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*** **CONFIDENTIAL** ***

DIVORCE QUESTIONNAIRE w/CHILDREN

TODAY'S DATE: _____

I. PLEASE ANSWER THESE QUESTIONS ABOUT YOURSELF:

Name: First/Middle/Last

Birth date/Birth place (State)

Mailing Address

Home Telephone Number

Home Address (if different)

Social Security Number

City/State/Zip

Driver License Number and State

Eye color Hair color Height Weight Race

Cell Telephone Number

Scars/Tattoos/Glasses/etc.

E-Mail Address

Other names by which you are or have been known: _____

Resident of _____ (County) for _____ (Years) and of the State of Michigan for _____ (Years)

Employer _____ How long? _____

Work address: _____ Hours _____ Phone _____

Are you able to work? Yes ___ No ___ Occupation _____ Hourly rate? _____

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ _____ Net \$ _____

Do you typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Do you make tips/bonuses/commissions? Yes ___ No ___ If so, how much? _____

Did you graduate from high school? Yes ___ No ___ If so, from where and what year? _____

Did you attend college? Yes ___ No ___ If yes:

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

Please list any trade or other schooling received (incl. year attended): _____

Did you attend any of the above during the marriage? Yes ___ No ___

Do you receive any of the following (please check all that apply):

Social Security _____ How much per month? _____

Social Security Disability _____ How much per month? _____

Medicare/Medicaid _____

Food stamps _____

Unemployment _____ How much per week? _____

Worker's Compensation _____ From who? _____ How much _____ per week/month

Retirement/pension _____ From who? _____ How much _____ per week/month

Other benefits _____ From who? _____ How much _____ per week/month

II. PLEASE ANSWER THESE QUESTIONS ABOUT YOUR SPOUSE:

Name: First/Middle/Last _____ Birth date/Birth place (State) _____

Mailing Address _____ Home Telephone Number _____

Home Address (if different) _____ Social Security Number _____

City/State/Zip _____ Driver License Number and State _____

Eye color _____ Hair color _____ Height _____ Weight _____ Race _____ Cell Telephone Number _____

Scars/Tattoos/Glasses/etc. _____ E-Mail Address _____

Other names by which your spouse does or has been known: _____

Resident of _____ (County) for _____ (Years) and of the State of Michigan for _____ (Years)

Employer _____ How long? _____

Work address: _____ Hours _____ Phone _____

Is your spouse able to work? Yes ___ No ___ Occupation _____ Okay to call your spouse at work? Yes ___ No ___

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ _____ Net \$ _____

Does your spouse typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Does your spouse make tips/bonuses/commissions? Yes ___ No ___ If so, how much? _____

Did you graduate from high school? Yes ___ No ___ If so, from where and what year? _____

Did you attend college? Yes ___ No ___ If yes:

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

Please list any trade or other schooling received (incl. year attended): _____

Did your spouse attend any of the above during the marriage? Yes ___ No ___

Does your spouse receive any of the following (please check all that apply):

- Social Security ____ How much per month? _____
- Social Security Disability ____ How much per month? _____
- Medicare/Medicaid ____ _____
- Food stamps ____ _____
- Unemployment ____ How much per week? _____
- Worker's Compensation ____ From who? _____ How much _____ per week/month
- Retirement/pension ____ From who? _____ How much _____ per week/month
- Other benefits ____ From who? _____ How much _____ per week/month

PLEASE PROVIDE A COPY OF YOUR LAST PAY STUB FOR A 40-HOUR WEEK AND MOST RECENT FEDERAL INCOME TAX RETURN(S) (FOR BOTH PARTIES)

III. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD(REN):

A. How many children were born to or adopted by you and your spouse? _____

FULL NAME OF CHILD	BIRTH DATE	AGE	SOCIAL SECURITY NO.

B. List addresses where the minor children have lived for the last five years and the person in charge of their care and their relationship to you.

