

Please print a copy.
Complete and return
to our office.



Referral Source: _____

Divorce | Separate Maintenance Questionnaire

OUR CLIENT

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (county or state): _____

Please mark preferred phone number below.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Email: _____

Race: _____ Maiden Name: _____ or Former Name: _____

Do you want your maiden or former name restored? Yes No If yes, select one: Maiden Former

Including this marriage, how many times have you been married? _____ 60 days legal residency in Kansas? Yes No

Previous marriages ended by (divorce/annulment - please list): _____

Date(s) previous marriage(s) ended: _____

Level of Education: 0-12 years 1-4 Years 5+ Years Degrees Earned: _____

Current Employer: _____ Current Position: _____

Employer Address: _____ Employer Phone: _____

Typical work hours: _____ a.m. to _____ p.m. on _____ days.

OUR CLIENT INCOME INFORMATION

Income: \$ _____ Monthly Gross Wages: \$ _____

Employment Benefits (e.g. phone, vehicle, etc.): _____

Pay Check Stub Attached: Yes No

Tax Return Copy Provided: Yes No

Withholding: Single Married

of Dependents Claimed: _____

Federal Withholding: \$ _____

State Withholding: \$ _____ FICA: \$ _____

Health Insurance: \$ _____

Life Insurance: \$ _____

Other Deductions: \$ _____

Net Monthly Take-Home Amount: \$ _____ Paid: Weekly Bi-Weekly Monthly Semi-Monthly

Other Income (e.g. second job, Mary Kay, etc.): _____

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OPPOSING PARTY

Full Legal Name: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Place of Birth (county or state): _____

Please mark preferred phone number below.

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Email: _____

Race: _____ Maiden Name: _____ or Former Name: _____

Does she want her maiden or former name restored? Yes No If yes, select one: Maiden Former

Including this marriage, how many times have you been married? _____ 60 days legal residency in Kansas? Yes No

Previous marriages ended by (divorce/annulment - please list): _____

Date(s) previous marriage(s) ended: _____

Level of Education: 0-12 years 1-4 Years 5+ Years Degrees Earned: _____

Current Employer: _____ Current Position: _____

Employer Address: _____ Employer Phone: _____

Typical work hours: _____ a.m. to _____ p.m. on _____ days.

OPPOSING PARTY INCOME INFORMATION

Income: \$ _____ Monthly Gross Wages: \$ _____

Employment Benefits (e.g. phone, vehicle, etc.): _____

Pay Check Stub Attached: Yes No

Tax Return Copy Provided: Yes No

Withholding: Single Married

of Dependents Claimed: _____

Federal Withholding: \$ _____

State Withholding: \$ _____ FICA: \$ _____

Health Insurance: \$ _____

Life Insurance: \$ _____

Other Deductions: \$ _____

Net Monthly Take-Home Amount: \$ _____ Paid: Weekly Bi-Weekly Monthly Semi-Monthly

Other Income (e.g. second job, Mary Kay, etc.): _____

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MARITAL INFORMATION

Date of Marriage: _____ Date of Separation: _____

Place of Marriage (city, county, state): _____

Grounds: Incompatibility Failure to perform a material marital duty Other (describe) _____

Actions Filed: Yes No When? _____ Status: _____ Caption/Case No. _____

CHILDREN

Number of children born to marriage: _____

Child's Name	Date of Birth (MM/DD/YYYY)	Social Security Number	Age	Still Living at Home	Are they of Native American Heritage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Present address of children of this marriage:

Address: _____ City: _____ State: _____ Zip: _____

Name(s) & address(es) of person(s) with whom children have lived for the past six (6) months:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

City(ies) and State(s) where children have lived for the past five years:

Address: _____ City: _____ State: _____ Zip: _____

Has there been litigation concerning custody of the children? Yes No

Where (City and State): _____ Case No. _____

Caption of Case: _____ Status: _____

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MARITAL INFORMATION CONTINUED

Is there anyone else (other than other parent) who has or claims to have a right to physical custody of or visitation rights with the children?

