

DISSOLUTION OF MARRIAGE CLIENT QUESTIONNAIRE

The following information will be needed by ADAMS LAW GROUP in order to properly advise you and handle your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. This information will help us help you. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Today's Date: _____, 20_____.

I. PERSONAL INFORMATION – CLIENT:

Your full name: _____
(Last) (First) (Middle) (Maiden)

Have you ever been known by any other names? If so, what names:

Street Address: _____

City, State & Zip Code: _____

How long at present address? _____

Do you: _____ own, _____ rent, or _____ live with a relative?

In what county do you live, and how long have you lived there? _____

How long have you been a resident of Missouri? _____

Mailing Address, if different from above, for mail during pendency of case where spouse will not have access:

(Street) (City) (State) (Zip Code)

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Soc. Sec. No.: _____

Date of your birth: _____ Age: _____ State of your birth: _____

Race: _____

Indicate below the # of years you completed of the following:

High School: _____

College: _____

Degree: _____

How many times, *including present marriage*, have you been married? _____

If married previously, how many marriages were ended due to death of your spouse? _____

Date and location of death: _____ Month Year City State

How many were ended due to divorce or dissolution? _____

Date and location of divorce: _____ Month Year City State

II. CLIENT'S EMPLOYMENT INFORMATION:

Are you presently employed? _____ Yes _____ No

Name and full address of employer:

How long have you been employed? _____

What is your approximate gross salary (*before* deductions):

\$ _____ per hour \$ _____ per week \$ _____ per month

What is your job title? _____

Do you have a pension, profit-sharing, or any other type of retirement, savings 401K, or thrift plan through your employment? _____ Yes _____ No

If yes, what do you contribute each month/year? _____

What does your employer contribute each month/year? _____

Does your employer provide life insurance for you? _____ Yes _____ No

If yes, what is the cost to you? _____

What is the cost to your employer? _____

Does your employer provide health insurance for you? _____ Yes _____ No

If yes, what is the cost to you? _____

What is the cost to your employer? _____

Name of Health Insurance Company:

If you are not presently employed, *when* and *where* were you last employed?

When: _____

Where: _____

Job Title: _____

Salary at time of employment termination: _____

Why was employment terminated? _____

Do you have any source of income other than from your employment? _____ Yes _____ No

If yes, explain in detail: _____

III. RELIEF REQUESTED BY CLIENT:

Dissolution of Marriage/Legal Separation: _____

Division of Debts - If this matter is non-contested please provide us with a listing of all debts and indicate which party is to assume same. Note – account numbers and balances will be required.

Division of Marital Assets: If this matter is non-contested please provide us with a listing of which property will be assumed by each party.

Child Support – If this matter is non-contested what is the monthly amount agreed to between yourself and your spouse? \$_____. Do you want the money paid directly to the receiving party or through the Family Support Payment Center?_____ Do you want a wage assignment in place?_____

Maintenance (aka alimony): - If this matter is non-contested please indicate what agreement is in place – if a monthly amount is agreed upon, how much and for how long? Will maintenance be paid through the Family Support Payment Center? _____ Do you want a wage assignment in place? _____ If the parties agree no maintenance is paid by either party, please check here _____

Do you want restoration of Maiden Name? _____

Legal Custody (joint/sole): _____

Physical Custody (joint/sole): _____

IV. PERSONAL INFORMATION – SPOUSE:

Full name –Spouse: _____
(Last) (First) (Middle) (Maiden)

Has spouse ever been known by any other names? If so, what names: _____.

Street Address: _____

City, State & Zip Code: _____

How long has spouse lived at present address? _____

Does spouse: _____ own, _____ rent, or _____ live with a relative?

In what county does spouse live, and how long has spouse lived there? _____ County for _____ years/months

How long has spouse been a resident of Missouri? _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Soc. Sec. No.: _____

Date of your birth: _____ Age: _____ State of your birth: _____

Race: _____

Indicate below the # of years you completed of the following:

High School: _____

College: _____

Degree: _____

How many times, *including present marriage*, have you been married? _____

If married previously, how many marriages were ended due to death of your spouse? _____

Date and location of death: _____ Month Year City State

How many were ended due to divorce or dissolution? _____

Date and location of divorce: _____ Month Year City State

V. SPOUSE'S EMPLOYMENT INFORMATION:

Is your spouse presently employed? _____ Yes _____ No

Name, full address, and telephone number of employer:

How long has your spouse been employed? _____

What is your spouse's approximate gross salary (*before* deductions):

