



ATTORNEYS & COUNSELORS

CONFIDENTIAL
DIVORCE
QUESTIONNAIRE

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I. CLIENT INFORMATION

Plaintiff: _____ Defendant: _____

Full Name: _____

Current Mailing Address: _____

Phone #: Home: _____ Work: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Email Address: _____ Driver's License #: _____

Maiden Name: _____ Alias Name: _____

Pregnant: Yes: _____ No: _____ Military Service: Yes: _____ No: _____

****FORWARD ALL CORRESPONDENCE TO: (If other than home address)**

C/O: _____

LENGTH OF RESIDENCY:

In the County of _____ How long: _____

In the State of Michigan. How long: _____

EDUCATION:

Highest Education Level: _____

EMPLOYMENT:

Name of Employer: _____ Phone #: _____

Address of Employer: _____

Position: _____ Length of Employment: _____ Hours: _____

Paid: Weekly: _____ Bi-Weekly: _____ Semi-Monthly: _____ Monthly: _____

Gross Income: _____ Net Income: _____ Bonuses: _____

OTHER INCOME:

Pension/Retirement/Profit Sharing: Yes: _____ No: _____ Amount: _____

Vested: Yes: _____ No: _____ Credit Union Deductions: Yes: _____ No: _____

Unemployment Benefits: Yes: _____ No: _____

Other Income: _____ Source: _____

Additional Information: _____

HEALTH INSURANCE COVERAGE:

Name of Provider: _____ Policy #: _____

Nature of Coverage (i.e. medical, dental, vision, or other): _____

II. SPOUSE'S INFORMATION

Plaintiff: _____ Defendant: _____

Full Name: _____

Current Mailing Address: _____

Phone #: Home: _____ Work: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Email Address: _____ Driver's License #: _____

Maiden Name: _____ Alias Name: _____

Pregnant: Yes: _____ No: _____ Military Service: Yes: _____ No: _____

****FORWARD ALL CORRESPONDENCE TO: (If other than home address)**

C/O: _____

LENGTH OF RESIDENCY:

In the County of _____ How long: _____

In the State of Michigan. How long: _____

EDUCATION:

Highest Education Level: _____

EMPLOYMENT:

Name of Employer: _____ Phone #: _____

Address of Employer: _____

Position: _____ Length of Employment: _____ Hours: _____

Paid: Weekly: _____ Bi-Weekly: _____ Semi-Monthly: _____ Monthly: _____

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OTHER INCOME:

Pension/Retirement/Profit Sharing: Yes: _____ No: _____ Amount: _____

Vested: Yes: _____ No: _____ Credit Union Deductions: Yes: _____ No: _____

Unemployment Benefits: Yes: _____ No: _____

Other Income: _____ Source: _____

Additional Information: _____

HEALTH INSURANCE COVERAGE:

Name of Provider: _____ Policy #: _____

Nature of Coverage (i.e. medical, dental, vision, or other): _____

III. MARRIAGE

Date of Marriage: _____ County of Marriage: _____

Marriage Performed by Whom: _____

Date of Separation: _____ Reconciliation: Yes: _____ No: _____

Do you reside together in Michigan: Yes: _____ No: _____

IV. PRIOR MARRIAGES

PLAINTIFF:

Yes: _____ No: _____ #: _____ Children: Yes: _____ No: _____

Names and Ages: _____

Custody: Yes: _____ No: _____

Name of Prior Spouse: _____ Divorce Date: _____

Judge: _____ Case #: _____ Disposition: _____

Support Action: Yes: _____ No: _____ Until: _____ Amount: _____

DEFENDANT:

Yes: _____ No: _____ #: _____ Children: Yes: _____ No: _____

Names and Ages: _____

Custody: Yes: _____ No: _____

Name of Prior Spouse: _____ Divorce Date: _____

Judge: _____ Case #: _____ Disposition: _____

Support Action: Yes: _____ No: _____ Until: _____ Amount: _____

V. SPECIFIC GROUNDS FOR DIVORCE

Reason for Breakdown: _____

Contested: Yes: _____ No: _____ Possible Reconciliation: Yes: _____ No: _____

Client Willing to See Marriage Counselor: Yes: _____ No: _____

Opposing Party's Attitude toward Provisions: _____

Injunctions: Against: Plaintiff: _____ Defendant: _____ Dates Effective: _____

Reason: Physical Abuse: _____ Threats: _____

Mental Abuse: _____ Other: _____

If Other, please explain: _____

VI. CHILDREN

Child #1

Full Legal Name: _____ Date of Birth: _____ Sex: _____

Address: _____

School: _____ Grade: _____ Resides with: _____

Relationship: _____

Child #2

Full Legal Name: _____ Date of Birth: _____ Sex: _____

Address: _____

School: _____ Grade: _____ Resides with: _____

Relationship: _____

Child #3

Full Legal Name: _____ Date of Birth: _____ Sex: _____

Address: _____

School: _____ Grade: _____ Resides with: _____

Relationship: _____

Child #4

Full Legal Name: _____ Date of Birth: _____ Sex: _____

Address: _____

School: _____ Grade: _____ Resides with: _____

Relationship: _____

Child #5

Full Legal Name: _____ Date of Birth: _____ Sex: _____

Address: _____

School: _____ Grade: _____ Resides with: _____

Relationship: _____

ADDRESSES OF CHILDREN DURING THE LAST FIVE (5) YEARS:

