



ZLOCK & GRISILLO
Family Law Attorneys
Est. 1996

QUESTIONNAIRE

Date: _____

Referred by: _____

Would you like to receive your correspondence via e-mail or regular mail?

E-mail: _____ Regular mail: _____

Please provide the following information as applicable.

Your name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Your e-mail address: _____

Your date of birth: _____ City and state of birth: _____

Your phone number: _____

Your spouse's/opposing party's name: _____

Your spouse's/opposing party's street address: _____

City: _____ State: _____ Zip code: _____

Your spouse's/opposing party's date of birth: _____

Your spouse's/opposing party's city and state of birth: _____

Your spouse's/opposing party's attorney: _____

Date, city, and state of marriage: _____ Date of separation: _____

Number of prior marriages for you: _____ Number of prior marriages for your spouse: _____

Do you have a copy of your marriage certificate? _____ Yes _____ No

Your employer's name and address: _____

Your position or title: _____

Number of months/years with current employer: _____

Current hourly rate or salary: _____

Quarterly or annual bonus(es): _____

Your spouse's/opposing party's employer's name and address: _____

Number of months/years with their current employer: _____

Your spouse's/opposing party's current hourly rate or salary: _____

Your spouse's/opposing party's position or title: _____

Do you and your spouse/opposing party have children together?

Yes _____ No _____

If yes, please state:

(A) Name: _____ Date of birth: _____

(B) Name: _____ Date of birth: _____

(C) Name: _____ Date of birth: _____

(D) Name: _____ Date of birth: _____

In the past five (5) years, where, when, and with whom have the above-identified children lived?

Date Address With whom

Is there a current support order with respect to the above-identified children?

Yes _____ No _____

If yes, how much per month? _____

Is there a current custody order with respect to the above-identified children?

Yes _____ No _____

If yes, what is the physical custody schedule? _____

Do you have any children from a prior marriage or relationship?

Yes _____ No _____

If yes, please state:

(A) Name: _____ Date of birth: _____

(B) Name: _____ Date of birth: _____

(C) Name: _____ Date of birth: _____

(D) Name: _____ Date of birth: _____

Does your spouse/opposing party have any children from a prior marriage or relationship?

Yes _____ No _____

If yes, please state:

(A) Name: _____ Date of birth: _____

(B) Name: _____ Date of birth: _____

(C) Name: _____ Date of birth: _____

(D) Name: _____ Date of birth: _____

If you are married, please provide the following information as applicable.

Do you and/or your spouse own any real property, regardless of whether titled individually or jointly?

Yes _____ No _____

If yes, please state:

(A) Address: _____

Name(s) on deed: _____

Date of purchase: _____ Value at date purchase: _____

Present value: _____ Mortgage balance at date of separation: _____

Present mortgage balance: _____ Monthly payment (including escrow): _____

(B) Address: _____

Name(s) on deed: _____

Date of purchase: _____ Value at date purchase: _____

Present value: _____ Mortgage balance at date of separation: _____

Present mortgage balance: _____ Monthly payment (including escrow): _____

(C) Address: _____

Name(s) on deed: _____

Date of purchase: _____ Value at date purchase: _____

Present value: _____ Mortgage balance at date of separation: _____

Present mortgage balance: _____ Monthly payment (including escrow): _____

(D) Address: _____

Name(s) on deed: _____

Date of purchase: _____ Value at date purchase: _____

Present value: _____ Mortgage balance at date of separation: _____

Present mortgage balance:_____ Monthly payment (including escrow):_____

Do you and/or your spouse own any vehicles, regardless of whether titled individually or jointly?

Yes_____ No_____

If yes, please state:

(A) Year:_____ Make:_____ Model:_____ Owned or leased?_____

All names on the title:_____

Date of purchase or lease:_____

Present value:_____

(B) Year:_____ Make:_____ Model:_____ Owned or leased?_____

All names on the title:_____

Date of purchase or lease:_____

Present value:_____

(C) Year:_____ Make:_____ Model:_____ Owned or leased?_____

All names on the title:_____

Date of purchase or lease:_____

Present value:_____

Do either you or your spouse have any financial accounts (checking, savings, money market, CD, etc.) individually, jointly with each other, or jointly with a third party?

Yes_____ No_____

If yes, please state:

(A) Name of financial institution:_____

Date account was opened:_____

Current balance:_____

Balance as of date of separation:_____

Type of account (checking, savings, money market, CD, etc.): _____

Name(s) on the account: _____

(B) Name of financial institution: _____

Date account was opened: _____

Current balance: _____

Balance as of date of separation: _____

Type of account (checking, savings, money market, CD, etc.): _____

Name(s) on the account: _____

(C) Name of financial institution: _____

Date account was opened: _____

Current balance: _____

Balance as of date of separation: _____

Type of account (checking, savings, money market, CD, etc.): _____

Name(s) on the account: _____

(D) Name of financial institution: _____

Date account was opened: _____

Current balance: _____

Balance as of date of separation: _____

Type of account (checking, savings, money market, CD, etc.): _____

Name(s) on the account: _____

Do you have any retirement benefits (401(k), 403(b), pension, IRA, SEP IRA, etc.) from your present or past employer?

Yes _____ No _____

If yes, please state:

Balance as of date of marriage: _____

Balance as of date of separation: _____

Current balance: _____

Does your spouse have any retirement benefits (401(k), 403(b), pension, IRA, SEP IRA, etc.) from their present or past employer?

Yes _____ No _____

If yes, please state:

Balance as of date of marriage: _____

Balance as of date of separation: _____

Current balance: _____

Any and all other assets owned by you and/or your spouse not otherwise provided above, excluding household furnishings and personal effects:

Do you or your spouse have any debts?

Yes _____ No _____

If yes, please state:

(A) Type of debt (credit card, mortgage, personal loan, etc.): _____

Name(s) on the debt: _____

Name of the creditor: _____

Balance of the debt: _____

(B) Type of debt (credit card, mortgage, personal loan, etc.): _____

Name(s) on the debt: _____

Name of the creditor: _____

Balance of the debt: _____

(C) Type of debt (credit card, mortgage, personal loan, etc.): _____

Name(s) on the debt: _____

Name of the creditor: _____

Balance of the debt: _____

(D) Type of debt (credit card, mortgage, personal loan, etc.): _____

Name(s) on the debt: _____

Name of the creditor: _____

Balance of the debt: _____