



**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\$\_\_\_\_\_  weekly  bi-weekly  monthly

Net weekly take home pay\$\_\_\_\_\_

Receive: ADC , Unemployment , Social Security , Workers compensation

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

**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:

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### EDUCATIONAL BACKGROUND

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

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

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### 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  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\$\_\_\_\_\_  weekly  bi-weekly  monthly

Net weekly take home pay\$\_\_\_\_\_

Receive: ADC , Unemployment , Social Security , Workers compensation

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

### 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 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:

Address	Name of Owner	Approx. Value	Amount still owed

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

Model & year	Name of Owner	Value	Amount still	VIN

			<b>owed</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:

\_\_\_\_\_

\_\_\_\_\_

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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Have you or your spouse received money from a law suit, 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 V  
Status Quo**

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

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

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

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Gas                       you               spouse              \_\_\_\_\_

Electric                 you               spouse              \_\_\_\_\_

Cable                    you               spouse              \_\_\_\_\_

Telephone              you               spouse              \_\_\_\_\_

Cell Phones            you               spouse              \_\_\_\_\_

Credit Cards           you               spouse              \_\_\_\_\_

Water                    you               spouse              \_\_\_\_\_

Vehicles                you               spouse              \_\_\_\_\_

Trash                    you               spouse              \_\_\_\_\_

Other                    you               spouse              \_\_\_\_\_

**Section VI  
Debts**

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

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