

# DOMESTIC QUESTIONNAIRE

## OUR CLIENT:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Email \_\_\_\_\_

Employed at \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth place (state or country) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Maiden or former (circle one) name \_\_\_\_\_

Do you want maiden or former name restored? \_\_\_\_\_

Level of education (0-12 or 1-4 or 5+) \_\_\_\_\_

Degree(s) earned \_\_\_\_\_

Including this marriage, how many times have you been married? \_\_\_\_\_

60 days legal residency? \_\_\_\_\_

Previous marriages ended by:  
divorce/annulment (List) \_\_\_\_\_  
\_\_\_\_\_

Dates previous marriages ended \_\_\_\_\_  
\_\_\_\_\_

Income:

Paycheck stub attached? \_\_\_\_\_ Tax return copy provided? \_\_\_\_\_

Withholdings: Single or Married (circle one)

No. of dependents claimed \_\_\_\_\_

Monthly Gross Wages \$ \_\_\_\_\_

Employment Benefits: \_\_\_\_\_

Federal w/h \_\_\_\_\_

State w/h \_\_\_\_\_

FICA \_\_\_\_\_

Health Ins. \_\_\_\_\_

Life Ins. \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Net take-home \_\_\_\_\_

Paid: weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly \_\_\_\_\_ semi-monthly \_\_\_\_\_

Other income \_\_\_\_\_

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**OPPOSING PARTY:**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Employed at \_\_\_\_\_

Address \_\_\_\_\_

Position: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth place (state or country) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Maiden or former (circle one) name \_\_\_\_\_

Do you want maiden or former name restored? \_\_\_\_\_

Level of education (0-12 or 1-4 or 5+) \_\_\_\_\_

Degree(s) earned \_\_\_\_\_

Including this marriage, how many times have you been married? \_\_\_\_\_

60 days legal residency? \_\_\_\_\_

Previous marriages ended by:  
divorce/annulment (List) \_\_\_\_\_  
\_\_\_\_\_

Dates previous marriages ended \_\_\_\_\_  
\_\_\_\_\_

Income:

Paycheck stub attached? \_\_\_\_ Tax return copy provided? \_\_\_\_

Withholdings: Single or Married (circle one)

No. of dependents claimed \_\_\_\_\_

Monthly Gross Wages \$ \_\_\_\_\_

Employment Benefits: \_\_\_\_\_

Federal w/h \_\_\_\_\_

State w/h \_\_\_\_\_

FICA \_\_\_\_\_

Health Ins. \_\_\_\_\_

Life Ins. \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Net take-home \_\_\_\_\_

Paid: weekly \_\_\_\_ bi-weekly \_\_\_\_ monthly \_\_\_\_ semi-monthly \_\_\_\_

Other income \_\_\_\_\_

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Date of Marriage: \_\_\_\_\_ Date of Separation \_\_\_\_\_

Place of marriage  
(city, county, state) \_\_\_\_\_

Grounds: Incompatibility \_\_\_\_ Failure to perform \_\_\_\_  
Other (describe): \_\_\_\_\_

Other actions filed? \_\_\_\_\_

When? \_\_\_\_\_ Status? \_\_\_\_\_

Caption/Case No. \_\_\_\_\_

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**CHILDREN:**

No. of children born alive \_\_\_\_\_

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	AGE

(Place a check mark by those still living at home)

Are these children of Indian Heritage? Yes \_\_\_\_ No \_\_\_\_

Names and dates of birth of minor children not born to marriage:

- a. Who live with you: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

- b. Who live with your ex: 1. \_\_\_\_\_  
2. \_\_\_\_\_

- c. Who live with spouse's ex: 1. \_\_\_\_\_  
2. \_\_\_\_\_

d. Pre-existing child support obligations paid:

1. Case Name \_\_\_\_\_
2. Case Number \_\_\_\_\_ County & State \_\_\_\_\_
3. Amount of Obligation \$ \_\_\_\_\_ per \_\_\_\_\_
4. Obligor's Name \_\_\_\_\_

Present address of children of this marriage

\_\_\_\_\_

Name(s) and address(es) of person(s) with whom kids have lived for the past six months:

\_\_\_\_\_

City(ies) and State(s) where children have lived for the past five years:

\_\_\_\_\_

Has there been other litigation concerning custody of the children? \_\_\_\_\_

Where (City and State) \_\_\_\_\_

Case No. \_\_\_\_\_ Caption of Case \_\_\_\_\_

Status? \_\_\_\_\_

Is there anyone else (other than spouse) who has or claims to have a right to physical custody of or visitation rights with the children?

