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## Separation & Divorce

### Personal Information Questionnaire

Divorce and separation are not only emotionally draining, but they can be legally complicated as well. It is therefore often advisable that you seek the counsel and representation of a seasoned advocate to help you through the process and ensure an outcome that meets your needs not only now, but also in the future. In order to do the best possible job on your behalf, your family law attorney needs your input and cooperation. At your first meeting with your attorney, you should be prepared to provide the following information:

#### **INFORMATION ABOUT YOU**

#### **INFORMATION ABOUT YOUR SPOUSE**

Name \_\_\_\_\_

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Sex M\_\_\_\_ F\_\_\_\_

M\_\_\_\_ F\_\_\_\_

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

\_\_\_\_\_

Address, Including County

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

Length of Time at that Address \_\_\_\_\_ years \_\_\_\_\_ years

Previous Address(es) (for last 10 years)

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

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Former Name(s) \_\_\_\_\_  
\_\_\_\_\_

Employers \_\_\_\_\_

Position \_\_\_\_\_

Employer's Address

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

Length of Time with Employer \_\_\_\_\_ years \_\_\_\_\_ years

Previous Employer(s) (for last 10 years)

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

Gross Monthly Income \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Income

Source/Amount \_\_\_\_\_

Source/Amount \_\_\_\_\_

Source/Amount \_\_\_\_\_

Date of Current Marriage \_\_\_\_\_

Place of Current Marriage \_\_\_\_\_

Date of Separation \_\_\_\_\_

Previous Marriage(s) Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

Ended by:

Ended by:

Death \_\_\_ Divorce \_\_\_ Date \_\_\_

Death \_\_\_ Divorce \_\_\_ Date \_\_\_

Death \_\_\_ Divorce \_\_\_ Date \_\_\_

Death \_\_\_ Divorce \_\_\_ Date \_\_\_

Children of Current Marriage

Name	Date of Birth	Social Security Number	With Whom Residing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children from Other Marriages or Relationships

<i>Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>With Whom Residing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Concerns

*Physical or Mental Health of Self* \_\_\_\_\_

*Physical or Mental Health of Spouse* \_\_\_\_\_

*Physical or Mental Health of Children* \_\_\_\_\_

*Domestic Abuse or Violence* \_\_\_\_\_

*Child Abuse* \_\_\_\_\_

*Custody or Visitation Issues* \_\_\_\_\_

*Financial Issues* \_\_\_\_\_

*Property Disputes* \_\_\_\_\_

Other Important Information