



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: \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_