

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? _____

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: 1st___ 2nd___ 3rd___

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): _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ SSN: _____

Date of Birth: _____ State of Birth: _____

Maiden Name: _____ Drivers License No. : _____

Number of this Marriage: 1st ___ 2nd ___ 3rd ___

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: _____

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 ___