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## CLIENT INFORMATION QUESTIONNAIRE

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As daunting and overwhelming as this Questionnaire may initially seem to you, please understand that it is a crucial and important first step in our being able to provide you with the best possible legal representation that our firm can offer. *It is for our eyes only – no one else will see the completed Questionnaire.*

Depending upon the nature of your case, not all portions of this Questionnaire may be applicable to your situation. For example, if this is not a divorce, then you would not need to complete those sections pertaining to the causes of the separation of the parties, alimony, maiden name, or separate/non-marital property. Therefore, should you have any questions regarding the applicability of a particular section of this Questionnaire to your situation, or the necessity of your providing certain information being sought in the Questionnaire, please do not hesitate to ask if that portion needs to be completed by you.

Most importantly, do not be frustrated if you do not have all of the information sought in this Questionnaire; trust us, no one ever does. In fact, it is actually not expected that a client can complete the entire Questionnaire at the inception of the case, or do so correctly without making any mistakes. Remember that one of the purposes of engaging in the “discovery process” (e.g. – interrogatories, requests for production of documents, requests for admission of statements and genuineness of documents, depositions, etc.) is to obtain that missing information and/or documentation directly from the opposing party, or in some instances, from a third party such as an employer, or a bank, or a trustee, or mobile phone company, or a credit card company, etc. As your case progresses, the information and/or documentation will be obtained.

In summary, do the best job that you can. Complete this Questionnaire and return it to us as soon as you can. Then let us get to work!

**I. CLIENT'S BACKGROUND:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_ SS# \_\_\_\_\_

Lived at present address since: \_\_\_\_\_ Race: \_\_\_\_\_

Contact Information:

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ (Work)

E-mail: \_\_\_\_\_ (Personal)

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Education: \_\_\_\_\_ High School \_\_\_\_\_ College (Number of years: \_\_\_\_\_)

What was the highest degree that you earned? \_\_\_\_\_

Are you currently being treated for any medical problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- If so, what is the name, address, and telephone number of your treating physician? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- What medication(s), if any, are you taking for this medical problem?

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Have you been diagnosed with any psychological conditions or illnesses?

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- What is the name, address, and telephone number of your treating psychologist or psychiatrist? \_\_\_\_\_

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- What medication(s), if any, are you presently taking for this condition or illness? \_\_\_\_\_

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Were you previously married? \_\_\_\_\_ If so:

Name Of Former Spouse	Date Of Marriage	Date Of Divorce	County/State Decree Granted	Alimony: Pay Or Receive	Amount Per Month
					\$
					\$
					\$

Your Maiden/Prior name: \_\_\_\_\_

- Do you want maiden/prior name restored: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any children from prior marriages or relationships? If so, please provide the following information:

Name Of Child	Current Age Of Child	Other Parent's Name	With Whom Does Child Live	Child Support: Paid Or Received	Amount Paid or Received Per Month
					\$
					\$
					\$

Have you ever been arrested (excluding minor traffic violations but including any DUIs). If so:

The date of such arrest: \_\_\_\_\_

The nature of said charge(s) or alleged violation(s): \_\_\_\_\_

\_\_\_\_\_

The county and state where the alleged charge(s) or violation(s) occurred:

\_\_\_\_\_

The specific disposition of said matter, including the charges or violations for which you were actually convicted or to which you actually plead, any special treatment received (e.g. - first offender treatment), the sentence imposed by the court, the fine imposed if any, the institution to which you were sentenced, the amount of time, if any, to be served on probation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. CLIENT'S EMPLOYMENT INFORMATION:**

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Occupation/Job title: \_\_\_\_\_

Employed since: \_\_\_\_\_ Salary: \$\_\_\_\_\_

Payment schedule (i.e. - Monthly, weekly, bi-weekly): \_\_\_\_\_

Employee benefits: (Check Applicable Benefits You Receive)

\_\_\_\_\_ Medical insurance

\_\_\_\_\_ Dental insurance

\_\_\_\_\_ Vision insurance

\_\_\_\_\_ Disability insurance

\_\_\_\_\_ Retirement (401k) • Is it matched by the employer: \_\_\_\_\_

\_\_\_\_\_ Automobile or automobile allowance

\_\_\_\_\_ Mobile phone

\_\_\_\_\_ Other: \_\_\_\_\_

Are you required to travel as part of your job? If so, where, how often, how long?