Yes No If yes, please provide their name(s): _____

Names and Dates of Birth or minor children NOT born to this marriage:

Child's Name	Date of Birth (MM/DD/YYYY)	Who Does Child Live With?		
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex
		<input type="checkbox"/> Lives with you	<input type="checkbox"/> Lives with Ex	<input type="checkbox"/> Lives with Spouse's Ex

Pre-existing child support obligations paid:

Case Name: _____ Case Number: _____ County and State: _____

Amount of obligation: \$ _____ per _____ Name of Paying Party: _____

INSTALLMENT DEBTS AND OBLIGATIONS

Creditor	Monthly Payments	Balance	Date of Last Payment	Who will assume
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

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NECESSARY MONTHLY EXPENSES OF EACH PARTY

Note: review your last six (6) months of expenses to ensure that you have included all of them.

	Client	Frequency	Other Party	Frequency
Rent	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Food	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Utilities:	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Trash Service	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Newspaper	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Telephone	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Water	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Gas/Electric	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Other	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Life	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Health	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Car	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: House/Rental	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Other	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Medical	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Insurance: Dental	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Prescription Drugs	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Medical and Dental other than insurance (co-pays, etc.)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Child Care (work related)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Child Care (non-work related)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Clothing	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
School Expense	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Haircuts and Beauty	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Car Repair	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Gas and Oil	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Personal Property Tax (on vehicles)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Miscellaneous (please specify):	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Entertainment	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
House Maintenance	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Cell Phone	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Cable	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Gifts	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Tithes/Offerings/Charities	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate

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	Client	Frequency	Other Party	Frequency
Security System	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Lawn Care	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Dry Cleaning Fees	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Membership Fees	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Sports Activities	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
House Cleaning	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Subscriptions	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Parking Fees	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Property Tax on House	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Lessons	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Camps	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Car Expense for Minor Children	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
Other (be specific)	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate
	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate	\$	<input type="checkbox"/> Avg. Monthly <input type="checkbox"/> Estimate

Have all of your income tax returns for all previous years been filed? Yes No

If not, which years have not been filed? _____

Have all income taxes been paid in full? Yes No

If not, please list the year, the unpaid amount, and the entity owed:

Year	Unpaid Amount	Entity Owed
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

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LIQUID ASSETS

CHECKING ACCOUNTS

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

SAVINGS ACCOUNTS

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

INDIVIDUAL RETIREMENT ACCOUNTS

(please provide us with the most recent statement for each account) Balance as of: ____ / ____ / ____ (date)

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

Bank Name:	Account No.	Present Balance: \$
<input type="checkbox"/> Joint <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Set Aside to:	Source of Funds:

CASH | Petitioner: \$ _____

Respondent: \$ _____

STOCKS AND BONDS

Name of Stock or Bond	Value	Joint/Indv.
	\$	
	\$	

Name of Stock or Bond	Value	Joint/Indv.
	\$	
	\$	

OTHER

Detail	Value
	\$
	\$

Detail	Value
	\$
	\$

RETIREMENT BENEFITS (please provide us with the most recent statement for each account) Balance as of: ____ / ____ / ____ (date)

Name of Plan	Value	Type	Client/Spouse
		<input type="checkbox"/> Pension <input type="checkbox"/> 401(k)/403(b)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
		<input type="checkbox"/> Pension <input type="checkbox"/> 401(k)/403(b)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
		<input type="checkbox"/> Pension <input type="checkbox"/> 401(k)/403(b)	<input type="checkbox"/> Client <input type="checkbox"/> Spouse

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VEHICLE, BOATS, CAMPERS, MOTORCYCLES

List all operable motor vehicles, including boats, campers and motorcycles and provide copy of title or registration.

Year:	Make	Model	Lien Holder	VIN	Mileage	Debt Owning	How Titled	Who will Drive?
						\$		
						\$		
						\$		
						\$		
						\$		

OTHER PERSONAL PROPERTY

TO GO TO CLIENT

Item:	Value:	Ownership:
Personal effects and belongings	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

TO GO TO OPPOSING PARTY

Item:	Value:	Ownership:
Personal effects and belongings	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

PRE-MARITAL PROPERTY OR GIFTS

Identification of property, if any, acquired by each of the parties prior to the marriage or acquired during the marriage by gift, will or inheritance.