_____ with _____

_____ with _____

OTHER COURT ACTION RE: CHILDREN:

Yes: _____ No: _____

If yes, please explain: _____

PHYSICAL CUSTODY:

Does Client want Physical Custody: Yes: _____ No: _____ Joint: _____

Date Last Resided Together: _____

LEGAL CUSTODY:

Does Client want Legal Custody: Yes: _____ No: _____ Joint: _____

VII. ASSETS

REAL ESTATE:

Marital Home Address: _____

Legal Description: _____

How is property titled: _____ Mortgage/Land Contract Held by: _____

Date of Purchase: _____ Down Payment: _____ Source: _____

Fair Market Value: _____ Balance Owing: _____ Assessment: _____

Tax Assessment: _____ Monthly Payments: _____ Taxes: _____

Equity: _____ Cost of Improvements: _____

Client wants possession of House until sold: Yes: _____ No: _____

Client will share House: Yes: _____ No: _____

OTHER REAL ESTATE:

Type: _____

Address of Property: _____

Legal Description: _____

How is property titled: _____ Mortgage/Land Contract Held by: _____

Date of Purchase: _____ Down Payment: _____ Source: _____

Fair Market Value: _____ Balance Owing: _____ Assessment: _____

Tax Assessment: _____ Monthly Payments: _____ Taxes: _____

Equity: _____ Cost of Improvements: _____

AUTOMOBILES AND OTHER VEHICLES:

Vehicle #1:

Year: _____ Make: _____ Model: _____ Mileage: _____
Present Condition: _____ Current Value: _____ How is vehicle titled: _____
Who wants possession: Husband: _____ Wife: _____

Vehicle #2:

Year: _____ Make: _____ Model: _____ Mileage: _____
Present Condition: _____ Current Value: _____ How is vehicle titled: _____
Who wants possession: Husband: _____ Wife: _____

Vehicle #3:

Year: _____ Make: _____ Model: _____ Mileage: _____
Present Condition: _____ Current Value: _____ How is vehicle titled: _____
Who wants possession: Husband: _____ Wife: _____

Vehicle #4:

Year: _____ Make: _____ Model: _____ Mileage: _____
Present Condition: _____ Current Value: _____ How is vehicle titled: _____
Who wants possession: Husband: _____ Wife: _____

Vehicle #5:

Year: _____ Make: _____ Model: _____ Mileage: _____
Present Condition: _____ Current Value: _____ How is vehicle titled: _____
Who wants possession: Husband: _____ Wife: _____

Vehicle #6:

Year: _____ Make: _____ Model: _____ Mileage: _____
Present Condition: _____ Current Value: _____ How is vehicle titled: _____
Who wants possession: Husband: _____ Wife: _____

HOUSEHOLD GOODS:

Item #1:

Description: _____ Current Value: _____

Purchased by: _____ Who wants possession: Husband: _____ Wife: _____

Any Liens: Yes: _____ No: _____

Item #2:

Description: _____ Current Value: _____

Purchased by: _____ Who wants possession: Husband: _____ Wife: _____

Any Liens: Yes: _____ No: _____

Item #3:

Description: _____ Current Value: _____

Purchased by: _____ Who wants possession: Husband: _____ Wife: _____

Any Liens: Yes: _____ No: _____

Item #4:

Description: _____ Current Value: _____

Purchased by: _____ Who wants possession: Husband: _____ Wife: _____

Any Liens: Yes: _____ No: _____

Item #5:

Description: _____ Current Value: _____

Purchased by: _____ Who wants possession: Husband: _____ Wife: _____

Any Liens: Yes: _____ No: _____

Item #6:

Description: _____ Current Value: _____

Purchased by: _____ Who wants possession: Husband: _____ Wife: _____

Any Liens: Yes: _____ No: _____

Item #7:

Description: _____ Current Value: _____

Purchased by: _____ Who wants possession: Husband: _____ Wife: _____

Any Liens: Yes: _____ No: _____

BANK ACCOUNTS:

Account #1

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account: _____ Beneficiary: _____

Account #2

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account: _____ Beneficiary: _____

Account #3

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account: _____ Beneficiary: _____

Account #4

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account: _____ Beneficiary: _____

Account #5

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account: _____ Beneficiary: _____

Account #6

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account: _____ Beneficiary: _____

Account #7

Name: _____ Account #: _____
Address: _____ How is account titled: _____
Amount in Account: _____ Beneficiary: _____

SAFETY DEPOSIT BOXES:

Name and address of Banks where you have a safe-deposit box: _____

Contents, if known: _____

Keys kept where: _____

IRAs AND 401k:

Institution #1

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account: _____ Beneficiary: _____

Institution #2

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account: _____ Beneficiary: _____

Institution #3

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Amount in Account: _____ Beneficiary: _____

STOCKS AND BONDS:

Company #1

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Number of Shares: _____ Value: _____

Company #2

Name: _____ Account #: _____

Address: _____ How is account titled: _____

Number of Shares: _____ Value: _____

LIFE INSURANCE:

Life Insurance #1:

Insurer: _____

Policy #: _____

Amount: _____ Monthly Premium: _____

Beneficiary: _____

Contingent Beneficiary: _____

Name of Insurance Agent: _____

Agent's Address: _____

Agent's Phone #: _____

Life Insurance #2:

Insurer: _____

Policy #: _____

Amount: _____ Monthly Premium: _____

Beneficiary: _____

Contingent Beneficiary: _____

Name of Insurance Agent: _____

Agent's Address: _____

Agent's Phone #: _____

BUSINESS INTERESTS:

Business Name: _____ % of Ownership Interest: _____

Address: _____

Is there a Buy-Sell Agreement regarding any of the business interests? Yes: _____ No: _____

If yes, which business(es), and where is a copy of the Agreement? _____

OTHER ASSETS:

Description: _____ Value: _____ Owned by: _____

Description: _____ Value: _____ Owned by: _____

VIII. DEBTS

CREDIT CARDS:

Credit Card #1

Name: _____ Account #: _____

Address: _____ Approximate debt owed: _____

Credit Card #2

Name: _____ Account #: _____

Address: _____ Approximate debt owed: _____

Credit Card #3

Name: _____ Account #: _____

Address: _____ Approximate debt owed: _____

Credit Card #4

Name: _____ Account #: _____

Address: _____ Approximate debt owed: _____

REAL ESTATE LOANS:

Creditor #1

Name: _____ Account #: _____

Address: _____ Approximate debt owed: _____

Creditor #2

Name: _____ Account #: _____

Address: _____ Approximate debt owed: _____

OTHER DEBTS (e.g. Automobile loans, personal debts, etc.):

Creditor #1

Name: _____ Description: _____

Address: _____ Account #: _____

Incurred by: _____ Approximate debt owed: _____ Payment Amount: _____

Creditor #2

Name: _____ Description: _____
Address: _____ Account #: _____
Incurred by: _____ Approximate debt owed: _____ Payment Amount: _____

Creditor #3

Name: _____ Description: _____
Address: _____ Account #: _____
Incurred by: _____ Approximate debt owed: _____ Payment Amount: _____

Creditor #4

Name: _____ Description: _____
Address: _____ Account #: _____
Approximate debt owed: _____

Creditor #5

Name: _____ Description: _____
Address: _____ Account #: _____
Incurred by: _____ Approximate debt owed: _____ Payment Amount: _____

Creditor #6

Name: _____ Description: _____
Address: _____ Account #: _____
Incurred by: _____ Approximate debt owed: _____ Payment Amount: _____

Creditor #7

Name: _____ Description: _____
Address: _____ Account #: _____
Incurred by: _____ Approximate debt owed: _____ Payment Amount: _____

TOTAL DEBT: _____

IX. MONTHLY EXPENSES

Mortgage/Rent: _____

Car Payment: _____

Food: _____

Car Insurance: _____

Gasoline: _____

Clothing: _____

Medical: _____

Gas (Utilities): _____

Dental: _____

Water: _____

Electric: _____

Electric: _____

Phone: _____

Other Utilities: _____

TV: _____

Water/Sewer: _____

Laundry: _____

Day Care: _____

Allowance: _____

School Expenses: _____

Medical Insurance: _____

Transportation: _____

Home Insurance: _____

Church Clubs: _____

Life Insurance: _____

Recreation: _____

Auto Insurance: _____

Debts: _____

Miscellaneous: _____

TOTAL EXPENSES: _____

X. THE FOLLOWING SECTIONS ARE TO BE FILLED OUT BY ATTORNEY:

RELIEF REQUESTED:

Absolute Divorce: _____

Visitation: _____

Restore Former Name: _____

Temporary Alimony: _____

Temporary Support: _____

Permanent Alimony: _____

Permanent Support: _____

Other Relief: _____

ACTIONS TO TAKE:

Complaint: _____

Appearance/Answer: _____

Temporary Motions: _____

Other: _____

SERVICE OF PROCESS:

Serve Defendant: Yes: _____ No: _____ Defendant's Attorney: _____

Address: _____ Time: _____

Process Server: Yes: _____ No: _____ Mail: Yes: _____ No: _____

Publication: Yes: _____ No: _____ Last Known Address: _____

Date: _____ Diligent Inquiry: Yes: _____ No: _____

FEE ARRANGEMENTS:

Retainer: _____ Estimate: _____