

SEPARATION / DIVORCE QUESTIONNAIRE

___ Husband / ___ Wife

___ Plaintiff / ___ Defendant

1. CLIENT

Name: _____

Address.: _____

_____ County: _____

***Mailing Address (if different): _____

_____ County: _____

Email Address: _____

Phone #: (home) _____ (mobile) _____

Date of Birth: _____ Social Security # _____

U.S. Citizen: _____ YES _____ NO Georgia Resident: _____ YES _____ NO

Occupation/Employer: _____

Employer's Address: _____

Work Phone #: _____

Military: _____ Not Applicable _____ Active _____ Retired

Education: _____ High School _____ College _____ Other

Special Skills: _____

Place of Birth: _____

Other Names: _____

2. SPOUSE

Name: _____

Maiden name: _____

Address.: _____

_____ County: _____

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Email Address: _____

Phone #: (home) _____ (mobile) _____

Date of Birth: _____ Social Security # _____

U.S. Citizen: _____ YES _____ NO Georgia Resident: _____ YES _____ NO

Occupation/Employer: _____

Employer's Address: _____

Work Phone #: _____

Military: _____ Not Applicable _____ Active _____ Retired

Education: _____ High School _____ College _____ Other

Special Skills: _____

Place of Birth: _____

Other Names: _____

3. SPOUSE'S ATTORNEY (If Applicable)

Name of Attorney: _____

Address.: _____

Phone #: _____

Email Address: _____

4. MARRIAGE- (This Marriage)

Date of marriage: _____

Place of marriage: _____

City County State

Type of Marriage: _____ Ceremonial _____ Common Law _____ Other

Date of Separation: _____

Details of Separation: _____

Do you have other divorce, legal separation, or annulment action(s) pending? _____ YES _____ NO

Previous Divorce(s), Legal Separation(s), Annulment(s)? _____ YES _____ NO

Count/State where suit was filed Date Commenced Date Finalized

Count/State where suit was filed Date Commenced Date Finalized

5. MARITAL RESIDENCE (occupied prior to separation) -

Address.: _____

_____ County: _____

The marital residence is/was -

- an apartment
- a house/ condo/ coop owned by BOTH parties
- a house/ condo/ coop owned by Husband
- a house/ condo/ coop owned by Wife
- rented premises (other than an apartment)

Is marital residence affected by -

- an existing deed to secure debt or similar instrument [a mortgage]
- insurance premiums
- real estate taxes
- condo [coop] charges or fees

Do you want Possession of marital residence? _____ YES _____ NO

6. CHILD(REN) – (This Marriage)

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently expecting another child? _____ YES _____ NO

7. CHILD(REN) – (Previous Marriage / Relationship)

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently expecting another child? _____ YES _____ NO

Do you want...

- Custody of minor children? _____ YES _____ NO
- Child Support? _____ YES _____ NO
- Visitation? _____ YES _____ NO
- Alimony? _____ YES _____ NO
- Name Change? _____ YES _____ NO

8. PROPERTY

Is there **OTHER REAL ESTATE**? _____ YES _____ NO

Address.: _____
_____ County: _____

The OTHER REAL ESTATE is -

- __a __house/ __condo/ __coop _____undeveloped land owned by BOTH parties
- __a __house/ __condo/ __coop _____undeveloped land owned by Husband
- __a __house/ __condo/ __coop _____undeveloped land owned by Wife

Is the OTHER REAL ESTATE affected by -

- __an existing deed to secure debt or similar instrument [a mortgage]
- __insurance premiums
- __real estate taxes
- __condo [__coop] charges or fees

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Amount \$ _____ Payments \$ _____ per _____

Creditor _____ Purpose _____

Amount \$ _____ Payments \$ _____ per _____

11. ASSETS

Are there **JOINT ASSETS** ? _____ YES _____ NO

Identify the asset:

<u>Name/Description of Asset</u>	<u>Value</u>	<u>When Purchased</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

12. BANK ACCOUNTS

Are there **JOINT BANK ACCOUNTS** ? _____ YES _____ NO

Identify the accounts:

<u>Name of Bank/Institution</u>	<u>Account #</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. AUTOMOBILES - identify autos and who owns them:

Year/Make/Model

_____	_____ Husband	_____ Wife
_____	_____ Husband	_____ Wife
_____	_____ Husband	_____ Wife
_____	_____ Husband	_____ Wife

