

KERN LAW P.L.L.C
901 HURON AVENUE, SUITE 4
PORT HURON, MI 48060

WEBSITE:
www.kernlawmichigan.
com

TELEPHONE:
(810) 294-5144

EMAIL:
Erika@elkernlegal.com
FACSIMILE:
(844) 273-2096

DIVORCE QUESTIONNAIRE - NO MINOR CHILDREN

Date _____

Client

Spouse

Full name _____

Full name _____

Birth date _____

Birth date _____

Age _____

Age _____

Birth place _____

Birth place _____

Address _____

Address _____

Work phone _____

Work phone _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

E-mail address _____

E-mail address _____

Fax _____

Fax _____

Best way to contact you? _____

Social Security no. _____

Social Security no. _____

Drivers License # _____

Drivers License # _____

State _____

State _____

Occupational License # _____

Occupational License # _____

Armed Forces status _____

Armed Forces status _____

Close family/friend we may contact if
we are unable to reach you directly:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

EDUCATION

Client

Spouse

Highest degree obtained _____

Highest degree obtained _____

Univ./College _____

Univ./College _____

Date obtained _____

Date obtained _____

High School _____

High School _____

Year of Graduation _____

Year of Graduation _____

GED date? _____

GED date? _____

Additional training/skills?

Additional training/skills?

Did either spouse contribute to the education of the other?

____ Yes Describe. _____

____ No

Is either spouse currently enrolled in school?

____ Yes Describe. _____

____ No

EMPLOYMENT

Client

Spouse

Employer _____

Employer _____

Address _____

Address _____

Date of hire _____

Date of hire _____

Occupation _____

Occupation _____

Weekly gross pay _____

Weekly gross pay _____

Weekly take home _____

Weekly take home _____

Avg. hours per week? _____

Avg. hours per week? _____

Hourly pay rate _____

Hourly pay rate _____

Pension? _____

Pension? _____

Early retirement benefits? _____

Early retirement benefits? _____

Signing bonus or any special payment

Signing bonus or any special payment

Profit-sharing? _____

Profit-sharing? _____

Recognition or other awards _____

Recognition or other awards _____

Gross Income last year _____

Gross Income last year _____

Projected Gross Income this year

Projected Gross Income this year

What days/hours do you work?

What days/hours does your spouse you work?

Please attach a copy of your last six pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the

last two income tax returns (personal and business) with their schedules and W-2 forms.

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) _____
Gross per year _____ In whose name _____
2. Type (wage/dividend) _____
Gross per year _____ In whose name _____
3. Type (wage/dividend) _____
Gross per year _____ In whose name _____

MARRIAGE

Place _____
City/Village/Twp. County State/Foreign country

Date of marriage _____ Date of separation _____

Lived in Michigan 180 days? _____ County 10 days? _____

No. of previous marriages: yours _____ spouse _____

How terminated: yours _____ spouse _____

Maiden name _____

Name before this marriage _____

Does wife desire name change?

_____ Yes To what? _____

_____ No

Is there a prenuptial or postnuptial agreement?

_____ Yes Please attach a copy of the agreement.

_____ No

PRIOR LITIGATION

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

_____ Yes Indicate when and where filed, status of case, case number, and name of judge. _____

_____ No

Has there been any previous domestic relations cases filed in this county involving you and/or your spouse or any other family member?

_____ Yes Indicate when and where filed, status of case, case number, and name of

judge. _____

____ No

Does anyone else claim custody over you or your spouse?

____ Yes Indicate when and where filed, status of case, case number, and name of judge. _____

____ No

Is there an order/judgment for continuing jurisdiction over you or your spouse for any other reason?

____ Yes Indicate when and where filed, status of case, case number, and name of judge. _____

____ No

FAMILY HEALTH AND SOCIAL ISSUES

Do you or your spouse have:

any serious physical or mental disability, disorder, handicap or incurable disease?