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

How many hours do you typically work in a normal week? \_\_\_\_\_

What are the typical daily hours that you work?: \_\_\_\_\_ AM to \_\_\_\_\_ PM

Do you file \_\_\_\_\_ individual or \_\_\_\_\_ joint income tax returns with your spouse?

Last three (3) years for which you have filed tax returns: \_\_\_\_\_

**III. SPOUSE'S/EX-SPOUSE'S BACKGROUND:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ SS# \_\_\_\_\_

Lived at present address since: \_\_\_\_\_ Race: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Education: \_\_\_\_\_ High School \_\_\_\_\_ College (Number of years: \_\_\_\_\_)

What was the highest degree that he/she earned? \_\_\_\_\_

Is your spouse/ex-spouse currently being treated for any medical problems?

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

- What is the name, address, and telephone number of his/her treating physician? \_\_\_\_\_

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

- What medication(s) is he/she taking for this medical problem? \_\_\_\_\_

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

Has your spouse/ex-spouse been diagnosed with any psychological conditions or illnesses? If so, what:

\_\_\_\_\_

\_\_\_\_\_

- What is the name, address, and telephone number of his/her treating psychologist or psychiatrist? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- What medication(s) is he/she presently taking for this condition or illness?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your spouse/ex-spouse previously married? \_\_\_\_\_ If so:

Name Of Former Spouse	Date Of Marriage	Date Of Divorce	County/State Decree Granted	Alimony: Paid Or Received	Amount Per Month
					\$
					\$
					\$

Maiden/Prior Name: \_\_\_\_\_

- Does your spouse/ex-spouse want her maiden/prior name restored:

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

Does your spouse/ex-spouse have any children from prior marriages or other relationships? If so, please provide the following information:

Name Of Child	Current Age Of Child	Other Parent's Name	With Whom Does Child Live	Child Support: Pay Or Receive	Amount Per Month
					\$
					\$
					\$

Has your spouse/ex-spouse ever been arrested (excluding minor traffic violations but including any DUIs). If so:

The date of such arrest: \_\_\_\_\_

The nature of said charge(s) or alleged violation(s): \_\_\_\_\_

\_\_\_\_\_

The county and state where the alleged charge(s) or violation(s) occurred:

\_\_\_\_\_

The specific disposition of said matter, including the charges or violations for which your spouse/ex-spouse was actually convicted or to which your spouse/ex-spouse actually plead, any special treatment received (e.g. - first offender treatment), the sentence imposed by the court, the fine imposed if any, the institution to which your spouse/ex-spouse was sentenced, the amount of time, if any, to be served on probation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**IV. SPOUSE'S/EX-SPOUSE'S EMPLOYMENT INFORMATION:**

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Occupation/Job title: \_\_\_\_\_

Employed since: \_\_\_\_\_ Salary: \$\_\_\_\_\_

Payment schedule (i.e. - Monthly, weekly, bi-weekly): \_\_\_\_\_

Employee benefits: (Check Applicable Benefits He/She Receives)

\_\_\_\_\_ Medical insurance

\_\_\_\_\_ Dental insurance

\_\_\_\_\_ Vision insurance

\_\_\_\_\_ Disability insurance

\_\_\_\_\_ Retirement (401k) • Is it matched by the employer: \_\_\_\_\_

\_\_\_\_\_ Automobile or automobile allowance

\_\_\_\_\_ Mobile telephone

\_\_\_\_\_ Other: \_\_\_\_\_

Is he/she required to travel as part of their job? If so, where, how often, how long?

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

How many hours does he/she typically work in a normal week?: \_\_\_\_\_

What are the typical daily hours that he/she works?: \_\_\_\_\_ AM to \_\_\_\_\_ PM

**V. OTHER SOURCES OF INCOME/MONEY:**

(Please show as "gross" income, before taxes.)

