## FAMILY LAW QUESTIONNAIRE

<u>To the client</u>: The following information is necessary to allow us to properly evaluate your family law case. This is information which the Court requires and which only you can provide. Please carefully answer all questions to the best of your ability. If you cannot answer a question, please state why. Thank you for properly completing this form.

| If applicable: you | f applicable: your maiden name: |                           |                  |         |  |
|--------------------|---------------------------------|---------------------------|------------------|---------|--|
|                    | <del></del>                     | G                         |                  |         |  |
| Date of Birth      |                                 | Security Number           |                  |         |  |
| Your current ac    | ldress:                         |                           |                  |         |  |
| Your employer (na  | oyer (name and address):        |                           |                  |         |  |
| Gross Pay/Salary:  |                                 | How often are you paid?   |                  |         |  |
| Other income?:     |                                 | Net Pay after deductions? |                  |         |  |
| Date of Marriage   | :                               | Date of Separation        | :                |         |  |
| City, County, and  | d State of Marriage: _          |                           |                  |         |  |
| Number of childre  | en of this Marriage: _          |                           |                  |         |  |
| Names, Social Se   | curity numbers, birth           | dates, and ages of min    | nor children of  | this m  |  |
| Name               | S.S. Number                     | Date of Bir               | rth A            | Age     |  |
|                    |                                 |                           |                  | C       |  |
|                    |                                 | _                         |                  |         |  |
|                    | -                               |                           |                  |         |  |
|                    | -                               |                           |                  |         |  |
|                    |                                 |                           |                  |         |  |
|                    |                                 |                           |                  |         |  |
|                    |                                 |                           |                  |         |  |
|                    |                                 | hildren in your custoo    |                  | nis mar |  |
| Names, birthdates  |                                 |                           | ly but not of th | nis mar |  |
| Names, birthdates  |                                 | hildren in your custoo    |                  | nis mar |  |
|                    |                                 | hildren in your custoo    | ly but not of th | nis mar |  |

|        | on request custody of    | children: D  | oes your spouse request custody      | of children:              |  |  |  |  |
|--------|--------------------------|--|--------------------------------------|---------------------------|--|--|--|--|
| -      |                          |  |                                      |                           |  |  |  |  |
| 3.     | Spouse's name:           |  |                                      |                           |  |  |  |  |
|        | Date of Birth            | Soc  | cial Security Number                 |                           |  |  |  |  |
|        | Your spouse's state      | of birth:  |                                      |                           |  |  |  |  |
|        | Spouse's current         | address:   |                                      |                           |  |  |  |  |
|        | Spouse's employer        | Spouse's employer (name and address):  |                                      |                           |  |  |  |  |
|        | Gross Pay/Salary: _      |  | How often is Spouse paid?            |                           |  |  |  |  |
|        | Other income?:           |  | Net Pay after deduction              | Net Pay after deductions? |  |  |  |  |
| 4.     | Education: (specif       | Education: (specify only highest grade completed)                                    |                                      |                           |  |  |  |  |
|        | Yours:                   |  |                                      |                           |  |  |  |  |
|        | Your spouse's:           |  |                                      |                           |  |  |  |  |
|        | Number of Marriag        | es: You  | Spouse                               |                           |  |  |  |  |
|        | Do you or your spo       | Do you or your spouse request spousal maintenance?:                                  |                                      |                           |  |  |  |  |
|        | Do you or your spo       | Do you or your spouse currently pay or receive child support or spousal maintenance? |                                      |                           |  |  |  |  |
|        | If so, how much monthly: |  |                                      |                           |  |  |  |  |
| 5.     | Assets:                  |  |                                      |                           |  |  |  |  |
|        | Do you own any rea       | al property?   | If so, is it held individually or    | in both you and your      |  |  |  |  |
| spouse | e's names?               | Address of l   | Property(s):                         |                           |  |  |  |  |
| own:   | List all vehicles, in    | cluding automob  | iles, trucks, and motorcycles, which | ch you and your spous     |  |  |  |  |
|        | Make/Model               | VIN:   | Individual or Joint:                 | Est. Value:               |  |  |  |  |
|        |                          |  |                                      |                           |  |  |  |  |
|        |                          |  |                                      |                           |  |  |  |  |

Do you or your spouse own any of the following: Hand/power tools, Personal Injury or Workers Compensation Claim, Guns, Sporting Equipment, Jewelry, Antiques, any other items of value.

If so, specifically describe the property below (i.e., make, model, or type of personal property, where located, when and how acquired, purchase price, and estimated current value)

| Description | Est. Current Value | Date Acquired | Individual or Joint |
|-------------|--------------------|---------------|---------------------|
|             |                    |               |                     |
|             |                    |               |                     |
|             |                    |               |                     |
|             |                    |               |                     |
|             |                    |               |                     |
|             |                    |               |                     |
|             |                    |               |                     |

## MONTHLY LIVING EXPENSES

The Court will require that both parties file an affidavit indicating their monthly living expenses. In order to prepare for this requirement, please start looking into your following monthly expenses:

- House payment/Mortgage/Rent
- Food
- Utilities including electric, gas, water, trash, telephone, cable/internet, other
- Insurances, including health, dental, vision, life, automobile, etc.
- Child Care (daycare and babysitting)
- Car payment, Gas, and Car Maintenance/Repair
- Clothing (for you and your children)
- School activities, extracurricular activities, and other school related expenses
- Haircuts and beauty
- Entertainment
- Family gifts
- Miscellaneous

## **DOCUMENTS YOU NEED TO START GATHERING:**

- Your two most recent paystubs with earnings to date and withholding information
- Your last year's W-2 form(s).
- Copies of the previous 2 years joint or individual tax returns.
- At least the last six months of your banking and financial statements (including checking accounts, savings accounts, retirement accounts, 401K, mutual funds, stocks, bonds, etc.)
- A list of any persons who owe you or your spouse money, either jointly or individually
- The last six months of any debt account statements (mortgages and indebtedness to banks, individuals, loan companies or on credit accounts)
- Cancelled checks for any work-related child care expenses for the past three months