____ Yes Please explain.

____ No

any problems with substance abuse (drugs, alcohol)?

____ Yes What type of drugs? _____

What treatment and by whom? _____

When? _____

Place of treatment _____

____ No

Are you or your spouse currently taking any medications?

Have you or your spouse been diagnosed with depression, anxiety, etc. or any other health conditions? _____

Are you or your spouse currently in any form of therapy or counseling?

Do you have any concerns about your emotional and/or physical safety while in the presence of your spouse?

Any particular interest in another person by either party?

Any problems with debts _____ Gambling _____

Any marriage counseling _____

Personal counseling (yours/spouse's) _____

Would you begin or continue counseling? _____

Would you sign a waiver of confidentiality so that we may have access to your medical/counseling records? _____ Yes _____ No

Attitudes (yours/spouse's) toward reconciliation _____

Are you or your spouse receiving any state aid?

_____ Yes Caseworker _____ Case no. _____
_____ No

PHYSICAL INJUNCTION INFORMATION

Has there ever been a time where you felt you had to use physical force with your spouse?

Has your spouse ever forced you to do something that you did not want to do?

Have the police ever become involved in any disputes between yourself and your spouse?

How have you and your spouse been handling financial matters? _____

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

_____ Yes Explain. _____

_____ No _____

Physical Description of Client:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses _____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Physical Description of Spouse:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

_____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Is carrying a weapon a condition of his/her employment?

_____ Yes

_____ No

ASSETS

A. Real property

Marital Home _____

Date purchased _____ Purchase price _____

Mortgage co. _____ Account no. _____ In whose name _____

Monthly payments _____ Balance due _____

Paid by _____ Husband _____ Wife _____ Both

Land contract _____ In whose name _____

Home equity loan _____ Account no. _____ In whose name _____

Amount of property taxes _____ Are they included in monthly payment? _____

Estimated value of property _____ Desire to keep? _____

Additional real estate

Address _____
Date purchased _____ Purchase price _____
Mortgage co. _____ Account no. _____ In whose name _____
Monthly payments _____ Balance due _____
Paid by _____ Husband _____ Wife _____ Both _____
Land contract _____ In whose name _____
Home equity loan _____ Account no. _____ In whose name _____
Amount of property taxes _____ Are they included in monthly payment? _____

Attach copies of deeds or land contracts.

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make _____
In whose name _____ Possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
2. Year/make _____
In whose name _____ Possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
3. Year/make _____
In whose name _____ Possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
4. Year/make _____
In whose name _____ Possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
5. Year/make _____
In whose name _____ Possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____

C. Bank accounts or credit union accounts

1. Name of bank and branch _____
Account number _____

- Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____
2. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____
3. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____

D. Individual retirement accounts

1. Financial institution _____
 Account number _____ Balance _____ In whose name _____
2. Financial institution _____
 Account number _____ Balance _____ In whose name _____

**E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.
 (attach copies of plan descriptions and annual reports for each)**

1. Employer or financial institution _____
 Name and type of plan _____ Vested _____
 Value _____ Account no. _____ In whose name _____
2. Employer or financial institution _____
 Name and type of plan _____ Vested _____
 Value _____ Account no. _____ In whose name _____
3. Employer or financial institution _____
 Name and type of plan _____ Vested _____
 Value _____ Account no. _____ In whose name _____

F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments _____

- Type of investment _____
 Account no. _____ In whose name _____
 Type of account (savings, checking, money market) _____
 Purchase price _____ Current value _____
 What was source of stock or funds to purchase? _____
2. Name of broker and firm holding investments _____
 Type of investment _____
 Account no. _____ In whose name _____
 Type of account (savings, checking, money market) _____
 Purchase price _____ Current value _____
 What was source of stock or funds to purchase? _____

G. Patents, inventions, copyrights, etc.

H. Life insurance

<u>Client</u>	<u>Spouse</u>
Name of insurer _____	Name of insurer _____
Name of insured _____	Name of insured _____
Name of beneficiary _____	Name of beneficiary _____
Type of insurance (term, whole life, etc.) _____	Type of insurance (term, whole life, etc.) _____
Policy no. _____	Policy no. _____
Amount of policy _____	Amount of policy _____
Cash surrender value _____	Cash surrender value _____
Loans against policy _____	Loans against policy _____

I. Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest _____
 Type of ownership interest _____

Value of interest _____

Initial investment and when _____

Additional amounts invested and when _____

J. Community property (property acquired with your spouse)

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?

_____ Yes Provide details and the status of assets brought into this state.

_____ No

K. Miscellaneous assets

Jewelry _____

_____ Value _____

Art work _____

_____ Value _____

Antiques _____

_____ Value _____

Coin and other collections _____

_____ Value _____

Inheritance _____

_____ Value _____

Annuities _____

_____ Value _____

Safe deposit box _____ Location _____

Accounts receivable _____

L. Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

_____ Yes Provide details. _____

_____ No

M. Trust beneficiaries

Are you or your spouse the beneficiary under any trust?

_____ Yes Provide details. _____

_____ No

N. Assets held at time of marriage

O. Are you aware of assets being given away, sold, or hidden from you?

 Yes Briefly explain. _____
 No

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.

Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
2. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
3. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
4. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
5. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____

Monthly payment _____ Named borrowers _____
 Who will pay until the divorce judgment? _____
 6. Creditor _____ Account no. _____
 Type of indebtedness (credit card, etc.) _____
 Is the account current? _____ Yes _____ No Present balance due _____
 Monthly payment _____ Named borrowers _____
 Who will pay until the divorce judgment? _____

Delinquent indebtedness

Mortgage _____	How much? _____	How long overdue? _____
Property taxes _____	How much? _____	How long overdue? _____
Income taxes _____	How much? _____	How long overdue? _____
Vehicle Loan _____	How much? _____	How long overdue? _____
Other _____	How much? _____	How long overdue? _____

Business debts

What kind? _____ How much? _____ How long overdue? _____

Other obligations (for example, spousal support to a former spouse) _____

Is anyone other than the spouse and identified children financially dependent on you?

_____ Yes Give details. _____

_____ No

On your spouse?

_____ Yes Give details. _____

_____ No

RELIEF TO BE REQUESTED

_____ Divorce

_____ Separate maintenance

_____ Annulment

_____ Spousal support _____

_____ Spouse to vacate home _____

_____ Contribution to your attorney fees _____

_____ Restoration of former name _____

_____ Procurement of \$ _____ in life insurance to secure child support

_____ Property division

_____ Property injunction

- _____ Domestic abuse injunction
- _____ Health insurance for yourself _____
- _____ Home utility payments _____
- _____ Home insurance (Plaintiff/Defendant) _____
- _____ Mortgage payments _____
- _____ Debts _____
- _____ Other _____
- _____ Attorney fee arrangement _____

The items checked below are needed to complete your divorce case file. Please collect the items that have been checked and bring in copies or originals to the paralegal as soon as possible.

<i>Items needed</i>	<i>Date provided</i>
_____ Tax returns with schedules and W-2s last two years	_____
_____ Paycheck stubs last two months	_____
_____ You	
_____ Your spouse	
_____ Mortgage statement	_____
Document showing legal description	
_____ Marital home	_____
_____ Vacation property	_____
_____ Income property	_____
_____ Pension or retirement account statement	_____
_____ You	
_____ Your spouse	
_____ Car titles	_____
_____ You	
_____ Your spouse	
Life insurance cash value statement	
_____ Savings account statements	_____
_____ Investment account balance statements	_____

_____ Appraisal for _____

_____ Appraisal for _____

_____ Prenuptial or postnuptial agreement _____

_____ _____

_____ _____