	<b>Do they attend in summer</b>	<b>Amount paid per month</b>

**Section V  
Property**

Please provide the following information regarding real estate whether owned by you or your spouse or the both of you together

Home/Cottages/ Other property:

<b>Address</b>	<b>Name of Owner</b>	<b>Approx. Value</b>	<b>Amount still owed</b>



The monthly payment is: \$\_\_\_\_\_ Who makes the payment? \_\_\_\_\_

Is the home rented:  Yes  No. If yes, who pays the rent?\_\_\_\_\_

Fill in the following information for automobiles

<b>Model &amp; year</b>	<b>Name of Owner</b>	<b>Value</b>	<b>Amount still owed</b>	<b>VIN</b>

Fill in the following information for Bank Accounts

<b>Bank or Credit Union</b>	<b>Names on Account</b>	<b>Amount in Account</b>	<b>Who receives it</b>

Fill in the information for Stocks or Bonds that your or your spouse own

<b>Name of stock/bond</b>	<b>No. of Shares</b>	<b>Approx. Value</b>	<b>Who receives it</b>

Do you have a pension interest? Yes  No

If yes, what is the approximate value:\_\_\_\_\_

Do you have any other employer provided benefits:

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Does your spouse have a pension interest? Yes  No

If yes, what is the approximate value: \_\_\_\_\_

Does your spouse have any other employer provided benefits:

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Do **you** have health insurance?  Yes  No

Provide the name of the insurer and policy number: \_\_\_\_\_

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Does your **spouse** have health insurance?  Yes  No

Provide the name of the insurer and policy number: \_\_\_\_\_

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How much do you or your spouse pay per month to insure the minor children only (generally the difference between a single plan and a family plan)? **Please attach a copy of a printout from your/their employer showing the monthly amounts.** \_\_\_\_\_

Have you or your spouse received money from a lawsuit, inheritance, lottery or any other means?  Yes  No If yes, please state who received it, the source and the amount:

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Will your spouse request alimony?  Yes  No

Will your spouse ask for a share of your pension?  Yes  No

Have you and your spouse agreed on how property will be divided?  Yes  No

The agreement is: \_\_\_\_\_

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**Section VI  
Debts**

Fill in the information for any debts, not listed above, that you or your spouse may have.

Name of Creditor	Total Amount Owed	Monthly Payment Amount	Whose name is the debt in (jointly, you, your spouse)

**Section VII  
Status Quo**

1) Where are your paychecks deposited? \_\_\_\_\_

\_\_\_\_\_

2) Where are your spouse's paychecks deposited \_\_\_\_\_

\_\_\_\_\_

3) Who pays the household Bills and where are they paid from? \_\_\_\_\_

\_\_\_\_\_

Gas                      [] you                      [] spouse                      \_\_\_\_\_

Electric	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Cable	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Telephone	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Cell Phones	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Credit Cards	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Water	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Vehicles	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Trash	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____
Other	<input type="checkbox"/> you	<input type="checkbox"/> spouse	_____