14. PREVIOUS LEGAL MATTERS

Has a complaint for divorce been filed? _____ YES _____ NO

Who filed? _____

When was it filed? _____

When is the Answer due? _____

Has an Answer been filed? _____

County divorce filed in: _____

Case #: _____

Judge: _____

Has there ever been any family violence action filed between the parties? _____ YES _____ NO

Who filed? _____

When was it filed? _____

County filed in: _____

Case #: _____

Judge: _____

Resolution of Case? _____

Facts of the Case? _____

15. MONTHLY INCOME AND DEDUCTIONS OF THE PARTIES

MONTHLY GROSS INCOME

	<u>CLIENT</u>	<u>SPOUSE</u>
Salary, Wages, Commissions, Tips	\$ _____	\$ _____
Allowances	\$ _____	\$ _____
Salary paid (i.e. paid weekly / bi-weekly)	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment / Disability Compensation	\$ _____	\$ _____
Welfare / AFDC	\$ _____	\$ _____
Child Support / Alimony (previous marriage)	\$ _____	\$ _____
Dividends / Interest	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____

MONTHLY DEDUCTIONS

	<u>CLIENT</u>	<u>SPOUSE</u>
Number of exemptions claimed	_____	_____
State and Federal Taxes	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Other Insurance	\$ _____	\$ _____

MONTHLY LIVING EXPENSES

MONTHLY HOUSEHOLD EXPENSES -

	<u>CLIENT</u>	<u>SPOUSE</u>
Rent or Mortgage	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Homeowner / Renter Insurance	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Water	\$ _____	\$ _____
Garbage / Sewer	\$ _____	\$ _____
Telephone		
Residential	\$ _____	\$ _____

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Cellular / Mobile	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Home Repairs/Maintenance	\$ _____	\$ _____
Lawn Care	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____
Cable TV / Satellite	\$ _____	\$ _____
Internet Service Provider	\$ _____	\$ _____
Misc. Household & Grocery Items	\$ _____	\$ _____
Meals Outside of Home	\$ _____	\$ _____
Other (Please List)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

MONTHLY AUTOMOBILE EXPENSES –

CLIENT

SPOUSE

Lease or Loan Payment	\$ _____	\$ _____
Gasoline & Oil	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Auto Tags & Licenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____

OTHER VEHICLES (boats, trailers, RV's, etc...)

CLIENT

SPOUSE

Lease or Loan Payment	\$ _____	\$ _____
Gasoline & Oil	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Auto Tags & Licenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____

MONTHLY CHILDREN'S EXPENSES

CLIENT

SPOUSE

• Child Care (total monthly cost)	\$ _____	\$ _____
• School Tuition	\$ _____	\$ _____

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• Tutoring	\$ _____	\$ _____
• Private Lessons	\$ _____	\$ _____
• School Supplies	\$ _____	\$ _____
• Lunch Money	\$ _____	\$ _____
• Other Educational Expenses (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
• Allowance	\$ _____	\$ _____
• Clothing	\$ _____	\$ _____
• Diapers	\$ _____	\$ _____
• Medical/Dental/Prescriptions	\$ _____	\$ _____
• Grooming/Hygiene	\$ _____	\$ _____
• Gifts (from children to others)	\$ _____	\$ _____
• Entertainment	\$ _____	\$ _____
• Activities (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
• Summer Camp	\$ _____	\$ _____

OTHER INSURANCE

CLIENT

SPOUSE

Health	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Vision	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Life	\$ _____	\$ _____
Children's Portion	\$ _____	\$ _____
Disability	\$ _____	\$ _____

OTHER EXPENSES

CLIENT

SPOUSE

Dry Cleaning / Laundry	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical/Dental Prescriptions (out of pocket expenses)	\$ _____	\$ _____
Gifts (Special Holidays)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Recreational Expenses	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Travel Expenses for Vacations	\$ _____	\$ _____
Publications	\$ _____	\$ _____
Dues / Clubs	\$ _____	\$ _____
Religious / Charities	\$ _____	\$ _____
Pet Expenses	\$ _____	\$ _____
Alimony Paid to Former Spouse	\$ _____	\$ _____
Child Support Paid for Other Children	\$ _____	\$ _____
Date of Initial Order	_____	_____
Other (Please List)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Does this Case involvement the Department of Family and Children Services (“DFCS”) and/or Department of Aging Services? YES NO

I certify that the foregoing information is true and correct to the best of my knowledge.

This _____ day of _____, 20_____.

Client Signature