<b><u>Source:</u></b>	<b><u>Amount:</u></b>	<b><u>Received By:</u></b>
Rental income:	\$ _____/month	_____
Stocks/bonds:	\$ _____/month	_____
Trust income:	\$ _____/month	_____
Interest income:	\$ _____/month	_____
Dividend income:	\$ _____/month	_____
Severance pay:	\$ _____/month	_____
Disability income/benefits:	\$ _____/month	_____
Pension income:	\$ _____/month	_____
Retirement income:	\$ _____/month	_____
Annuity income:	\$ _____/month	_____
Royalties:	\$ _____/month	_____
Unemployment benefits:	\$ _____/month	_____
Gifts of a recurring nature:	\$ _____/month	_____
Other income: _____	\$ _____/month	_____

**VI. CHILDREN OF THIS MARRIAGE/RELATIONSHIP:**

Name Of Child	Date Of Birth	Sex	Living With

Do any of your children have any special needs that the Court will need to address:

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What type of custodial arrangement do you desire at this stage of the proceeding:

Physical custody: \_\_\_\_\_ In the Mother \_\_\_\_\_ In the Father \_\_\_\_\_ Joint

Legal custody: \_\_\_\_\_ In the Mother \_\_\_\_\_ In the Father \_\_\_\_\_ Joint

Who Should Have Final Decision Making Authority In These Areas:

- Health: \_\_\_\_\_ In the Mother \_\_\_\_\_ In the Father
- Education: \_\_\_\_\_ In the Mother \_\_\_\_\_ In the Father
- Religion: \_\_\_\_\_ In the Mother \_\_\_\_\_ In the Father
- Extra-curricular activities: \_\_\_\_\_ In the Mother \_\_\_\_\_ In the Father

Restrictions on visitation (if applicable): \_\_\_\_\_

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**VII. MARITAL INFORMATION:**

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

Where were you married: \_\_\_\_\_

Do you still reside with your spouse in the same home? \_\_\_\_\_

If so, under what living/sleeping arrangements: \_\_\_\_\_

\_\_\_\_\_

Have the Police ever been called out to the marital residence by either party?

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has either party ever sought a Temporary Protective Order from the Court?

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is either party alleging that the other party has committed adultery?

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VIII. BANK ACCOUNTS/CDS/STOCKS & BONDS:**

**A. Client's Individual Accounts:**

(1) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. - Checking, savings, mutual): \_\_\_\_\_

(2) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. - Checking, savings, mutual): \_\_\_\_\_

(3) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. - Checking, savings, mutual): \_\_\_\_\_

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**B. Spouse's/Ex-Spouse's Individual Accounts:**

(1) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. – Checking, savings, mutual): \_\_\_\_\_

(2) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. – Checking, savings, mutual): \_\_\_\_\_

(3) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. – Checking, savings, mutual): \_\_\_\_\_

.....

**C. Parties' Joint Accounts:**

(1) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. - Checking, savings, mutual): \_\_\_\_\_

(2) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. - Checking, savings, mutual): \_\_\_\_\_

(3) Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account (i.e. - Checking, savings, mutual): \_\_\_\_\_

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**D. Certificates of Deposit:**

(1) Names(s) on CD: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint

Name of Bank : \_\_\_\_\_

Face Amount: \$ \_\_\_\_\_ Maturity Date: \_\_\_\_\_

(2) Names(s) on CD: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint

Name of Bank : \_\_\_\_\_

Face Amount: \$ \_\_\_\_\_ Maturity Date: \_\_\_\_\_

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**E. Stocks/Bonds/Mutual Funds:**

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

**F. Cryptocurrency or Other Digital/Electronic Assets:**

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

**IX. REAL ESTATE:**

(1) Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Property titled in: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint

Purchase price: \$ \_\_\_\_\_ Down payment: \$ \_\_\_\_\_

Source of down payment (e.g. - sale of former home, individual savings,  
joint savings, gift): \_\_\_\_\_

Present estimated fair market value: \$ \_\_\_\_\_

1<sup>st</sup> Mortgage company: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

Type of loan (i.e. - 30 year, 15 year, ARM, balloon): \_\_\_\_\_

Current monthly payment: \$ \_\_\_\_\_ Does it include PITI: \_\_\_\_\_

2<sup>nd</sup> Mortgage company: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

Type of loan (i.e. - 30 year, 15 year, ARM, balloon): \_\_\_\_\_

Current monthly payment: \$ \_\_\_\_\_ Does it include PITI: \_\_\_\_\_

Home Equity Line Of Credit: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

Years left : \_\_\_\_\_ Current monthly payment: \$ \_\_\_\_\_

Is this the marital home? \_\_\_\_\_

If not, do you receive rental income? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other comments regarding this property: \_\_\_\_\_

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

.....

