



# Divorce Questionnaire

Please fill out the form below which gives us the basic information we will need to process your Complaint for Divorce, or defend against a Complaint for Divorce. If the information requested is not readily available, don't worry you can always update this information later.

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## Your Basic Information:

This is some basic information we will need to know about you, it may seem odd that we are asking about your "birthplace" but the County and State will need to know this information when your divorce is finalized.

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Your Full Name:

Address Street, City, State & Zip Code:

How long have you resided at above address:

Primary Phone Number:

Secondary Phone Number:

Your Birth Date:

Social Security Number:

Driver License Number:

Gender:

Place of Birth

### Contacting You:

Please indicate and restrictions on when and how we should contact you:

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## Spouses Basic Information:

This is some basic information we will need to know about your spouse. The more information you can provide the better, but bits of info are not readily available we can always go back and fill it in later.

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Spouses Full Name:

We Live Together:

Their Address Street, City, State & Zip Code:

How long has your spouse resided at above address:

Their Primary Phone Number:

Their Birth Date:

Their Social Security Number:

Their Drivers License Number:

Armed Forces Status:

Sex:

Place of Birth

Are they represented by an attorney?:

Their Attorney Name:

Which statement best describes your situation:

Case Number:

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## Marriage:

Here we need some basic information about your marriage ceremony, we use this information to determine jurisdiction and to give to the State and County a record of your divorce.

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Place of Marriage (City / Village / Twp. ):

County:

State / Foreign Country:

Date of Marriage:

Date of Separation:

Have you lived in Michigan 180 days?:

Have you live in your county of residence at least 10 days?:

Number of previous marriages: Yours:

Spouse:

Maiden Name:

Does wife desire name change?:  
Yes  
No  
I don't know

What would wife like her name changed too:

Is there an antenuptial (prenuptial) or a postnuptial agreement?:  
Yes  
No

If yes, please get it to our office before your consultation.

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## Children:

This is some basic information about your children, on the next few pages we will be asking more detailed information

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How Many Children From This Marriage?:

Child's Name:

Child's Date of Birth:

Living with:

School Child Attends:

Grade:

Child's Name:

Child's Date of Birth:

Living with:

School Child Attends

Grade:

Child's Name:

Child's Date of Birth:

Living With:

School Child Attends:

Grade:

Child's Name:

Child's Date of Birth:

Living With:

School Child Attends:

Grade:

Child's Name:

Child's Date of Birth:

Living With:

School Child Attends:

Grade:

Are you or your spouse pregnant?:

Due Date:

Does either party have children from a prior relationship?:

Are you or your spouse paying or receiving support for other children?:

How much per week is paid?:

How much per week is received?:

Number of children for whom support is paid:

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## Children's Residence:

Here we need more information about your children which will help us to calculate child support, the Friend of the court requires us to provide them with information regarding the children's residence.

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Have the children always lived together?:

Where:

With Whom:

How Long:

Who pays for the children's Health Insurance?:

Name of health care provider for children:

Policy, group, or contract no.:

Do you use child care (day care)?:

How many weeks per year?:

Cost per week during school:

Cost per week during summer:

Have you and your spouse have agreed as to child custody? If yes please describe it below, if not please state what you would like to see happen in regard to child custody and parenting time:

Do know of anyone who claims to have parenting time or child custody rights to your children? If yes, please state their names and contact information below, if not please leave blank.

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## Prior Litigation:

On this page we asking about prior litigations. If you have not participated in any other litigation, just select no and move on to the next page.

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Do you or your spouse have a previous divorce, custody, or other domestic relations case against each other?:

Where was it filed?:

Case Status:

Case Number:

Name of Judge:

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## Family Health and Social Issues

In this section we are asking about health and social issues as they sometimes can play a part in a Divorce action. We are not looking for detail here, as we will probably go over these issues at the initial consultation. However we are looking for what issues exist.

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Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap, or incurable disease?:

No

One of my children has one of the described ailments

My spouse has one of the described ailments

I suffer from one of the described ailments

Have you or your spouse ever been hospitalized for mental health treatment?:

No

Yes, I have

Yes, my spouse has

Yes, we both have

I don't know

Any problems with substance abuse (drugs, alcohol)?:  
No  
I have had some problems with substance abuse  
My spouse has had problems with substance abuse  
Both my spouse and myself have had problems with substance abuse

Have you been the victim or accused of committing Domestic Violence?:  
Domestic Violence is not an issue in our home  
I have been a victim of Domestic Violence  
I have been accused of Domestic Violence

Has either party engaged in a physical and/or emotional extramarital relationship?:  
I don't know  
I have engaged in an extramarital relationship  
My spouse has engaged in an extramarital relationship

Any problems with debts or gambling?:  
Gambling is not an issue  
I have a problem with gambling  
My spouse has a problem with gambling

Have you or your spouse ever been arrested, charged with a crime, and/or convicted of a crime?:  
I have been convicted of a crime  
My spouse has been convicted of a crime  
Neither of us have been convicted of a crime  
I don't know

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## Employment Information

This information is required by the Friend of the Court and will be used by us and them to calculate child support. If you are unemployed you can just leave this page blank and move to the next one which asks the same information about your spouse.

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Employers Name:

Address:

City, State, Zip:

Date of Hire:

Occupation:

Weekly gross pay:

Weekly take home pay:

Pension:

Early Retirement Benefits:

Special Payment (Bonuses):

Profit Sharing:

Income Last Year:

Other Sources of Income:

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## Spouse Employment Information

This information is required by the Friend of the Court and will be used by us, and them, to calculate child support. If you are unemployed you can just leave this page blank and move to the next one which asks the same information about your spouse.

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Employer Name:

Address:

City, State, Zip Code:

Date of Hire:

Occupation:

Weekly Gross Pay:

Weekly Take Home Pay:

Pension:

Early Retirement Benefits:

Special Payment (Bonuses):

Profit Sharing:

Income Last Year:

Other Source of Income:

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## Marital Assets

Here we are looking for information about your marital estate, later we will need account numbers and vehicle information as well as the values of the assets, for now we can just list what comprises the marital estate.

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- Check all that apply:
- Marital Home
  - Land Contract
  - Stocks or Bonds
  - Motorcycles
  - Savings Account
  - Keogh Plan
  - Jewelry
  - Automobiles
  - Promissory Note
  - Securities
  - Snowmobile
  - Brokerage Account
  - 401 (k) Plans
  - Artwork
  - Second Home
  - Investments
  - Boat or other Watercrafts
  - Checking Account
  - Individual Retirement Account
  - Policy of Life Insurance
  - Safe Deposit Box
  - Other

If Other Please List:

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## Marital Liabilities

Here we are looking for information about your marital liabilities, i.e. who do you and your spouse owe, like above we are only looking for a general idea, later on we will request specific information.

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- Check all that apply:
- Mortgage
  - Bank Loans
  - Taxes
  - Money Judgments
  - Credit Cards
  - Medical Bills
  - Money to Third Persons
  - Student Loans
  - Automobile Loans

Which statement best describes you:

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