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**DIVORCE QUESTIONERRE**

Date \_\_\_\_\_

*Client*

Full name \_\_\_\_\_

Birth date \_\_\_\_\_

Age \_\_\_\_\_

Birth place \_\_\_\_\_

Address \_\_\_\_\_

Work phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Pager \_\_\_\_\_

E-mail address \_\_\_\_\_

Fax \_\_\_\_\_

Social Security no. \_\_\_\_\_

Driver's License no. \_\_\_\_\_

State \_\_\_\_\_

Occupational License no(s). \_\_\_\_\_

Armed Forces status \_\_\_\_\_

Next of kin \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

*Spouse*

Full name \_\_\_\_\_

Birth date \_\_\_\_\_

Age \_\_\_\_\_

Birth place \_\_\_\_\_

Address \_\_\_\_\_

Work phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Pager \_\_\_\_\_

E-mail address \_\_\_\_\_

Fax \_\_\_\_\_

Social Security no. \_\_\_\_\_

Driver's License no. \_\_\_\_\_

State \_\_\_\_\_

Occupational License no(s). \_\_\_\_\_

Armed Forces status \_\_\_\_\_

Next of kin \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

**MARRIAGE**

Place: City/Village/Twp. \_\_\_\_\_ County \_\_\_\_\_ State/Foreign country \_\_\_\_\_

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

Lived in Michigan 180 days? \_\_\_\_\_ County 10 days? \_\_\_\_\_

No. of previous marriages: yours \_\_\_\_\_ spouse \_\_\_\_\_

How terminated: yours \_\_\_\_\_ spouse \_\_\_\_\_

Maiden name \_\_\_\_\_

Name before this marriage \_\_\_\_\_

Does wife desire name change?

\_\_\_\_\_ Yes To what? \_\_\_\_\_

\_\_\_\_\_ No

Is there a prenuptial or postnuptial agreement?

\_\_\_\_\_ Yes Please attach a copy of the agreement.

\_\_\_\_\_ No

**CHILDREN**

1. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Social Security no. \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

2. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Social Security no. \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

3. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Social Security no. \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is wife pregnant?

\_\_\_\_\_ Yes When is birth expected?

\_\_\_\_\_ No

Name of health care insurance provider for children \_\_\_\_\_

Policy, group, or contract number \_\_\_\_\_

Paid by whom? \_\_\_\_\_

Does your / your spouse's health insurance require that you/he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)

\_\_\_\_\_

Child care

\_\_\_\_\_ Yes How many weeks per year? \_\_\_\_\_

Paid by whom? \_\_\_\_\_

Cost per week During school \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_ No

Are you *paying* or *receiving* support for other children (circle one)?

\_\_\_\_\_ Yes How much per week? \$ \_\_\_\_\_ No. of children

\_\_\_\_\_

\_\_\_\_\_ No

Is your spouse *paying* or *receiving* support for other children (circle one)?

\_\_\_\_\_ Yes How much per week? \$ \_\_\_\_\_ No. of children

\_\_\_\_\_

Provide copies of the court support orders.

\_\_\_\_\_ No

Does either party have children from a prior relationship?

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Client

\_\_\_\_\_ Spouse

Social Security no. \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Client

\_\_\_\_\_ Spouse

Social Security no. \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Client

\_\_\_\_\_ Spouse

Social Security no. \_\_\_\_\_

### CUSTODY AND SUPPORT

How are the "best interests of the children" served regarding custody? (Who should have custody and why?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you and your spouse have agreed on custody, describe.

\_\_\_\_\_

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

Do you know of anyone else who claims parenting time rights with your children?

\_\_\_\_\_ Yes State the person's name, address, and relationship. \_\_\_\_\_  
\_\_\_\_\_ No

Has support been paid since separation?

\_\_\_\_\_ Yes How much per week? \$ \_\_\_\_\_  
\_\_\_\_\_ No

If you and your spouse have agreed on child support, how much per week?  
\$ \_\_\_\_\_

### **PRIOR LITIGATION**

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

\_\_\_\_\_ Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_  
\_\_\_\_\_ No

Has there been any previous domestic relations case filed in this county involving you and/or your spouse or any other family member?