(2) Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Property titled in: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint

Purchase price: \$ \_\_\_\_\_ Down payment: \$ \_\_\_\_\_

Source of down payment (e.g. – sale of former home, individual savings,  
joint savings, gift): \_\_\_\_\_

Present estimated fair market value: \$ \_\_\_\_\_

1<sup>st</sup> Mortgage company: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

Type of loan (i.e. – 30 year, 15 year, ARM, balloon): \_\_\_\_\_

Current monthly payment: \$ \_\_\_\_\_ Does it include PITI: \_\_\_\_\_

2<sup>nd</sup> Mortgage company: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

Type of loan (i.e. – 30 year, 15 year, ARM, balloon): \_\_\_\_\_

Current monthly payment: \$ \_\_\_\_\_ Does it include PITI: \_\_\_\_\_



Home Equity Line Of Credit: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

Years left : \_\_\_\_\_ Current monthly payment: \$ \_\_\_\_\_

Is this the marital home? \_\_\_\_\_

If not, do you receive rental income? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other comments regarding this property: \_\_\_\_\_

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

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(3) Timeshare/vacation property: \_\_\_\_\_

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

**X. RETIREMENT PLANS/ACCOUNTS:**

**A. For the Husband:**

(1) Name of custodian or company: \_\_\_\_\_

Type of plan (i.e. - IRA, SEP, 401(k), pension, profit sharing, etc.):

\_\_\_\_\_

Balance: \$ \_\_\_\_\_ Years contributed: \_\_\_\_\_

Comments (loans or withdrawals, etc.): \_\_\_\_\_

\_\_\_\_\_

(2) Name of custodian or company: \_\_\_\_\_

Type of plan (i.e. - IRA, SEP, 401(k), pension, profit sharing, etc.):  
\_\_\_\_\_

Balance: \$ \_\_\_\_\_ Years contributed: \_\_\_\_\_

Comments (loans or withdrawals, etc.): \_\_\_\_\_  
\_\_\_\_\_

(3) Name of custodian or company: \_\_\_\_\_

Type of plan (i.e. - IRA, SEP, 401(k), pension, profit sharing, etc.):  
\_\_\_\_\_

Balance: \$ \_\_\_\_\_ Years contributed: \_\_\_\_\_

Comments (loans or withdrawals, etc.): \_\_\_\_\_  
\_\_\_\_\_

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**B. For the Wife:**

(1) Name of custodian or company: \_\_\_\_\_

Type of plan (i.e. - IRA, SEP, 401(k), pension, profit sharing, etc.):  
\_\_\_\_\_

Balance: \$ \_\_\_\_\_ Years contributed: \_\_\_\_\_

Comments (loans or withdrawals, etc.): \_\_\_\_\_  
\_\_\_\_\_

(2) Name of custodian or company: \_\_\_\_\_

Type of plan (i.e. - IRA, SEP, 401(k), pension, profit sharing, etc.):  
\_\_\_\_\_

Balance: \$ \_\_\_\_\_ Years contributed: \_\_\_\_\_

Comments (loans or withdrawals, etc.): \_\_\_\_\_  
\_\_\_\_\_

(3) Name of custodian or company: \_\_\_\_\_

Type of plan (i.e. - IRA, SEP, 401(k), pension, profit sharing, etc.):  
\_\_\_\_\_

Balance: \$ \_\_\_\_\_ Years contributed: \_\_\_\_\_

Comments (loans or withdrawals, etc.): \_\_\_\_\_  
\_\_\_\_\_

**XI. MOTOR VEHICLES/BOATS/OTHER VEHICLES:**

(1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Original cost: \$ \_\_\_\_\_ Present value: \$ \_\_\_\_\_

Title in name of: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint

Lien to: \_\_\_\_\_ Date paid off: \_\_\_\_\_

Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_ Do you want this vehicle? \_\_\_\_\_

- (2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Original cost: \$ \_\_\_\_\_ Present value: \$ \_\_\_\_\_  
Title in name of: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint  
Lien to: \_\_\_\_\_ Date paid off: \_\_\_\_\_  
Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_  
Monthly payments: \$ \_\_\_\_\_ Do you want this vehicle? \_\_\_\_\_
- (3) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Original cost: \$ \_\_\_\_\_ Present value: \$ \_\_\_\_\_  
Title in name of: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint  
Lien to: \_\_\_\_\_ Date paid off: \_\_\_\_\_  
Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_  
Monthly payments: \$ \_\_\_\_\_ Do you want this vehicle? \_\_\_\_\_
- (4) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Original cost: \$ \_\_\_\_\_ Present value: \$ \_\_\_\_\_  
Title in name of: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint  
Lien to: \_\_\_\_\_ Date paid off: \_\_\_\_\_  
Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_  
Monthly payments: \$ \_\_\_\_\_ Do you want this vehicle? \_\_\_\_\_

(5) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Original cost: \$ \_\_\_\_\_ Present value: \$ \_\_\_\_\_  
 Title in name of: \_\_\_\_\_ Husband only \_\_\_\_\_ Wife only \_\_\_\_\_ Joint  
 Lien to: \_\_\_\_\_ Date paid off: \_\_\_\_\_  
 Original loan amount: \$ \_\_\_\_\_ Present balance: \$ \_\_\_\_\_  
 Monthly payments: \$ \_\_\_\_\_ Do you want this vehicle? \_\_\_\_\_

**II. INSURANCE:**

A. Life Insurance:

Name of Insurance Co.	Name of Policy Holder/Owner	Name of Insured	Name of Beneficiary	Face Value	Cash Value (if any)

B. Medical Insurance:

Name of Insurance Co.	Group Name or Number	Persons Who Are Covered	Monthly Premium	Paid By Whom
			\$	
			\$	

C. Dental Insurance:

Name of Insurance Co.	Group Name or Number	Persons Who Are Covered	Monthly Premium	Paid By Whom
			\$	
			\$	

D. Vision Insurance:

Name of Insurance Co.	Group Name or Number	Persons Who Are Covered	Monthly Premium	Paid By Whom
			\$	
			\$	

E. Auto/Vehicle Insurance:

Name of Insurance Co.	Persons Who Are Covered	Policy Number	Monthly Premium	Paid By Whom

**XIII. MAJOR/SPECIAL FURNITURE/FURNISHINGS AND/OR PERSONAL PROPERTY THAT YOU DESIRE:**

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**XIV. CLAIM OF SEPARATE/NON-MARITAL PROPERTY:**

(This category of property is comprised of three types: (1) Property you owned prior to the marriage, (2) Property you inherited, and (3) Property you received as a gift from a 3<sup>rd</sup> party during the marriage. Legal title to the property is usually irrelevant.)

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**XV. CAUSES OF SEPARATION OF PARTIES:**

(In your own words, briefly state why you are seeking a divorce from your spouse.)

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**XVI. CLAIM FOR ALIMONY:**

Are you making a claim for alimony? \_\_\_\_\_

Do you understand the difference between “periodic” alimony and “lump sum” alimony? \_\_\_\_\_

Why do you believe that you are entitled to alimony? \_\_\_\_\_

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

How much alimony “per month” are you seeking? \_\_\_\_\_

For what period of time are you seeking alimony? \_\_\_\_\_



Do you believe that your spouse will be making a claim for alimony? \_\_\_\_\_

If you do believe that your spouse will be making a claim for alimony, but truly don't believe that your spouse is entitled to receive any (other than you simply don't want to pay), please state why you believe that your spouse should not receive an award of alimony from the court: \_\_\_\_\_

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

**XVII. EXPERT WITNESSES/PRIVATE INVESTIGATORS:**

Have you hired a private investigator? \_\_\_\_\_

What is the name, address, and telephone number of the private investigator?

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

Did the private investigator prepare a written report? \_\_\_\_\_

Did the private investigator make any video/audio recordings? \_\_\_\_\_

Do you have copies of these? \_\_\_\_\_

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Have you hired any expert to render an appraisal of the fair market value of any asset that you may own (e.g. – Your house, your business, your jewelry, your stamp or coin collection, your antique automobile, etc)? If so, please explain:

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

