
DISSOLUTION OF MARRIAGE QUESTIONNAIRE

PLEASE PRINT

DATE: _____

NAME: _____ SSN: _____

ADDRESS: _____ D.O.B. _____

CITY: _____ COUNTY: _____ ZIP CODE: _____

How long have you lived in this county? _____ Indiana? _____

Home Phone: _____ Cell Phone: _____

Employer: _____ How Long? _____

Employer Address and Phone: _____

Is this employment your only source of income? _____ If no, other _____

How many hours per week? _____ Overtime _____

Do you have a pension, retirement or 401 K plan? _____

Are you and your family covered by health insurance at your job? _____

Hourly Wage? _____ Weekly Wage? _____

HAVE YOU OR YOUR SPOUSE EVER BEEN A CLIENT OF OUR OFFICE IN THE PAST? ___
IF YES, WHAT TYPE OF LEGAL WORK DID WE DO? _____

SPOUSE INFORMATION:

Name: _____ SSN: _____

Address: _____ D.O.B. _____

City: _____ County: _____ Zip Code: _____

How long has spouse lived in this county? _____ Indiana ? _____

Home Phone: _____ Cell Phone: _____

Employer: _____ How long employed? _____

Employer address: _____

Is this employment spouse's only source of income? _____ If no, other _____

Hours per week? _____ Overtime? _____

Pension, retirement or 401K plan? _____

Health insurance coverage through this employer? _____

Spouse's hourly wage? _____ Weekly Wage? _____

MARRIAGE INFORMATION:

Date of Marriage: _____ Date of Separation: _____

Is Wife Pregnant? _____ if yes, due date? _____

Does Wife want her maiden name restored or her name changed? _____

Have you or your spouse ever been:

1. In the military? _____ If yes, who and when _____
2. Previously Married and Divorced? _____
3. Is this the first time you have filed for divorce in this marriage? _____
If no, explain: _____
4. Do you or your spouse have any children born from a prior relationship? _____
5. Do you have any children born with your spouse? _____

PLEASE LIST ALL CHILDREN (JOINT OR SPEARATE) BELOW:

1. _____ D.O.B. _____ HUSBAND/WIFE/JOINT
2. _____ D.O.B. _____ HUSBAND/WIFE/JOINT
3. _____ D.O.B. _____ HUSBAND/WIFE/JOINT
4. _____ D.O.B. _____ HUSBAND/WIFE/JOINT
5. _____ D.O.B. _____ HUSBAND/WIFE/JOINT

REAL ESTATE:

Are you buying a house at this time? _____

If yes, who currently resides in it? _____

Property Address: _____

Mortgage Company: _____ Monthly amount: _____

Amount Owed? _____ Value of Property: _____

When was the last appraisal done on this property? _____

As part of the divorce, do you plan to sell the property or keep it? _____

If you plan to keep it, who will live in the house? _____

Will that person be able to afford the house payments? _____

MOTOR VEHICLES:

YEAR/MAKE	LOAN CO.	OWED	VALUE	TITLE(H/W/J)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

BANK ACCOUNTS:

NAME OF BANK	CIRCLE ONE	CURRENT BALANCE	H/W/J
1. _____	CHECKING/SAVINGS	_____	_____
2. _____	CHECKING/SAVINGS	_____	_____
3. _____	CHECKING/SAVINGS	_____	_____

Do either of you have a safe deposit box? _____ If yes, who _____

Which bank? _____ Contents? _____

LIST OTHER PROPERTY EITHER OF YOU MAY HAVE:

Describe	Value	H/W/J
1. Collections: (coins, cards, guns, etc.)		
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2. Business Interests:		
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3. Stock, bonds, investments:		
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4. Life Insurance policies with cash value:		
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5. Are either of you involved in a person injury lawsuit, estate, or other matter where you may receive money in the future? Please explain.		
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6. Any other valuable items:		
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LIST ALL THE DEBTS YOU BOTH HAVE (other than house or vehicles):

DEBT OWED TO	AMOUNT OWED	WHOES DEBT H/W/J
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IS YOUR FINANCIAL SITUATION SO BAD THAT YOU AND YOUR SPOUSE HAVE CONSIDERED FILING FOR BANKRUPTCY?_____

If yes, have you talked to a bankruptcy attorney?_____

If yes, who_____