

CONFIDENTIAL DIVORCE QUESTIONNAIRE

Please complete this questionnaire and return it to the office before your first appointment. If you will spend the time to complete all items, you will give us the necessary background information to begin to understand the complexity of the personal aspects of your marriage. All information will be held in strict confidence.

1. Please give us your full name, date and place of birth, social security number and e-mail.
 - a. Name: _____
 - b. Date of birth: _____
 - c. Place of birth: _____
 - d. Social security number: _____
 - e. E-Mail Address: _____
 - f. Highest degree of education: _____
Portion completed before marriage: _____

2. Where are you now living and what is your telephone number?
 - a. Street address: _____
 - b. City, state, and zip code: _____
 - c. Home telephone or number where you may be reached: _____
 - d. How long have you lived in Florida? _____
 - e. Other residences during the last five years: _____

3. If you are not now living with your spouse, give an approximate date of separation. _____

Have there been prior separations? How many? _____
Approximately when and for how long? _____

4. Please give the date and place of your marriage.

Date: _____ Place (County and State): _____

5. Please complete the following concerning your employment and income.

- a. Employer: _____
- b. Street address: _____
- c. City, state, and zip code: _____
- d. Telephone number: _____
- e. Job title: _____
- f. Gross salary: _____
- g. Other sources of income (describe): _____
- h. Average monthly income from all sources: \$ _____

6. Please provide the following information for your spouse.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social security number: _____
- e. Highest degree of education: _____
Portion completed before marriage: _____

7. Where is your spouse now living?

- a. Street address: _____
- b. City, state, and zip code: _____
- c. Home telephone number: _____
- d. How long has your spouse resided in Florida? _____

8. Please complete the following regarding your spouse's employment.
- a. Employer: _____
 - b. Street address: _____
 - c. City, state, and zip code: _____
 - d. Telephone number: _____
 - e. Job title: _____
 - f. Gross salary: _____
 - g. Other sources of income (describe): _____
 - h. Average monthly income from all sources: \$ _____

9. Have there been prior court proceedings between you and your spouse? If so, please provide copies of all related documents. Who was your previous attorney? _____

10. Are there any children? If so, please provide the following information. If a child is adopted, please indicate. If a child is from a previous marriage, please indicate.

Name	Sex	Date of birth and social security number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Where are the children living at this time? _____

12. List all property, if any, owned by the children. _____

13. How long have you and your spouse been having marital difficulties? _____
 Has there been domestic violence? ____ If so, date of most recent incident. _____
 Were the police called? ____ Did either spouse receive medical attention? ____ Names, addresses, and phone numbers of any witnesses to incidents of domestic violence. _____

14. Have you and your spouse tried counseling? ____ If so, with whom and for how long? _____

15. Do you want counseling for yourself? ____ Your spouse? ____ Both you and your spouse? ____
 Your children? _____

16. Do you see divorce as the only solution? _____
17. Is your spouse in favor of this divorce? _____
18. Do you want a reconciliation? _____
19. Does your spouse want her maiden or prior name to be restored? ____ If yes, please give the name. _____

20. What is the condition of your mental and physical health? _____

21. Indicate your priorities on the following issues by assigning numbers, with one being the highest priority:

- | | | | |
|-------|----------------------------|-------|-------------------------|
| | Visitation | | Primary child custodian |
| | Child support | | Property distribution |
| | Alimony | | Attorneys' fees |
| | Restraining abusive spouse | | Other (specify): _____ |
| | | | _____ |

22. List all personal property owned (autos, boats, etc.), indicating title/ownership and approximate value:

Type of property	Value	H/W/Joint
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. List all real estate owned, indicating ownership and approximate value:

Street address	Value	H/W/Joint
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. List all present bank, savings, money market, and credit union accounts:

Bank	Acct. No.	Balance	H/W/Joint
_____	_____	_____	_____
_____	_____	_____	_____

25. List all debts and/or liabilities owed (auto loans, mortgage, credit cards, etc.), indicating approximate value owed and who is obligated for the debt or liability:

Type of debt/liability	Value owed	H/W/Joint
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. Describe any special contributions you feel you have made to your spouse's career, education, or assets. _____

27. Were you referred to our office by someone? ___ If so, please indicate the name of the referring party. _____

28. Fill out the attached financial affidavit, using your current financial situation. This will be used at your temporary support hearing.

29. Attach a copy of your current driver's license.

30. Identify any matters you believe require emergency or immediate attention. _____

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

Signature
Date: _____