\_\_\_\_\_ Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_  
\_\_\_\_\_ No

Does anyone else claim custody over children of you or your spouse?

\_\_\_\_\_ Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_  
\_\_\_\_\_ No

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason?

\_\_\_\_\_ Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_

\_\_\_\_\_ No

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage?

\_\_\_\_\_ Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_

\_\_\_\_\_ No

### **FAMILY HEALTH AND SOCIAL ISSUES**

Do you, your spouse, or your children have

- any serious physical or mental disability, disorder, handicap or incurable disease?

\_\_\_\_\_ Yes Please explain. \_\_\_\_\_

\_\_\_\_\_ No

- any problems with substance abuse (drugs, alcohol)?

\_\_\_\_\_ Yes What type of drugs? \_\_\_\_\_

What treatment and by whom? \_\_\_\_\_

When? \_\_\_\_\_

Place of treatment \_\_\_\_\_

\_\_\_\_\_ No

Any particular interest in another person by either party \_\_\_\_\_

Any problems with debts \_\_\_\_\_ Gambling \_\_\_\_\_

Any marriage counseling \_\_\_\_\_

Personal counseling (yours/spouse's) \_\_\_\_\_

Would you begin or continue counseling? \_\_\_\_\_

Would you sign a waiver of confidentiality so that we may have access to your records?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Attitudes (yours/spouse's) toward reconciliation \_\_\_\_\_

Are you or your spouse receiving ADC?

\_\_\_\_\_ Yes Caseworker \_\_\_\_\_ Case no. \_\_\_\_\_

\_\_\_\_\_ No

### PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates? \_\_\_\_\_

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

\_\_\_\_\_ Yes Explain. \_\_\_\_\_

\_\_\_\_\_ No

#### Physical Description of Client:

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_  
\_\_\_\_\_ Hair color \_\_\_\_\_

Glasses

\_\_\_\_\_ Yes Worn all the time? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ No

Mustache/beard

\_\_\_\_\_ Yes Color \_\_\_\_\_

\_\_\_\_\_ No

Distinguishing scars or tattoos \_\_\_\_\_

Any current restraining orders? \_\_\_\_\_

#### Physical Description of Spouse:

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color  
\_\_\_\_\_ Hair color \_\_\_\_\_

Glasses

\_\_\_\_\_ Yes Worn all the time? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ No

Mustache/beard

\_\_\_\_\_ Yes Color \_\_\_\_\_  
\_\_\_\_\_ No

Distinguishing scars or tattoos \_\_\_\_\_

Any current restraining orders? \_\_\_\_\_

Is carrying a weapon a condition of his/her employment?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

### EMPLOYMENT

*Client*

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of hire \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly take home \_\_\_\_\_

Pension \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

*Spouse*

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of hire \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly take home \_\_\_\_\_

Pension \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

Signing bonus or any special payment \_\_\_\_\_

Signing bonus or any special payment \_\_\_\_\_

Profit-sharing \_\_\_\_\_

Profit-sharing \_\_\_\_\_

Recognition or other awards \_\_\_\_\_

Recognition or other awards \_\_\_\_\_

Income last year \_\_\_\_\_

Income last year \_\_\_\_\_

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

Previous Employer \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Income \_\_\_\_\_

Annual Income \_\_\_\_\_

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) \_\_\_\_\_

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

2. Type (wage/dividend) \_\_\_\_\_

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

3. Type (wage/dividend) \_\_\_\_\_

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

### **EDUCATION**

*Client*

*Spouse*

Highest degree obtained \_\_\_\_\_

Highest degree obtained \_\_\_\_\_

High school \_\_\_\_\_

High school \_\_\_\_\_

Date of diploma or GED \_\_\_\_\_  
Univ./College \_\_\_\_\_  
Degree \_\_\_\_\_  
Date obtained \_\_\_\_\_  
Univ./College \_\_\_\_\_  
Degree \_\_\_\_\_  
Date obtained \_\_\_\_\_  
Additional training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of diploma or GED \_\_\_\_\_  
Univ./College \_\_\_\_\_  
Degree \_\_\_\_\_  
Date obtained \_\_\_\_\_  
Univ./College \_\_\_\_\_  
Degree \_\_\_\_\_  
Date obtained \_\_\_\_\_  
Additional training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did either spouse contribute to the education of the other?