ADDRESS	YEARS	PERSON(S) IN CHARGE	RELATIONSHIP TO YOU

C. Is there a Family Support Order? Yes ___ No ___ If so, amount paid per child per week \$ _____.
What is your Family Support Order Number? _____

D. Has any amount of child or spousal support been agreed upon? Yes ___ No ___ Amount to be paid per week \$ _____.

E. Is your spouse receiving any public assistance? Yes ___ No ___ Amount (if known): \$ _____

F. Do you want custody? Yes ___ No ___ Does your spouse want custody? Yes ___ No ___ Are you interested in joint custody? Yes ___ No _____

G. Is there any other information that you want to give about the children? _____

H. Describe any special circumstances. _____

I. Who will claim income tax exemption(s)? _____

J. Are there work-related child care expenses? Yes ___ No ___ If so, state name and address of the child care provider(s).
Licensed? Yes ___ No ___ Amount of weekly child care expense: \$_____ Days/Time periods child care generally used: ___

IV. PLEASE ANSWER THESE QUESTIONS CONCERNING YOUR MARRIAGE:

Are you interested in marriage counseling? Yes ___ No ___ Is your spouse interested? Yes ___ No ___

Have you already participated in marriage counseling? Yes ___ No ___ Are you still in counseling? Yes ___ No ___

Date of Marriage: _____ Married by: Judge/Minister/Justice of the Peace/Priest/Rabbi (Circle one)

Married at: _____ (City/State/County)

Date of Separation: _____ (if already separated) Have you previously separated and gotten back together? Yes ___ No ___
When? _____

Have either of you filed for divorce from each other? Yes ___ No ___ If yes, who filed? _____ When? ___/___/___/
_____ Month _____ Year _____ County _____ State

Wife's maiden name: _____, and/or previous name _____

Seeking Maiden Name Restored: Yes ___ No ___ Seeking New Name? Yes ___ No ___ What? _____

Have you or your spouse ever been married before? Yes ___ No ___ If yes, did the marriage(s) end by divorce or death?

You: 1st marriage _____/what year _____/how ended _____
2nd marriage _____/what year _____/how ended _____
Spouse: 1st marriage _____/what year _____/how ended _____
2nd marriage _____/what year _____/how ended _____

Is wife pregnant now? Yes ___ No ___ Due When? _____ If yes, is this child of this marriage? Yes ___ No ___

If not, the father's name/address and details: _____

Has your spouse ever physically or emotionally abused you/child(ren)? Yes ___ No ___ If yes, please give details of such abuse and the dates this abuse occurred. (Use back of this form for additional space) _____

Have you or your spouse ever been involved in any extra-marital relationships? Yes ___ No ___ Please explain. _____

Have you or your spouse ever had a problem with alcohol/marijuana/cocaine/other drugs? Yes ___ No ___ Please explain. _____

Have you or your spouse ever been accused or convicted of any crime(s)? Yes ___ No ___ Please explain giving dates and nature of crime(s). _____

V. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PROPERTY:

- A. Have you or your spouse been involved in a Bankruptcy within the past five (5) years? Yes ___ No ___ Do you and/or your spouse plan to file? Yes ___ No ___
- B. Are you and/or your spouse owners of (or buying) Real Estate? Yes ___ No ___ If yes, for each piece of Real Estate give:

(1) (Marital Residence) (attach copy of deed/land contract)

1. Full address: _____
2. Name(s) of Purchaser(s): _____
3. Date Purchased: _____ Land contract: _____ Mortgage: _____
4. Purchase price: \$ _____
5. Date and Appraisal value (if any): _____ \$ _____
6. Approximate value of capital improvements: \$ _____
7. Present (or assessed) Fair Market Value: \$ _____
8. SEV (State Equalized Value): \$ _____
9. Balance owed: \$ _____
10. Monthly house payment: \$ _____
11. Mortgage Company name and address: _____
12. Loan Number: _____
13. Are there any second loans (home equity, etc)? Yes ___ No ___
14. Lender Name and address: _____
15. Loan Number: _____
16. Amount of loan: _____ Monthly Payment: _____
17. House Description: Bedrooms ___ Bathrooms ___ Living Room? ___ Family Room? ___
Basement? ___ If yes, full or half? _____ Finished? ___ Garage ___ Attached? ___
Lot size _____ Style (ranch, colonial, quad, etc.) _____
Year built: _____ Please describe any special features of home: _____

(2) (Other Property) (attach copy of deed/land contract)

1. Full address: _____
2. Name(s) of Purchaser(s): _____
3. Date Purchased: _____ Land contract: _____ Mortgage: _____
4. Purchase price: \$ _____
5. Date and Appraisal value (if any): _____ \$ _____
6. Approximate value of capital improvements: \$ _____

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7. Present (or assessed) Fair Market Value: \$ _____
 8. SEV (State Equalized Value): \$ _____
 9. Balance owed: \$ _____
 10. Monthly house payment: \$ _____
 11. Mortgage Company name and address: _____
 12. Loan Number: _____
 13. Are there any second loans (home equity, etc)? Yes ___ No ___
 14. Lender Name and address: _____
 15. Loan Number: _____
 16. Amount of loan: _____ Monthly Payment: _____
 17. House Description: Bedrooms ___ Bathrooms ___ Living Room? ___ Family Room? ___
Basement? ___ If yes, full or half? _____ Finished? ___ Garage ___ Attached? ___
Lot size _____ Style (ranch, colonial, quad, etc.) _____
Year built: _____ Please describe any special features of home: _____
-

(If you or your spouse have additional real estate, please attach a separate sheet at the end of this Questionnaire and answer questions B.1. through B.10. for the additional property).

C. Are you or your spouse owners of any vehicles (autos/motorcycles/motor homes/boats)? Yes _____ No __

	FIRST VEHICLE	SECOND VEHICLE	THIRD VEHICLE
DESCRIPTION (Make/model/year)			
COLOR			
SPECIAL FEATURES (Wheels, stereo, sunroof, etc.)			
VEHICLE ID#			
NAME(S) ON TITLE			
PRESENT VALUE			
AMOUNT OWED			
MONTHLY PAYMENT			
TO WHOM OWED			
MILEAGE ON VEHICLE			
WHO NORMALLY DRIVES VEHICLE			
WHO HAS POSSESSION			

(If you or your spouse have additional vehicles, attach separate sheet at end of the Questionnaire and answer above questions for each additional vehicle).

D. Do you or your spouse have any other property? Yes ___ No ___ If so, please tell us what the property is and how you want property divided:

1.

BANK/CREDIT UNION NAME/ADDRESS	TYPE (SAV/CHECKING)	AMOUNT	TITLED TO

2.

NAME OF STOCKS/BONDS	AMOUNT	TO CLIENT	TO SPOUSE

3. Other valuables (such as collections/jewelry/tools/guns/sports equipment. If more space is needed, please use back).

DESCRIBE ITEM	VALUE	TO CLIENT	TO SPOUSE

4. Please tell us how you want household furniture, other items divided:

- a. Each gets one-half: Yes ___ No ___
- b. Client gets all: Yes ___ No ___
- c. Spouse gets all: Yes ___ No ___
- d. Approximate total worth of household items: \$ _____
- e. Other division: _____

5. Life Insurance Policies:

- a. I have term policy at my employment. Yes ___ No ___
- b. Spouse has term policy at his/her employment. Yes ___ No ___
- c. I or my spouse have whole life or other policy(s) with cash surrender value(s): Yes ___ No ___

If you checked yes, give:

NAME OF INSURED	NAME POLICE OWNER	INS. CO. & ADDRESS	CASH VALUE

6. Pension:

- a. I have a pension at my employment Yes ___ No ___
- b. My spouse has a pension at his/her employment Yes ___ No ___

CLIENT PENSION:

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

SPOUSE PENSION:

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

OTHER PENSION:

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

7. I or my spouse have a military pension. Yes ___ No ___

8. Business Interests:

- a. I or my spouse are involved in a business or partnership. Yes ___ No ___
- b. I or my spouse acquired a professional degree during our marriage. Yes ___ No ___

E. PLEASE list all debts and loans owed by you or your spouse, including mortgages/credit cards/auto loans/personal loans/etc. and attach copy of most recent statement(s):

CREDITOR Name/Address	ACCOUNT NUMBER	APPROX. BALANCE TODAY	MONTHLY PAYMENT	WHOSE ACCOUNT (You, spouse, joint)	IS THE ACCOUNT CURRENT?

F. Please tell us about any pending lawsuits/garnishments or Judgments against you or your spouse:

NAME OF SUIT/JUDGMENT	COURT NAME	CASE #	AMOUNT OWED
<u>Vs.</u>			
<u>Vs.</u>			
<u>Vs.</u>			

Do you or your spouse have any lawsuits pending against anyone? Yes ___ No ___ If yes Please explain:

Have you or your spouse ever talked to or hired an attorney before? Yes ___ No ___ If yes, please name the attorney and the reason for consultation: _____

VI. HAVE EITHER OF YOU APPLIED FOR ANY LOANS/LINES OF CREDIT, MORTGAGES/ETC. WITHIN THE LAST 10 YEARS? YES NO
(IF YES, PLEASE LIST THE DATES/PLACES/ AMOUNTS)

DATE	PLACE	AMOUNT	REASON FOR LOAN

VII. MONTHLY BUDGET

			MONTHLY PAYMENT	BALANCE DUE OR VALUE - IF ANY
HOUSING:	MORTGAGE/RENT/ETC.		\$	\$
	TAXES (not included in mortgage)		\$	\$
UTILITIES:	CABLE TV		\$	\$
	HEAT (gas/oil/electricity/etc.)		\$	\$
	WATER/SEWER		\$	\$
	TRASH REMOVAL		\$	\$
INSURANCE:	HOMEOWNERS		\$	\$
	MORTGAGE		\$	\$
	BUSINESS		\$	\$
	AUTOMOBILE(S):		\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
	OTHER VEHICLES(S):			
			\$	\$
			\$	\$
			\$	\$
	HEALTH INSURANCE PREMIUMS:			
		CLIENT	\$	\$
	SPOUSE	\$	\$	
	CHILDREN	\$	\$	
LIFE:				

		CLIENT	\$	\$
		SPOUSE	\$	\$
		CHILDREN	\$	\$
CHARGE CARD(S):	_____ (CO.)		\$	\$
	_____ (CO.)		\$	\$
	_____ (CO.)		\$	\$
	_____ (CO.)		\$	\$
	_____ (CO.)		\$	\$
	_____ (CO.)		\$	\$
CLOTHING:	LAUNDRY/DRY-CLEANING:			
		CLIENT	\$	\$
		SPOUSE	\$	\$
		CHILDREN	\$	\$
	PURCHASES:			
		CLIENT	\$	\$
		SPOUSE	\$	\$
		CHILDREN	\$	\$
ENTERTAINMENT:	CLIENT		\$	\$
	SPOUSE		\$	\$
	CHILDREN		\$	\$
CHILD CARE:	CLIENT		\$	\$
	SPOUSE		\$	\$

VIII. LIST OF ASSETS:

			HUSBAND	WIFE
HOUSE	FMV/SEV \$ _____		\$	\$
HIS VEHICLE:	FAIR MARKET VALUE:	\$	\$	\$
	DEBT:	\$	\$	\$
HER VEHICLE	FAIR MARKET VALUE:	\$	\$	\$
	DEBT:	\$	\$	\$

OTHER VEHICLES (BOATS/RECREATIONAL VEHICLES/ETC.):				
HIS VEHICLE:	FAIR MARKET VALUE:	\$	\$	\$
	DEBT:	\$	\$	\$
HER VEHICLE	FAIR MARKET VALUE:	\$	\$	\$
	DEBT:	\$	\$	\$
HIS IRA:	CURRENT VALUE:			
HER IRA:	CURRENT VALUE:			
HIS PENSION:	CURRENT VALUE:			
HER PENSION:	CURRENT VALUE:			
OTHER PENSION:				
HIS PENSION:	CURRENT VALUE:			
HER PENSION:	CURRENT VALUE:			
HIS SAVINGS:	CURRENT VALUE:			
HER SAVINGS:	CURRENT VALUE:			
OTHER SAVINGS:				
HIS SAVINGS:	CURRENT VALUE:			
HER SAVINGS:	CURRENT VALUE:			
HIS CHECKING:	CURRENT VALUE:			
HER CHECKING:	CURRENT VALUE:			
OTHER CHECKING:				
HIS CHECKING:	CURRENT VALUE:			
HER CHECKING:	CURRENT VALUE:			

IF YOU ARE ABLE TO, PLEASE REMEMBER TO BRING WITH YOU FOR YOUR INTERVIEW, YOUR LAND CONTRACT(S), MORTGAGE(S), DEED(S), CLOSING STATEMENT(S), VEHICLE TITLE(S), LOAN APPLICATION(S), CHARGE ACCOUNT STATEMENT(S), YOUR MOST RECENT TAX RETURN(S). IF YOU HAVE ACCESS AND ARE ABLE TO MAKE YOUR OWN COPIES AHEAD OF TIME IT WILL SAVE YOU PHOTOCOPYING COSTS AND TIME. These documents are helpful to us in obtaining necessary information, however, we realize it may be difficult or impossible for you to provide them.

You must provide us with **all** of the following information **which is required** for the Friend of the Court (if you do not know the answer, it is your responsibility to obtain it and provide us with the details):

MOTHER:

- 1. Name: _____
- 2. Gross Weekly Income: _____
- 3. Applied for/Receives Assistance: _____
- 4. AFDC/ID Numbers: _____

FATHER:

- 1. Name: _____
- 2. Gross Weekly Income: _____
- 3. Applied for/Receives Assistance: _____
- 4. AFDC/ID Numbers: _____

OTHER CHILDREN OF EITHER PARTY:

- 1. Name: _____
 Birth Date: _____
 Age: _____
 Social Security #: _____
 Residential Address: _____
- 2. Name: _____
 Birth Date: _____
 Age: _____
 Social Security #: _____
 Residential Address: _____

HEALTH CARE COVERAGE

Medical:

Monthly premium \$ _____ Paid by whom? You _____ Spouse _____
 Insurance Company _____ Contract No. _____
 Group Number _____

Dental:

Monthly premium \$ _____ Paid by whom? You _____ Spouse _____
 Insurance Company _____ Contract No. _____
 Group Number _____

Optical:

Monthly premium \$ _____ Paid by whom? You _____ Spouse _____
 Insurance Company _____ Contract No. _____
 Group Number _____

Dated: _____, 2012

(signature)

FOR ATTORNEY USE ONLY

Date of initial client interview: _____

NOTES: _____

Hourly Fee: _____ Retainer Agreed Upon: _____

Agreement signed: _____ Significant dates to be recorded: _____

Results: _____

Guidelines amounts: Him ____ Her ____ Recommendation _____

PLEADINGS NEEDED:

- _____ Summons
- _____ Complaint for Divorce
- _____ Answer and Counter-Complaint
- _____ Stipulation/Order for Temporary Support & Custody
- _____ Mutual Preliminary Injunctive Order
- _____ Affidavit of Indigence
- _____ Record of Divorce
- _____ FOC Statement
- _____ Motion _____
- _____ Interrogatories _____

NOTES: _____

