

DISSOLUTION QUESTIONNAIRE

Date: _____

Client's Name: _____ Birthdate: _____ SS #: _____

Address: _____

Phone No: _____ (H) _____ (W) Marital Domicile: _____

Spouse's Name: _____ Birthdate: _____ SS #: _____

Address: _____

Date & Place of Marriage: _____ Covenant/Non-covenant _____

Date of State Residency: _____ Date of Separation: _____

Children of this marriage: _____ Children's date of state residency: _____

_____ Birthdate: _____ Age: _____

_____ Birthdate: _____ Age: _____

_____ Birthdate: _____ Age: _____

_____ Birthdate: _____ Age: _____

Places children have lived the last five years and with whom: _____

CUSTODY/VISITATION

Sole Custody of children awarded to: Husband ___ Wife ___

Shared Custody: Custodial Parent/Primary Residential Parent: H or W: ___

Non-Custodial/Non Primary Residential Parent: H or W: ___

Shared Physical Custody: _____

Visitation rights awarded as follows: (Court proposes the following format):

"IT IS FURTHER ORDERED that unless both parties otherwise agree in writing, reasonable visitation for a child three (3) years old or more shall mean the non-custodial parent shall be entitled to visitation at a minimum as follows:

_____ Alternating weekends commencing at 5:30 p.m. on Friday through 6:00 p.m. on Sunday, with one evening from 5:30 p.m. to 8:00 p.m. each week.

_____ Holidays are to be alternated as follows:

_____ Non-custodial Parent will have children on the following holidays in even-numbered years (Custodial Parent will have

the children on the following holidays in odd-numbered years): Easter, Labor Day and Christmas.

_____ Custodial Parent will have children on the following holidays in even-numbered years (Non-Custodial Parent will have the children on the following holidays in odd-numbered years):

New Years, 4th of July and Thanksgiving.

_____ The child should be with Mother on Mother's Day and with Father on Father's Day.

_____ Any additional holidays traditionally celebrated by the parties shall be alternated between the parties consistent with this schedule.

_____ Each parent shall be entitled to two uninterrupted weeks of out of town travel year.

_____ The non-custodial parent shall be entitled to four to ten weeks visitation each summer.

If you/your spouse desire different visitation schedule, please specify below: _____

Former marriages of client: _____

Date and Place of Divorce: _____

Are you paying spousal maintenance to a former spouse: _____ If so, how much: _____

Are you receiving spousal maintenance from a former spouse: _____ If so, how much: _____

Children from prior marriage:

_____ Birthdate: _____ Age: _____

_____ Birthdate: _____ Age: _____

Are children from a prior marriage living with you, or your former spouse? _____

Are you receiving any child support for these children from your former spouse? _____
If yes, how much child support do you receive each month? _____

Are you paying any child support for these children to your former spouse? _____
If yes, how much child support are you paying each month? _____

Are you/your spouse pregnant? _____ If so, when is child due: _____

EMPLOYMENT INFORMATION

Client's occupation: _____

Employer: _____ Address: _____

How long employed there: _____ Level of education: _____

Gross monthly wages:_____ Net After Taxes:_____ Take Home:_____

Spouse's occupation:_____

Employer:_____ Address:_____

How long employed there:_____ Level of education:_____

Gross monthly wages:_____ Net After Taxes:_____ Take Home:_____

Client's Other Income:_____

Spouse's Other Income:_____

COMMUNITY PROPERTY

Real Estate:

Residence Address:_____

Legal Description:_____

Title Held:_____ Possession:_____ Retain__ or Sell__

Purchase Price:_____ Date:_____ Mortgage Balance:_____

Fair Market Value:_____ Monthly mortgage payments:_____

Residence to be awarded to:_____

Other Real Estate:_____

Motor Vehicles:

Year:___ Make:___ Model:___ Name(s) on Title:_____

Fair Market Value:___ Lien Balance:___ Monthly payment:_____

Vehicle to be awarded to:_____

Year:___ Make:___ Model:___ Name(s) on Title:_____

Fair Market Value:___ Lien Balance:___ Monthly payment:_____

Vehicle to be awarded to:_____

Other vehicles:_____

BANK ACCOUNTS:

Checking Acct #1: Award to H ___ or W ___ or divide equally ___

Joint ___	Husband ___	Wife ___	_____		
	Bank	Branch	Acct. #	Balance	

Checking Acct #2: Award to H ___ or W ___ or divide equally ___

Joint ___ Husband ___ Wife ___ _____

Bank Branch Acct. # Balance
 Savings Acct #1: Award to H ___ or W ___ or divide equally ___
 Joint ___ Husband ___ Wife ___
 Bank Branch Acct. # Balance

Savings Acct #2: Award to H ___ or W ___ or divide equally ___
 Joint ___ Husband ___ Wife ___
 Bank Branch Acct. # Balance

STOCKS/BONDS:

Joint ___ Husband ___ Wife ___
 Company # of Shares Value
 Award to H ___ W ___ Divide equally ___

Joint ___ Husband ___ Wife ___
 Company # of Shares Value
 Award to H ___ W ___ Divide equally ___

RETIREMENT FUNDS:

Husband: _____
 Name Vested Present Value

Wife: _____
 Name Vested Present Value

LIFE INSURANCE:

Husband's Life: _____
 Company #1 Face Amount Beneficiary
 _____ Straight Life: ___ Term: _____ Cash Surrender Value

Wife's Life: _____
 Company #1 Face Amount Beneficiary
 _____ Straight Life: ___ Term: _____ Cash Surrender Value

Order Husband to maintain life insurance for benefit of minor children? ___ Yes ___ No
 Face amount: \$ _____

OTHER COMMUNITY PROPERTY: (Boats, Horses, Motor Home, Mobile Home, Trailer, Cabin, Tools, Antiques, Household Items, Etc.)

Item Husband Wife Fair Market Value

OR: _____ Each party keeps all personal property presently in his or her possession.

COMMUNITY DEBTS

<u>Creditor Name, Account No., Type of Debt:</u>	<u>Total</u>	<u>Assumed by</u>	<u>Obligation</u>	<u>H or W</u>

Wife's Name Restored to: _____
Spousal Maintenance Award: Yes ___ No ___ Amount: \$ _____ Duration: _____
Other info for spousal maintenance: _____

Any health problems of client: _____
Any health problems of spouse: _____
Client or spouse in military: _____

MEDICAL INSURANCE FOR CHILDREN

Medical insurance for children provided by: H ___ W ___ Monthly premiums: _____
Name of medical insurance company: _____
Dental insurance for children provided by: H ___ W ___ Monthly premiums: _____
Name of dental insurance company: _____
Non-insured medical expenses covered by parties: _____ Prorata % per income/or _____ equally

TAX EXEMPTION

Tax dependency status to: H ___ W ___ Alternate years _____ Every year _____
Husband claims _____ name of child/children in tax years _____

Wife claims _____ name of child/children in tax years _____

MISCELLANEOUS

Child care costs (monthly amount): _____ Who pays child care: Mom _____ Dad _____

Extraordinary child education (monthly amount): _____ Who pays: Mom _____ Dad _____