\_\_\_\_\_ Yes Describe. \_\_\_\_\_

\_\_\_\_\_ No

**ASSETS**

**A. Real property**

Resident address \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Monthly payments \_\_\_\_\_ Balance due \_\_\_\_\_

Paid by \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Both

Land contract \_\_\_\_\_ In whose name \_\_\_\_\_

Home equity loan \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name  
\_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in monthly payment?  
\_\_\_\_\_

Additional real estate

Address \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Monthly payments \_\_\_\_\_ Balance due \_\_\_\_\_

Paid by \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Both

Land contract \_\_\_\_\_ In whose name \_\_\_\_\_

Home equity loan \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name  
\_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in monthly payment?  
\_\_\_\_\_

Attach copies of deeds or land contracts.

**B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)**

1. Year/make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

2. Year/make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

3. Year/make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

4. Year/make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

5. Year/make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

### **C. Bank accounts or credit union accounts**

1. Name of bank and branch \_\_\_\_\_

Account number \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

2. Name of bank and branch \_\_\_\_\_

Account number \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

3. Name of bank and branch \_\_\_\_\_

Account number \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

#### **D. Individual retirement accounts**

1. Financial institution \_\_\_\_\_

Account number \_\_\_\_\_ Balance \_\_\_\_\_ In whose name  
\_\_\_\_\_

2. Financial institution \_\_\_\_\_

Account number \_\_\_\_\_ Balance \_\_\_\_\_ In whose name  
\_\_\_\_\_

E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc. (attach copies of plan descriptions and annual reports for each)

1. Employer or financial institution \_\_\_\_\_

Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_

Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

2. Employer or financial institution \_\_\_\_\_

Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_

Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

3. Employer or financial institution \_\_\_\_\_

Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_

Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments \_\_\_\_\_

Type of investment \_\_\_\_\_

Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Purchase price \_\_\_\_\_ Current value \_\_\_\_\_

What was source of stock or funds to purchase? \_\_\_\_\_

2. Name of broker and firm holding investments \_\_\_\_\_

Type of investment \_\_\_\_\_

Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Purchase price \_\_\_\_\_ Current value \_\_\_\_\_

What was source of stock or funds to purchase? \_\_\_\_\_

G. Patents, inventions, copyrights, etc.

\_\_\_\_\_

\_\_\_\_\_

**H. Life insurance**

*Client*

*Spouse*

Name of insurer \_\_\_\_\_

Name of insurer \_\_\_\_\_

Name of insured \_\_\_\_\_

Name of insured \_\_\_\_\_

Name of beneficiary \_\_\_\_\_

Name of beneficiary \_\_\_\_\_

Type of insurance (term, whole life, etc.)

Type of insurance (term, whole life, etc.)

\_\_\_\_\_  
Policy no. \_\_\_\_\_  
Amount of policy \_\_\_\_\_  
Cash surrender value \_\_\_\_\_  
Loans against policy \_\_\_\_\_

\_\_\_\_\_  
Policy no. \_\_\_\_\_  
Amount of policy \_\_\_\_\_  
Cash surrender value \_\_\_\_\_  
Loans against policy \_\_\_\_\_

I. Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest \_\_\_\_\_

Type of ownership interest \_\_\_\_\_

Value of interest \_\_\_\_\_

Initial investment and when \_\_\_\_\_

Additional amounts invested and when \_\_\_\_\_

J. Community property (property acquired with your spouse)

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?

\_\_\_\_\_ Yes Provide details and the status of assets brought into this state.

\_\_\_\_\_  
\_\_\_\_\_ No

**K. Miscellaneous assets**  
(Attach additional sheets if necessary.)

Jewelry \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Art work \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Antiques \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Coin and other collections \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Inheritance \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Annuities \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Safe deposit box \_\_\_\_\_ Location \_\_\_\_\_

Accounts receivable \_\_\_\_\_

#### **L. Gifts**

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

\_\_\_\_\_ Yes Provide details. \_\_\_\_\_

\_\_\_\_\_ No

#### **M. Trust beneficiaries**

Are you or your spouse the beneficiary under any trust?

\_\_\_\_\_ Yes Provide details. \_\_\_\_\_

\_\_\_\_\_ No

#### **N. Assets held at time of marriage**

\_\_\_\_\_

\_\_\_\_\_

O. Are you aware of assets being given away, sold, or hidden from you?

\_\_\_\_\_ Yes Briefly explain. \_\_\_\_\_

\_\_\_\_\_ No

## LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.

Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due  
\_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

2. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due  
\_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

3. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due  
\_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

4. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due  
\_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

5. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due  
\_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

6. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due  
\_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

Delinquent indebtedness

Mortgage _____	How much? _____	How long overdue? _____
----------------	--------------------	----------------------------

Property taxes _____	How much? _____	How long overdue? _____
----------------------	--------------------	----------------------------

Income taxes _____	How much? _____	How long overdue? _____
--------------------	--------------------	----------------------------

Vehicle Loan _____	How much? _____	How long overdue? _____
--------------------	--------------------	----------------------------

Other _____	How much? _____	How long overdue? _____
-------------	--------------------	----------------------------

Business debts

What kind? \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue?  
\_\_\_\_\_

Other obligations (for example, spousal support to a former spouse) \_\_\_\_\_

Is anyone other than the spouse and identified children financially dependent on you?

\_\_\_\_\_ Yes Give details. \_\_\_\_\_

\_\_\_\_\_ No

On your spouse?

\_\_\_\_\_ Yes Give details. \_\_\_\_\_

\_\_\_\_\_ No

### **RELIEF TO BE REQUESTED**

\_\_\_\_\_ Divorce

\_\_\_\_\_ Separate maintenance

\_\_\_\_\_ Annulment

\_\_\_\_\_ Custody of children \_\_\_\_\_

\_\_\_\_\_ Parenting time rights \_\_\_\_\_

\_\_\_\_\_ Child support payments \_\_\_\_\_

\_\_\_\_\_ Spousal support \_\_\_\_\_

\_\_\_\_\_ Spouse to vacate home \_\_\_\_\_

\_\_\_\_\_ Contribution to your attorney fees \_\_\_\_\_

\_\_\_\_\_ Restoration of former name \_\_\_\_\_

\_\_\_\_\_ Procurement of \$ \_\_\_\_\_ in life insurance to secure child support

\_\_\_\_\_ Property division

\_\_\_\_\_ Property injunction

\_\_\_\_\_ Domestic abuse injunction  
 \_\_\_\_\_ Health insurance for children or yourself \_\_\_\_\_  
 \_\_\_\_\_ Home utility payments \_\_\_\_\_  
 \_\_\_\_\_ Home insurance (Plaintiff/Defendant) \_\_\_\_\_  
 \_\_\_\_\_ Mortgage payments \_\_\_\_\_  
 \_\_\_\_\_ Debts \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Attorney fee arrangement \_\_\_\_\_

**Documents Required**

The items checked below are needed to complete your divorce case file. Please collect the items that have been checked and bring in copies or originals to the paralegal as soon as possible.

<i>Items needed</i>	<i>Date provided</i>
_____ Tax returns with schedules and W-2s—last two years	_____
_____ Paycheck stubs—last two months	_____
_____ You	
_____ Your spouse	
_____ Mortgage statement	_____
Document showing legal description	
_____ Marital home	_____
_____ Vacation property	_____
_____ Income property	_____
_____ Pension or retirement account statement	_____
_____ You	
_____ Your spouse	
_____ Car titles	_____
_____ You	
_____ Your spouse	
_____ Life insurance cash value statement	_____

*Items needed*

*Date provided*

_____ Savings account statements	_____
_____ Investment account balance statements	_____
_____ Appraisal for _____	_____
_____ Appraisal for _____	_____
_____ Prenuptial or postnuptial agreement	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Items needed*

*Date given to paralegal*