



264 CLOVIS AVE., STE. 108 CLOVIS, CA 93612

DIVORCE QUESTIONNAIRE

Please take the time to write down the following information. We will need this information to prepare your divorce pleadings and to provide the court all the relevant information. All information is strictly confidential

INFORMATION ABOUT YOU

Name: _____
SS#: ____ - ____ - _____
Address: _____ How Long? _____
City County: _____ Zip: _____
Date of Birth _____
Sex: Male Female
Where were you born (State)? _____
Race: _____
Phone Number: Home: _____ Work: _____ Cell: _____ Other: _____
Who do you live with? _____
Is this person employed? Yes No _____ What is their monthly income? \$ _____
How many children do you have? _____
Who do(es) your child(ren) live with _____

MARITAL INFORMATION

Date of marriage: _____ Date of separation: _____
Place of marriage (city, county, state): _____
How many times have you been married? _____
Is your spouse (husband/wife) living with you? Yes No _____
If yes, why? _____
Maiden name/former name? _____ Do you want it back? Yes No _____

YOUR EMPLOYMENT

Employer's name: _____
Employer's address: _____
Type of work: _____
May we contact you on your job? Yes No _____
How long have you worked there? _____
What are your work hours? _____
Gross monthly pay before taxes: \$ _____
Net monthly pay after taxes: \$ _____
Previous Job? _____
How long employed? _____
Gross monthly pay before taxes: \$ _____
Net monthly pay after taxes: \$ _____

YOUR BENEFITS

Do you have any of the following available through your employer?

Life insurance? _____ (describe)
Health insurance? _____ (describe)
Pension plan? _____ (describe)
401(k) or other? _____ (describe)

YOUR OTHER INCOME

Do you receive any other income (specify how much and how often):

Child support? _____
CalWorks or other State benefits: _____
CalFresh (Food Stamps)? _____
SSI? _____ Social Security? _____
Other Public Benefits? _____
Other income: _____ (describe)

CHILD SUPPORT RECEIVED BY YOU (list additional children on back)

Does your spouse pay you child support? _____

If so, how much? \$ _____

How often? _____

Is it court ordered? Yes No _____

Is this support paid directly to you? _____

If not, agency paid through _____

Last payment received \$ _____ Date: _____

Do you receive support for any other children? Yes No _____

If yes, from whom? _____

How much? _____ How often? _____

Last payment received \$ _____ Date: _____

Is this support paid directly to you? _____

If not, agency paid through _____

Last payment received \$ _____ Date: _____

YOUR HEALTH

Are you under the care of a doctor? Yes No _____

If yes, for what type of problem? _____

Are you presently taking any medicine? Yes _____ No _____

If yes, what type of medicine and what do you take it for? _____

YOUR EDUCATION

What is the highest grade of school you completed? _____

Have you ever attended any college or trade school? Yes No _____

If yes, which school and how long? _____

INFORMATION ABOUT YOUR SPOUSE

Name: _____

SS# _____ - _____ - _____

Address: _____ How Long? _____

City County: _____ Zip: _____

Has he/she ever lived in California? Yes No _____

What County? _____

Date of Birth _____ Sex: Male Female _____

Where he/she born (State)? _____ Race: _____

Phone #: Home: _____ Work: _____ Cell: _____ Other: _____

Who does he/she/ live with? _____

How long? _____

MARITAL INFORMATION

How many times has your spouse been married? _____

If married to someone other than yourself, did spouse get divorced? Yes No _____

When? _____

EMPLOYMENT

Employer's name: _____

Employer's address: _____

Type of work: _____

How long has he/she worked there? _____

What are his/her work hours? _____

Gross monthly pay before taxes: \$ _____

Net monthly pay after taxes: \$ _____

Previous Job? _____

How long employed? _____

Gross monthly pay before taxes: \$ _____

Net monthly pay after taxes: \$ _____

BENEFITS

Does your spouse have any of the following available through his/her employer?

Life insurance? _____ (describe)

Health insurance? _____ (describe)

Pension plan? _____ (describe)

401(k) or other? _____ (describe)

If yes to any of the above, what company provides these benefits? Give the name, address and policy number of each if known (list additional on back).

Name: _____

Address: _____

Policy #: _____

OTHER INCOME

Does your spouse have a second job _____

If yes, what type of work: _____

Length of employment: _____

Work hours: _____

Does your spouse receive any other income (specify how much and how often):

Child support? _____

CalWorks or other State benefits: _____

CalFresh (Food Stamps)? _____

SSI? _____ Social Security? _____

Other Public Benefits? _____

Other income: _____

OTHER CHILDREN

Does your spouse have other children not of your marriage? Yes _____ No _____

If yes, how many? _____

Do these children live with your spouse? Yes No _____

Does your spouse pay child support for the other children? Yes No _____

If yes, to whom: _____

If yes, how much? _____ How often? _____

Is this child support Court ordered? Yes No _____

EDUCATION

What is the highest grade of school completed by your spouse? _____

Has your spouse ever attended any college or trade school? Yes No _____

If yes, which school and how long? _____

HEALTH

Is your spouse under the care of a doctor? Yes No _____

If yes, for what type of problem? _____

Does your spouse take medication? Yes No _____

If yes, what type of medicine and why is it taken? _____

INFORMATION ABOUT YOUR CHILDREN

Names, ages and birth dates of each child born of this marriage.

Do you have other children not by your spouse? Yes No _____

If yes, give for each child the name, age, birth date and name of father.

Are you currently pregnant? Yes No _____ Expected delivery date: _____

Is your husband the father? Yes No _____

If not, who is the father? _____

List every address where the child(ren) of the marriage have lived for the past five (5) years. For each address listed, state the County, and with whom the children were living.

1. _____
2. _____
3. _____
4. _____

Have there ever been any court actions concerning the child(ren) of the marriage? _____

If yes, what action was taken? _____

Is there a court order? Yes No _____

Has the Department of Social Services ever taken any action concerning you or your children?

Yes No _____

If yes, what action was taken? _____

Why? _____

Where your children ever removed from your home? _____

Why: _____

How long were they gone? _____

Have the children been returned to you? Yes No _____

When? _____

Are your children under supervision of DSSS or Juvenile Court? Yes No _____

PRIOR DIVORCE

Have you ever filed for a divorce from your present spouse? Yes No _____

Has your present spouse ever filed for a divorce from you? Yes No _____
If either is true, what happened? _____

SETTLEMENT

Have you talked to your spouse about this divorce? Yes No _____

Does your spouse want this divorce? Yes No _____

Will your spouse hire a lawyer? Yes No _____

Have you and your spouse any agreement regarding any of the following? If yes, what agreement, if any, was reached?

A. Who will have custody of the child(ren)? _____

B. Child support? _____

C. Visitation? _____

D. Property Division? _____

E. Other _____

ASSETS & LIABILITIES

PROPERTY

Do you and/or your spouse own or are you making payments on any property, such as land, house, mobile home, furniture, cars, personal items? Please list (continue on back).

DEBTS

Do you and/or your spouse owe any money to any person or any company, such as credit card company, department stores, mortgage company, pawnshop, relative, appliance or furniture store, doctor bills, hospital bills, etc.?

If yes, please list, include approximate balance and date incurred (continue on back).

BANKRUPTCY

Have you or your spouse ever filed for bankruptcy? Yes No _____

If yes, when? _____ Case Number _____

Did you file bankruptcy jointly or separately? _____

Did you file a Chapter 7 or Chapter 13 bankruptcy? _____

Has it been discharged? Yes _____ No _____ If yes, when? _____

Are you and/or your spouse currently paying money to a bankruptcy trustee under a Chapter 13 plan? _____

If so, how much per month? _____ How long until paid off: _____

MILITARY

Have you ever been in the military? Yes No _____

Has your spouse ever been in the military? Yes No _____

For each of you, If yes, how long? _____

What type of discharge? _____

Are you eligible for a military pension? Yes No _____

Is your spouse eligible for a military pension? Yes _____ No _____

Are you eligible to receive VA Benefits? Yes No _____

Is your spouse eligible for VA Benefits? Yes No _____

Are you in the Reserve? Yes No _____

If yes, which branch of service? _____

Is your spouse in the Reserve? Yes No _____

If yes, which branch of service? _____

WHY DO YOU WANT A DIVORCE?

FAMILY VIOLENCE

Is there a history of violence or cruelty in your marriage? Yes No _____

If yes, when was the last incident of abuse? _____

Did you call the police? Yes No _____

Was a report made? Yes No _____

Was anyone arrested? Yes No _____

What else did police do? _____

What happened? _____

Are you still in fear of spouse? _____

Do you want a Restraining Order? Yes No _____

Have you obtained a Temporary Protective Order? Yes No _____

Date of Order: _____

If your spouse does not know your current address, would you like us to keep your address confidential? Yes No _____

Have you ever been arrested/accused of violence towards your spouse? Yes No _____

If yes, what happened? _____

Have you ever been arrested/accused of violence towards your children? Yes No _____

If yes, what happened? _____

CONTACTS

Please provide the name, addresses, telephone numbers and relationship of three (3) people who will always know how to contact you.