\_\_\_\_\_

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**INSTALLMENTS DEBTS AND OBLIGATIONS:**

<u>Creditor</u>	<u>Payments</u>	<u>Balance</u>	<u>Date of Last Pmt.</u>	<u>Who will assume</u>
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

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**NECESSARY MONTHLY EXPENSES OF EACH PARTY:**

	<u>CLIENT</u>	<u>SPOUSE</u>
1. Rent	\$ _____	\$ _____
2. Food	\$ _____	\$ _____
3. Utilities:		
Trash Service	\$ _____	\$ _____
Newspaper	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Water	\$ _____	\$ _____
Gas/ Electric	\$ _____	\$ _____
Other	\$ _____	\$ _____
4. Insurance:		
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Car	\$ _____	\$ _____
House/Rental	\$ _____	\$ _____
Other	\$ _____	\$ _____
5. Medical and dental	\$ _____	\$ _____
6. Prescription drugs	\$ _____	\$ _____
7. Child care (work related)	\$ _____	\$ _____
8. Child care (non-work related)	\$ _____	\$ _____
9. Clothing	\$ _____	\$ _____
10. School expenses	\$ _____	\$ _____
11. Hair cuts and beauty	\$ _____	\$ _____
12. Car repair	\$ _____	\$ _____
13. Gas and oil	\$ _____	\$ _____
14. Personal property tax (on vehicles)	\$ _____	\$ _____
15. Miscellaneous (Specify)		
<u>Entertainment</u>	\$ _____	\$ _____
<u>House Maintenance</u>	\$ _____	\$ _____
<u>Cell phone</u>	\$ _____	\$ _____
<u>Cable</u>	\$ _____	\$ _____
<u>Gifts</u>	\$ _____	\$ _____
<u>Tithes/offerings/charities</u>	\$ _____	\$ _____
<u>Security System</u>	\$ _____	\$ _____
<u>Lawn care</u>	\$ _____	\$ _____
<u>Dry cleaning</u>	\$ _____	\$ _____
<u>Membership fees</u>	\$ _____	\$ _____
<u>Sports activities</u>	\$ _____	\$ _____
<u>House cleaning fees</u>	\$ _____	\$ _____
<u>Subscriptions</u>	\$ _____	\$ _____
<u>Parking fees</u>	\$ _____	\$ _____
<u>Property tax on house</u>	\$ _____	\$ _____

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**INCOME TAX RETURNS:**

Have all of your income tax returns for all previous years been filed?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If not, which years have not been filed: \_\_\_\_\_

Have all income taxes been paid in full? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, please list the year and the unpaid amount: \_\_\_\_\_

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**LIQUID ASSETS:**

a. Checking accounts:

1. Bank name \_\_\_\_\_  
Account No.: \_\_\_\_\_ Jt. Husband Wife (circle)

Present Balance: \$ \_\_\_\_\_ Set Aside to \_\_\_\_\_  
Source of funds \_\_\_\_\_

2. Bank Name \_\_\_\_\_  
Account No.: \_\_\_\_\_ Jt. Husband Wife (circle)

Present Balance: \$ \_\_\_\_\_ Set Aside to \_\_\_\_\_  
Source of funds \_\_\_\_\_

3. Bank Name \_\_\_\_\_  
Account No.: \_\_\_\_\_ Jt. Husband Wife (circle)

Present Balance: \$ \_\_\_\_\_ Set Aside to \_\_\_\_\_  
Source of funds \_\_\_\_\_

b. Savings accounts:

1. Bank Name \_\_\_\_\_  
Account No.: \_\_\_\_\_ Jt. Husband Wife (circle)

Present Balance: \$ \_\_\_\_\_ Set Aside to \_\_\_\_\_  
Source of funds \_\_\_\_\_

2. Bank Name \_\_\_\_\_  
Account No.: \_\_\_\_\_ Jt. Husband Wife (circle)  
Present Balance: \$ \_\_\_\_\_ Set Aside to \_\_\_\_\_  
Source of Funds \_\_\_\_\_

c. Individual retirement accounts:

1. Bank Name \_\_\_\_\_  
Present Balance: \$ \_\_\_\_\_ Jt. Husband Wife (circle)  
Source of funds: \_\_\_\_\_

2. Bank Name \_\_\_\_\_  
Present Balance: \$ \_\_\_\_\_ Jt. Husband Wife (circle)  
Source of funds: \_\_\_\_\_

d. Cash:

Petitioner \$ \_\_\_\_\_ Respondent \$ \_\_\_\_\_

e. Stocks and bonds:

Value

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

f: Other

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**RETIREMENT BENEFITS:**

Client: \_\_\_\_\_

Vested? \_\_\_\_\_ Terms \_\_\_\_\_

Spouse: \_\_\_\_\_

Vested? \_\_\_\_\_ Terms \_\_\_\_\_

**VEHICLES, ETC.**

List all operable motor vehicles, including boats, campers and motorcycles:

Vehicle Year, Make, Model Lien Holder	Value	Debt Owning	How Titled	Who Will Drive

**OTHER PERSONAL PROPERTY:**

TO GO TO CLIENT:

<u>Item</u>	<u>Value</u>	<u>Ownership</u>
Personal effects and belongings	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TO GO TO SPOUSE:

<u>Item</u>	<u>Value</u>	<u>Ownership</u>
Personal effects and belongings	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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**PRE-MARITAL PROPERTY OR GIFTS:**

Identification of property, if any, acquired by each of the parties prior to marriage or acquired during marriage by gift, will or inheritance:

ITEM	HOW OBTAINED	PARTY WHO RECEIVED ITEM	VALUE

**REAL PROPERTY:** (Copy of Deed provided? \_\_\_ Yes \_\_\_ No)

1. Address: \_\_\_\_\_

Legal: \_\_\_\_\_  
Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Record Ownership: \_\_\_\_\_

Down Payment: Amount: \$ \_\_\_\_\_ Borrowed? (Y/N) \_\_\_\_\_

Total Amount Financed: \$ \_\_\_\_\_ APR \_\_\_\_\_

Borrowers: \_\_\_\_\_

Repayment: Amount of Payment: \$ \_\_\_\_\_ Per \_\_\_\_\_

Source of Payment: \_\_\_\_\_

Term of Loan: \_\_\_\_\_

Outstanding Mortgage Balance: \$ \_\_\_\_\_

Mortgage Holder \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Method of Determination: \_\_\_\_\_

2. Address: \_\_\_\_\_

Legal: \_\_\_\_\_  
Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Record Ownership: \_\_\_\_\_

Down Payment: Amount: \$ \_\_\_\_\_ Borrowed? (Y/N) \_\_\_\_\_

Total Amount Financed: \$ \_\_\_\_\_ APR \_\_\_\_\_

Borrowers: \_\_\_\_\_

Repayment: Amount of Payment: \$ \_\_\_\_\_ Per \_\_\_\_\_

Source of Payment: \_\_\_\_\_

Term of Loan: \_\_\_\_\_  
Outstanding Mortgage Balance: \$ \_\_\_\_\_  
Mortgage Holder \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_  
Method of Determination: \_\_\_\_\_

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**LIFE INSURANCE:**

1. Name of Company: \_\_\_\_\_  
Amount of Policy \$ \_\_\_\_\_ Present Cash Value \$ \_\_\_\_\_  
Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_  
Date Issued \_\_\_\_\_ Premium Payments: \$ \_\_\_\_\_ Per \_\_\_\_\_

2. Name of Company: \_\_\_\_\_  
Amount of Policy \$ \_\_\_\_\_ Present Cash Value \$ \_\_\_\_\_  
Insured \_\_\_\_\_ Beneficiary \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type of Policy \_\_\_\_\_  
Date Issued \_\_\_\_\_ Premium Payments: \$ \_\_\_\_\_ Per \_\_\_\_\_

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**HEALTH INSURANCE COVERAGE:**

1. Which parent pays health insurance? \_\_\_\_\_
2. Name and Address of Company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Coverage Type \_\_\_\_\_ Medical \_\_\_\_\_ Dental  
\_\_\_\_\_ Vision \_\_\_\_\_ Drug
4. Name of all individuals covered by policy:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How much does the parent pay for family coverage?  
\$ \_\_\_\_\_ per \_\_\_\_\_.
6. How much would it cost the parent for the parent only?  
\$ \_\_\_\_\_ per \_\_\_\_\_.

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**WORK-RELATED CHILD CARE COSTS:**

Paid by \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Per \_\_\_\_\_  
Provider's name and address \_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

Will spouse be served? \_\_\_\_\_ Voluntary Appearance \_\_\_\_\_

Address for Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Rural Route addresses must have specific directions)

**Domestic Violence:**

Are you in a relationship in which you have been physically hurt or threatened by your spouse? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has your spouse ever destroyed things that you care about?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Has your partner ever threatened or abused your children?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

What happens when you and your spouse fight or disagree?

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Do you feel afraid of your spouse? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have guns in your house? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has your spouse ever threatened to use them when he/she was angry?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Do your spouse constantly belittle or criticize you or embarrass you in front of others?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Do you or your partner have any history of mental illness?  
\_\_\_\_\_ YES \_\_\_\_\_ NO