\$ _____ per hour \$ _____ per week \$ _____ per month

What is your spouse's job title? _____

Does your spouse have a pension, profit-sharing, or any other type of retirement, savings 401K, or thrift plan through their employment? _____ Yes _____ No

If yes, what does your spouse contribute each month/year? _____

What does your spouse's employer contribute each month/year? _____

Does your spouse's employer provide life insurance for him/her? _____ Yes _____ No

If yes, what is the cost to your spouse? _____

What is the cost to your spouse's employer? _____

Does your spouse's employer provide health insurance him/her? _____ Yes _____ No

If yes, what is the cost to your spouse? _____

What is the cost to your spouse's employer? _____

Name of Health Insurance Company:

If your spouse is not presently employed, *when* and *where* was your spouse last employed?

previous marriage who have not been adopted by you or your spouse):

Full Name	Date of Birth	Age	M/F	SSN	Born or Adopted?

Who has actual physical custody of the minor children at this time?

_____ Wife _____ Husband _____ Both

With whom and where have the child(ren) resided for the last 60 days? _____

Where have the child(ren) resided for the last 6 months? _____

Who do you feel is best suited to have custody of the minor children:

_____ Wife _____ Husband _____ Both

Why? *Please be specific:* _____

Is your spouse a good *parent* to the minor children? _____ Yes _____ No

Have the minor children ever lived with anyone other than you or your spouse?

_____ Yes _____ No

Please list the addresses where the children have lived for the last five (5) years and the dates they lived at each address:

Has there ever been any litigation concerning custody of these children in Missouri or in any other state?

_____ Yes _____ No

Have there ever been any discussions or agreements concerning child support or maintenance?

_____ Yes _____ No

If yes, please advise and state amounts agreed upon. _____

Monthly Child Support Paid & by Whom: _____

Monthly Child Support Received: _____

VIII. PARENTING PLAN INFORMATION:

Weekend Schedule (frequency, days & time): _____

Week Day Schedule (days & times): _____

Holidays Schedule:

Holiday	Even Years	Odd Years	Every Year
New Years Eve			
New Years Day			
Easter			
Passover			
Spring Break			
Memorial Day			
Summer Break			
4 th of July			
Labor Day			
Rosh Hashanah			
Yom Kippur			
Thanksgiving			
Christmas Eve			
Christmas Day			
Hanuukah			
Child's Birthday			
Winter Break (school out until Christmas)			
Winter Break (Christmas until school begins)			
Other			

What are the school holidays for the school-age child(ren)? How do you believe they should be apportioned between

you and your spouse?

How much time should the child(ren) spend in the summer with your spouse?

Who should pick up the child(ren) at the beginning and end of visitation?

Do you suggest any restrictions or limitations of access by your spouse to the child(ren)?

_____ Yes _____ No

If yes, what are the restrictions and reasons such restrictions are requested? _____

Health Insurance:

Who Carries Children: _____

Name of Provider: _____

Identification No.: _____

Monthly Cost to Insure Children: _____

School/Education Costs:

Name of School: _____

Address of School: _____

Cost per Semester: _____

IX. MISCELLANEOUS

Is wife pregnant at this time? _____ Yes _____ No

Have you and your spouse entered into any ante-nuptial agreement (before marriage) or post-nuptial agreement (after marriage)? _____ Yes _____ No

X. MARITAL PROBLEMS:

Please state briefly your view of the basic marital problems: _____

Please state briefly any complaints your spouse would have against you at this time: _____

List and describe briefly all evidence in your possession or knowledge (including names and addresses of all witnesses with a brief description of what can be proven by each) that will substantiate any misconduct by your spouse: _____

What possible accusations might your spouse raise in a contest to this dissolution? _____

If this is a Modification please answer the following:

Please state when and where, the ultimate disposition, and the attorneys who represented each party:

When: _____

Where: _____

Ultimate Disposition: _____

Attorneys: _____

Does your *spouse* have any physical disabilities? _____ Yes _____ No

If yes, please describe: _____

Do *you* have any physical disabilities? _____ Yes _____ No

If yes, please describe: _____

Have you discussed any division of the marital personal property?

_____ Yes _____ No

XII. ADDITIONAL INFORMATION:

Please state the name, address, and telephone number of your mother, father, and nearest relative not living with you.

Mother: _____

Father: _____

Nearest Relative: _____

XIV. OTHER:

Please state any other facts or comments you believe your attorney should know regarding this matter:

