

THE MENNA LAW FIRM

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*** **CONFIDENTIAL** ***

DIVORCE QUESTIONNAIRE w/ NO 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 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). _____

IV. 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: \$ _____
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.

<u>BANK/CREDIT UNION</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>TITLED TO</u>

2.

<u>NAME OF STOCKS/BONDS</u>	<u>AMOUNT</u>	<u>TO CLIENT</u>	<u>TO SPOUSE</u>

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

<u>DESCRIBE ITEM</u>	<u>VALUE</u>	<u>TO CLIENT</u>	<u>TO SPOUSE</u>

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:

<u>NAME OF INSURED</u>	<u>NAME POLICE OWNER</u>	<u>INS. CO. & ADDRESS</u>	<u>CASH VALUE</u>

6. Pension:

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

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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:

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):

WIFE:

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

HUSBAND:

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: _____, 2018

(signature)

FOR ATTORNEY USE ONLY

Date of initial client interview: _____

NOTES: _____

Fees Discussed: _____ Retainer Agreed Upon: _____
Agreement signed: _____ Significant dates to be recorded: _____

Results: _____

Guidelines amounts: Him ____ Her ____ Recommendation _____

PLEADINGS REQUESTED:

- _____ 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: _____

