

DIVORCE QUESTIONNAIRE w/CHILDREN
- CONFIDENTIAL -

Date filled out: _____

I. PLEASE ANSWER THESE QUESTIONS ABOUT YOURSELF

_____	/	/	State of: _____
Name: First, Middle, Last	Birthdate		Birthplace
_____	(_____)	_____	
Mailing Address	Home Telephone Number		
_____	-	-	_____
Home Address (if different from above)	Social Security Number		
_____	_____		
City, State, Zip	Driver License Number		
_____	lbs.	_____	_____
Eye Color	Hair color	Height	Weight Race

Scars, tattoos, etc. _____

Other names by which you are or have been known: _____

Resident of _____ for _____ Years and of Michigan for _____ Years .
County Years Years

Your Employer _____ How long? _____

Work Address _____ Shift _____ (_____) Phone _____

Are you able to work? Yes No

Occupation: _____

Is it okay for us to call you at work? Yes No

Pay period: _____ Gross \$ _____ Net \$ _____
(Weekly, bi-weekly, monthly) (Circle one)

Do you typically work overtime? Yes No

If so, how often and how many hours? _____

Do you make tips, bonuses, or commissions? Yes No

II. PLEASE ANSWER THESE QUESTIONS ABOUT YOUR SPOUSE

Name: _____ / _____ / _____ State of: _____
First, Middle, Last Birthdate Birthplace

Mailing Address _____ (_____) _____
Home Telephone Number

Home Address (if different from above) _____ - _____
Social Security Number

City, State, Zip _____ Driver License Number

Eye Color _____ Hair color _____ Height _____ lbs. _____
Weight _____ Race _____

Scars, tattoos, etc. _____

Other names by which your spouse has or has been known: _____

Resident of _____ for _____ and of Michigan for _____.
County Years Years

Your Spouse's Employer _____ How long? _____

Work Address _____ Shift _____ (_____) _____
Phone

Is your spouse able to work? Yes No
Spouse's Occupation: _____

Is it okay for us to call your spouse at work? Yes No

Pay period: Gross \$ _____ Net \$ _____
(Weekly, bi-weekly, monthly) (Circle one)

Do your spouse typically work overtime? Yes No

If so, how often and how many hours? _____

Do your spouse make tips, bonuses, or commissions? Yes No

NOTE: PLEASE PROVIDE A COPY OF YOUR PAY STUB (BOTH PARTIES) FOR A 40 HOUR WEEK.

III. PLEASE ANSWER THESE QUESTIONS CONCERNING YOUR MARRIAGE:

Have you already participated in marriage counseling? Yes No

Are you still counseling? Yes No

Have either of you filed for divorce from each other? Yes No

If the answer is yes, who filed for it? _____

When was it filed? _____
Month Year County State

Date of marriage: _____ Married at: _____
City, State, County

Married by a: Judge, Minister, Justice of the Peace, Priest, Rabbi

Date of separation: _____ (if already separated)

Have you previously separated and gotten back together? _____ When? _____

Wife's maiden name: _____, and/or previous name _____

Seeking maiden name restored: _____ Seeking new name? _____

Have you or your spouse ever been married before? Yes No

If yes, did the marriage(s) end by divorce or death?

You: 1st marriage _____, what year _____,
How marriage ended: _____

2nd marriage _____, what year _____,
How marriage ended: _____

Spouse: 1st marriage _____, what year _____,
How marriage ended: _____

2nd marriage _____, what year _____,
How marriage ended: _____

Is wife pregnant now? Yes No

If yes, due when? _____

If yes, is this child of this marriage? Yes No

If not, father's name, address and details: _____

Has your spouse ever physically or emotionally abused you and/or your child(ren)? If yes, please give details of such abuse and the dates this abuse occurred. (Use back of this form for additional space)

Have you or your spouse ever obtained a Personal Protection Order (PPO)? Yes No

Please give details: _____

Have you or your spouse ever been involved in any extra-marital relationships? Yes No

Please explain: _____

Have you or your spouse ever had a problem with alcohol, marijuana, cocaine or other drugs?

_____ Please explain: _____

Have you or your spouse ever been accused or convicted of any crime(s)? _____

Please explain giving dates and nature of crimes(s): _____

V. **PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD(REN)**

A. How many children were born to, or adopted by, you and your spouse? _____

<u>Full Name</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List the addresses where the minor children have lived for the last five (5) years and the person in charge of their care and their relationship to you:

<u>Address</u>	<u>Years</u>	<u>Person in charge</u>	<u>Relationship to you</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Is there any other legal action involving your family? Yes No

If so, please describe or provide copies of documents (i.e. juvenile, family support, criminal, guardianship, etc.)

D. Has any amount of child or spousal support been agreed upon? Yes No

If so, amount to be paid per week:

\$ _____

E. Is your spouse receiving any public assistance? Yes No

F. Do you want custody? Yes No

Does your spouse want custody? Yes No

Are you interested in joint custody? Yes No

G. Is there any other information that you want to give about the children? _____
Describe any special circumstances:

H. Do you have work related child care expenses? Yes No

How much per week? _____ How many weeks per year? _____

Who is your child care provider? _____

I. Who will claim income tax exemption?

Name of child

Who will claim

_____	_____
_____	_____
_____	_____
_____	_____

J. Do either of you have children from a previous relationship/marriage? _____

Please state names and ages (even if adults) and who has custody:

Name of child

Ages

_____	_____
_____	_____
_____	_____
_____	_____