Item	How Obtained	Party Who Received Item	Value
			\$
			\$
			\$
			\$
			\$

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REAL PROPERTY

Address:	
Legal Description	
Copy of Deed provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Purchased:	
Purchase Price:	
Record Ownership:	
Down Payment Amount:	\$
Borrowed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	
Total Amount Financed:	\$ APR
Borrowers:	
Repayment Amount:	
Source of Payment:	
Term of Loan:	
Outstanding Mortgage Balance:	\$
Mortgage Holder:	
Fair Market Value:	
Method of Determination:	

Address:	
Legal Description	
Copy of Deed provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Purchased:	
Purchase Price:	
Record Ownership:	
Down Payment Amount:	\$
Borrowed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source:	
Total Amount Financed:	\$ APR
Borrowers:	
Repayment Amount:	
Source of Payment:	
Term of Loan:	
Outstanding Mortgage Balance:	\$
Mortgage Holder:	
Fair Market Value:	
Method of Determination:	

LIFE INSURANCE

Name of Company:	
Amount of Policy:	\$
Present Cash Value:	\$
Insured:	
Beneficiary:	
Policy Number:	
Policy Type: (e.g. whole life, term)	
Date Issued:	
Premium Payments:	\$ per

Name of Company:	
Amount of Policy:	\$
Present Cash Value:	\$
Insured:	
Beneficiary:	
Policy Number:	
Policy Type: (e.g. whole life, term)	
Date Issued:	
Premium Payments:	\$ per

BUSINESS INTERESTS

Do you or the other party own a business or have an interest in a business? Yes No

If yes, please list names and addresses of business. _____

Does the business have an attorney or accountant on staff or retainer? Yes No

If yes, please state the name and address of each attorney or accountant.

Name	Address	Accountant Attorney
		<input type="checkbox"/> Accountant <input type="checkbox"/> Attorney
		<input type="checkbox"/> Accountant <input type="checkbox"/> Attorney
		<input type="checkbox"/> Accountant <input type="checkbox"/> Attorney

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Please list your percent of ownership of this business: _____% What is the purpose of this business: _____

Business Type: S Corp LLC Corporation Sole Proprietorship Partnership Other: _____

Please list the business' assets:

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Please list the business' liabilities:

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Please list the number of employees: _____

Is your spouse an employee of the business? Yes No Please list the annual net worth of the business: \$_____

Please list any business bank accounts: _____

HEALTH INSURANCE COVERAGE (provide copy of insurance verification)

Which party pays health insurance: _____ Coverage Type: Medical Dental Vision Drug

Name of Insurance Company: _____

Address of Insurance Company: _____

Name(s) of all individuals covered by policy: _____

How much does the parent pay for family coverage? \$_____ per _____

How much would it cost the parent for the parent only? \$_____ per _____

Have you or the other party signed up for the Affordable Care Act (ACA) exchange? Yes No

PARENTING TIME

Who is to have primary residency? _____

How will parenting time be set out in the temporary order?

Shared Parenting Time Specific Parenting Time Reasonable Parenting Time

WORK-RELATED CHILD CARE COSTS (provide statement from provider)

Paid by: _____ Amount paid: \$_____ per _____

Providers Name: _____ Providers Address: _____

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ADDITIONAL INFORMATION

Will spouse be served? Yes No Address for service: _____

Voluntary Service? Yes No Address for service: _____

(rural route must have specific directions)

DOMESTIC VIOLENCE/MENTAL HEALTH

Are you in a relationship in which you have been physically hurt or threatened by your spouse? Yes No

Has your spouse ever destroyed things that you care about? Yes No

Has your partner ever threatened or abused your children? Yes No

Do you feel afraid of your spouse? Yes No

Do you have guns in your home? Yes No

Has your spouse ever threatened to use them when he/she was angry? Yes No

Do you believe your spouse/significant abuses alcohol? Yes No

Does your spouse/significant other believe you abuse alcohol? Yes No

Do you believe you abuse alcohol? Yes No

Do you believe your spouse/significant abuses prescription or illegal drugs? Yes No

Does your spouse/significant other believe you abuse prescription or illegal drugs? Yes No

Do you believe you abuse prescription or illegal drugs? Yes No

Do you believe your spouse/significant has a mental health problem or issue? Yes No

Does your spouse/significant other believe you have a mental health problem or issue? Yes No

Do you believe you have a mental health problem or issue? Yes No

ADDITIONAL INFORMATION: