

DOMESTIC RELATIONS QUESTIONNAIRE

ATTORNEY'S FEES \$ \_\_\_\_\_ PER HOUR  
CLIENT PAYS ALL COURT COSTS

DATE \_\_\_\_\_  
Ref. by \_\_\_\_\_

Dissolution \_\_\_\_\_ Separation \_\_\_\_\_ Temp. Relief \_\_\_\_\_ Custody \_\_\_\_\_  
Annulment \_\_\_\_\_ Order of Prot. \_\_\_\_\_ Maintenance \_\_\_\_\_ Paternity \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place \_\_\_\_\_

Age at Marriage \_\_\_\_\_ Date last Lived together \_\_\_\_\_

Grounds (circle one)    Mental Cruelty    Irreconcilable Differences    Physical Cruelty

If physical cruelty, note dates, witnesses, police and/or hospital reports:

Most recent incident \_\_\_\_\_

Next most recent \_\_\_\_\_

Prior incidents \_\_\_\_\_

	CLIENT	SPOUSE
Name	_____	_____
Maiden/Former Name	_____	_____
Address	_____	_____
Town/County	_____	_____
Home Phone	_____	_____
Business Phone	_____	_____
Age/Race	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Social Security #	_____	_____
Drivers Licence #	_____	_____
Previous Marriages		
Annulments	_____	_____
Divorces	_____	_____
Death	_____	_____

How Far in School \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Pay per period \_\_\_\_\_ PER \_\_\_\_\_ PER \_\_\_\_\_

In Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

CHILDREN OF THIS SPOUSE		Currently pregnant? (Circle)		YES	NO	
NAME OF CHILDREN	DOB	Age	SS#	Living with	School	Current Grade
_____	/ /	_____	- -	_____	_____	_____
_____	/ /	_____	- -	_____	_____	_____
_____	/ /	_____	- -	_____	_____	_____
_____	/ /	_____	- -	_____	_____	_____

Indicate adopted children by (\*)

DESCRIPTION INFO OF SPOUSE FOR ORDER OF PROTECTION OR SERVICE:

Resp\Payor's Complexion \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
 Glasses? \_\_\_\_\_ Beard\moustache \_\_\_\_\_ Military \_\_\_\_\_ VA benefits \_\_\_\_\_

VEHICLES:

Make	Model	Title Owner	If financed, Current Lienholder	Balance	Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

\$

\$

Bank Accounts:

Institution	Type Acct	Names on Acct	Amount	Source of Funds
			\$	
			\$	
			\$	
			\$	

Safety Deposit Box Location \_\_\_\_\_ Access by \_\_\_\_\_

Stocks, Bonds, Pension: \_\_\_\_\_

Significant Personal Property (source, value) \_\_\_\_\_

INSURANCE:

HEALTH

Type	Value/Deductible	Beneficiary

LIFE


REAL PROPERTY

#1 Description \_\_\_\_\_

Title Owner(s) \_\_\_\_\_ Date Purchased \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Down Pmt \$ \_\_\_\_\_

Mortgagee \_\_\_\_\_ Source \_\_\_\_\_

Org Amt of Mort \$ \_\_\_\_\_ Mo. Pmt \$ \_\_\_\_\_

Taxes/Ins \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

#2 Description \_\_\_\_\_

Title Owner(s) \_\_\_\_\_ Date Purchased \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Down Pmt \$ \_\_\_\_\_

Mortgagee \_\_\_\_\_ Source \_\_\_\_\_

Org Amt of Mort \$ \_\_\_\_\_ Mo. Pmt \$ \_\_\_\_\_

Taxes/Ins \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

DEBTS:

To whom	For what	How much owed	Mo. Pmt
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Counseling Wanted?      Y or N      Reconciliation Wanted?      Y or N

Other Problems \_\_\_\_\_

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