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Divorce Consulting
Confidential Questionnaire

________________ / ________________ / ________________ / ________________

First Name | Middle Name | Last Name | Maiden Name (if applicable)

Personal Information

Nickname ________________ Date of Birth: ________________

Citizenship ________________ Social Security No.: ________________

Home Address: ________________________________

City ________________ State: ________________

Zip Code ________________ Email ________________

Telephone ________________ Facsimile ________________

Spouse's Name ________________ Date of Marriage ________________

Children and Dependents

Name	Relationship	Date of Birth	Parent(s)*	Currently Dependent? (Yes or No)	Married? (Yes or No)	Number of Children

- Write "JT" if you and spouse are parents. H if husband is the parent. W if wife is the parent

Marriage Information

Divorce Filing Date ________________ Estimated Net Worth ________________

Your Education ________________ Are you currently employed? Y / N

Employer (if applicable) ________________ Current Annual Income ________________

Spouse's Employer ________________ Spouse's Annual Income ________________

Attorney Information

Name of Your Attorney/Law Firm ________________________________

Name of Spouse's Attorney/Law Firm ________________________________

How did you find your Attorney? ________________________________

What hourly rate are you being charged? ________________________________

NET WORTH AND ASSET DISCOVERY

Please complete this section as best as you are able. If you do not know an answer just write DK (Don't Know).

Real Property

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
	Total		

Furniture and Personal Effects

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property *(indicate type below and* ***give a lump sum value for miscellaneous,*** *less valuable items.).*

Type or Description Value	Owner	Market
Miscellaneous Furniture and Household Effects (Total)		
	Total	

Automobiles, Boats and RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

____

____

Bank & Savings Accounts

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below). Do not include IRA's or 401(k)'s here*

Name of Institution and account number	Type	Owner	Amount
		Total	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *(indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
			Total	

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total ______________

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total ______________

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total ______________

Money Owed to You

TYPE: Mortgages or promissory notes payable **to you,** or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
			Total	

Anticipated Inheritance, Gift or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description ____

____

Total estimated value ____________

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	**Owner**	**Value**
	Total	

Summary of Assets

	Amount*		
	Client	**Spouse**	**Total Value**
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

* ***Values for property owned with other put your percentage in client's column and other's percentage in other's column.***

Other Family Advisors *(Besides those already listed)*

	Name / Firm Name	Telephone
Personal Attorney		
Accountant		
Life Insurance Agent		
Stock Broker		

Former Marriages (if applicable)

If you have previous marriages that meet any of the following criteria, please provide the following information:

Are you widowed? If yes, provide date of former spouse's death. ______________________

Provide the details of any remaining outstanding estate issues or trust issues from your former spouse's death.

- *The marriage ended less than five years ago*
- *You have children from the prior marriage, or*
- *There are existing, outstanding legal obligations (e.g. QDRO, jointly-owned property, alimony, child support, etc.)*

Are you legally separated? ____________ Are you divorced? ____________

Date of Decree/Agreement ______________________

Alimony Payments ______________________

Child Support Payments ______________________

Total Payments resulting from divorce ______________________

One Final Question

Are there any special circumstances that should be considered in analyzing your situation?

For example, children with special needs, dependent parents, significant separate property etc.

I declare that I have reviewed the information collected in this data sheet and that all information contained herein is correct to the best of my knowledge.

Printed Name ____________ Signature ____________ Date ____________