

DOMESTIC CLIENT QUESTIONNAIRE

Client:

Name _____

Address _____

Place of Employment _____

Home Phone () _____ Work Phone () _____ Cellular Phone () _____

Email address: _____

SSN _____ Rank (If Military) _____

Monthly Gross Pay \$ _____ Monthly Net Pay \$ _____

Retirement Income _____ Other Income _____

Payroll Deductions:

FICA-SS _____

Federal W/H _____

State W/H _____

Retirement _____

FICA-Med _____

Other _____

Healthcare _____

Monthly Expenses:

Mortgage/Rent \$

Water/Sewer \$

Electric \$

Trash \$

Cell Phone \$

Cable	\$
Car Payment	\$
Auto Insurance	\$
Clothing	\$
Groceries	\$
Gas, oil, vehicle maintenance	\$
Vehicle Tax	\$
Credit Card	\$
Total Monthly expenses	\$

Expenses for Children:

Monthly healthcare costs of child coverage	\$
Extraordinary Expenses (private school, medical, etc.)	\$
Work Related Childcare costs	\$
Total Monthly expenses for children	\$

Spouse or Adverse party:

Name _____

Address _____

Place of Employment _____

Home Phone () _____ Work Phone () _____

SSN _____ Rank (If Military) _____

Monthly Gross Pay \$ _____ Monthly Net Pay \$ _____

Retirement Income _____ Other Income _____

Date of Marriage _____ Date of Separation _____

Place of Marriage _____

Do you wish to resume Maiden Name, if yes, provide name: _____

Child(ren):

<u>Name</u>	<u>SS#</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Residing where</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Custody:

Who will have custody: Husband Wife

Visitation: Husband Wife

Visitation you would like:

Days _____

Time _____

Holidays _____

Assets:

MARITAL PROPERTY

VALUE

A. Real Property:

Address, deeded to and date acquired:

B. BANK ACCOUNTS: BALANCE AS OF DATE OF SEPARATION:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

C. INVESTMENTS:

ACCOUNT NAME

VALUE

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

D. RETIREMENT:

ACCOUNT NAME AND ORIGINATIONAL DATE

VALUE

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

E. LIFE INSURANCE:

Company/Policy/Owner

CASH VALUE

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

F. AUTOMOBILES/TRAILERS:

<u>Year and Make</u>	<u>Present Location</u>	<u>Titled To</u>	<u>Value</u>

G. BOATS:

<u>Year and Make</u>	<u>Present Location</u>	<u>Titled To</u>	<u>Value</u>

H. HOUSEHOLD FURNISHINGS:

II. MARITAL DEBT:

<u>Creditor Name/Address</u>	<u>Amount Owed on Date of Separation</u>	<u>Reason for Debt</u>

III. SEPARATE PROPERTY/DEBTS

<u>Property Identification</u>	<u>Date acquired</u>	<u>How it was acquired</u>