

Date of Conference \_\_\_\_\_

**PRELIMINARY QUESTIONNAIRE (DIVORCE)**

**YOUR GENERAL INFORMATION:**

Your Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Where do you want mail delivered? \_\_\_\_\_

What county do you live in? \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Do you want this name restored? Yes\_\_\_No\_\_\_

Drivers License No. : \_\_\_\_\_

Number of this Marriage: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_

Have you been a resident of Iowa for at least one year? Yes\_\_\_No\_\_\_

Name of Your Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your present position: \_\_\_\_\_ how long? \_\_\_\_\_

Current Gross Salary or Hourly Rate: \_\_\_\_\_

How often paid? (Circle which one applies.) Yearly, Monthly, Biweekly, Weekly

Do you pay union dues? Yes\_\_\_ No\_\_\_ Amt: \_\_\_\_\_

Hours of employment: \_\_\_\_\_

If in current job less than 3 years, list prior jobs for past 3 yrs:

	<u>Year</u>	<u>Company</u>	<u>Job Title</u>	<u>Salary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**SPOUSE'S GENERAL INFORMATION:**

Your spouse's Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse's Attorney (if known): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Does he/she want this name restored: Yes \_\_\_ No \_\_\_

Drivers License No. : \_\_\_\_\_

Number of this Marriage: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_

Has spouse been a resident of Iowa for at least one year? Yes \_\_\_ No \_\_\_

Name of Spouse's employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Spouse's present position: \_\_\_\_\_ how long? \_\_\_\_\_

Current Gross Salary or Hourly Rate (if known): \_\_\_\_\_

(Circle which one applies.) Paid Yearly, Monthly, Biweekly, Weekly

Does your spouse pay union dues? Yes \_\_\_\_ No \_\_\_\_ Amt: \_\_\_\_\_

Hours of employment: \_\_\_\_\_

If spouse in current job less than 3 years, list prior job for past three years:

	<u>Year</u>	<u>Company</u>	<u>Job Title</u>	<u>Salary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Will your spouse come in to pick up papers? Yes \_\_\_\_ No \_\_\_\_

If no, where can we serve papers on him/her? \_\_\_\_\_

**MARRIAGE INFORMATION:**

Place of Marriage (City and State): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Was a prenuptial agreement entered prior to the marriage? Yes \_\_\_\_ No \_\_\_\_

**CHILDREN:**

Full names, birth dates and Social Security Numbers of children born of this marriage or adopted during this marriage:

NAME	DOB	AGE	SSN

Full names, birth dates, and Social Security Numbers of children born of previous marriages, relationships, or adopted (not during this marriage):

NAME	DOB	SSN	BORN TO	CHILD SUPPORT AMOUNT
			you ___ spouse ___	received _____ paid _____
			you___ spouse___	received_____ paid _____
			you___ spouse___	received _____ paid _____
			you___ spouse___	received _____ paid _____

Are you separated from spouse? Yes\_\_\_ No\_\_\_ Date Separated: \_\_\_\_\_

Who is living in the marital home: I am\_\_\_ My Spouse\_\_\_

How are children currently being shared? \_\_\_\_\_

What is the schedule? \_\_\_\_\_

Who carries health insurance on the children? \_\_\_\_\_

Amount paid per month: \_\_\_\_\_

Additional cost per month to carry children on plan: \_\_\_\_\_

**DOMESTIC ABUSE:**

Has there been domestic violence at any time during your relationship? Physical? Emotional?

Both? Please describe: \_\_\_\_\_

**HEALTH INFORMATION:**

Any exceptional health or mental health needs of any of the parties? If so, explain?

SELF \_\_\_\_\_

SPOUSE \_\_\_\_\_

Any exceptional health or mental health need of any of the children? If so, what?

\_\_\_\_\_

**EDUCATION:**

**YOUR EDUCATION:**

High School: Did you receive a diploma? \_\_\_\_\_ If so, what year? \_\_\_\_\_

College: Did you receive a degree? \_\_\_\_ If so, what course of study was it for? \_\_\_\_\_

Did you attend college during this marriage? \_\_\_\_\_ If so, list dates and where attended:

\_\_\_\_\_

\_\_\_\_\_

Special Training (Explain): \_\_\_\_\_

**YOUR SPOUSE'S EDUCATION:**

High School: Did your spouse receive a diploma? \_\_\_\_\_ If so, what year? \_\_\_\_\_

College: Did your spouse receive a degree? \_\_\_\_\_

If so, what course of study was it for? \_\_\_\_\_

Did your spouse attend college during this marriage? \_\_\_\_\_ If so, list dates and where attended \_\_\_\_\_

**FINANCIAL INFORMATION:**

**HOUSE - (If owned)**

Address: \_\_\_\_\_

Market Value (if known): \_\_\_\_\_

Mortgage Payoff Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Mortgage Lender \_\_\_\_\_

Second Mortgage or Home Equity Payoff Amount: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Second Mortgage Lender: \_\_\_\_\_

Do you want to keep or sell? \_\_\_\_\_

**CARS:**

TITLE HELD BY WHICH SPOUSE	YEAR	MAKE	MODEL	CONDITION (excellent, good, fair, poor)	MILEAGE	LOAN BALANCE

Lender(s) financing the car loan(s): \_\_\_\_\_

**STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS:**

TYPE	PLACE	AMOUNT

**OTHER PROPERTY:**

Do you own any property such as other real estate, campers, boats, etc.? \_\_\_\_\_

**DEBTS** (Include credit cards, loans from parents or friends, all debts except house and car loans previously listed.)

CREDITOR NAME/ADDRESS	AMOUNT OWED	IN WHOSE NAME IS DEBT

Any gambling problems or other personal use of money by you or your spouse during marriage?

---



---

**RETIREMENT:** (401k, IRA, Pension)

	EARNED DURING MARRIAGE? (YES, NO, PART)	WHERE HELD	TYPE	BALANCE	LOAN AGAINST?
YOURS					
SPOUSE					

Do you own any life insurance policies? Yes \_\_\_ No \_\_\_

Term or Cash Value? \_\_\_\_\_

**BANK ACCOUNTS:** (Checking and Savings)

NAME ON ACCOUNT	BALANCE	BANK

Any special household items you want to receive in divorce settlement?

---

---

---

Other issues you want to discuss?

---

---

**OTHER INFORMATION:**

Do you and/or spouse have a Will? Yes\_\_\_ No\_\_\_

Do you have a living Will or health care Power of Attorney? Yes \_\_\_ No \_\_\_