

# Divorce Master Information Form

This comprehensive divorce questionnaire is designed to gather information and identify issues in cases from the simple to the complex. Not all parts will apply to everyone. You may have other issues requiring further information gathering. Here is a summary of the sections of the form to help you identify which parts to fill out.

**Section 1: Information About Parties and Marriage:** Everyone should fill this part out, though some questions may not apply to you.

**Section 2: Children Form:** Fill out if wife is pregnant, or if you and your spouse have children under 18 years old, or over 18 years old but still in high school.

**Section 3: Income Form:** Fill out this form if there will be a child support or alimony issue in your case.

**Section 4: Child Support Form:** If child support will be an issue, fill out this form **and** the Income Form.

**Section 5: Alimony Form:** If there may be an alimony issue, fill out this form **and** the income form. If you are not sure if there is an alimony issue, fill it out so your attorney can evaluate the issue.

**Section 6: Domestic Abuse Form:** Fill out this form if you are in an abusive relationship.

**Section 7: Property and Debt Forms:** Fill out whichever property and debt forms apply to your situation.

## Section 1: Information About Parties and Marriage

*You*

*Your Spouse*

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Birth date \_\_\_\_\_

Birth date \_\_\_\_\_

Birth place \_\_\_\_\_

Birth place \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

(Put an checkmark next to the primary phone we should use to call you during the day.)

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Work hours \_\_\_\_\_

Work hours \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Pager \_\_\_\_\_

Pager \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Social Security no. \_\_\_\_\_

Social Security no. \_\_\_\_\_

Driver's License no. \_\_\_\_\_  
State \_\_\_\_\_

Driver's License no. \_\_\_\_\_  
State \_\_\_\_\_

Occupational License no(s). \_\_\_\_\_  
Type:

Occupational License no(s). \_\_\_\_\_  
Type:

Member Armed Forces? Status? \_\_\_\_\_

Member Armed Forces? Status? \_\_\_\_\_

### Marriage

Place Married \_\_\_\_\_  
City/Village/Twp. County State/Foreign country

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

Lived in Michigan last 180 days? \_\_\_\_\_ At address above at least 10 days? You \_\_\_ Spouse \_\_\_\_\_

No. of previous marriages: yours \_\_\_\_\_ spouse \_\_\_\_\_

How terminated: yours \_\_\_\_\_ spouse \_\_\_\_\_

Maiden name \_\_\_\_\_

Name before this marriage \_\_\_\_\_

Does wife desire name change?

\_\_\_\_\_ No \_\_\_\_\_ Yes To what? \_\_\_\_\_

Is there a prenuptial or postnuptial agreement?

\_\_\_\_\_ No \_\_\_\_\_ Yes Please attach a copy of the agreement.

Do you and your spouse have children together? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, names and ages:

### Prior Cases

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, indicate when and where filed, status of case, case number, and name of judge.

Has there been any previous domestic relations case filed in this county involving you and/or your spouse or any other family member?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, indicate which family member, when and where filed, status of case, case number, and name of judge.

Does anyone besides you and your spouse claim custody over your children?

\_\_\_\_\_ No \_\_\_\_\_ Yes      If yes, indicate when and where filed, status of case, case number, and name of judge

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason? (Example: juvenile neglect, abuse, guardianship cases)

\_\_\_\_\_ No \_\_\_\_\_ Yes      If yes, indicate when and where filed, status of case, case number, and name of judge

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage?

\_\_\_\_\_ No \_\_\_\_\_ Yes      If yes, indicate when and where filed, status of case, case number, and name of judge

Is there now, or has there in the past, been a Personal Protection Order issued for or against you or your spouse?

\_\_\_\_\_ No \_\_\_\_\_ Yes      If yes, indicate when and where filed, status of case, case number, and name of judge, and who was the Petitioner (person protected) and Respondent (person against whom order was directed).

**Physical Descriptions**

**Your Physical Description:**

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Glasses

\_\_\_\_\_ No \_\_\_\_\_ Yes      Worn all the time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mustache/beard

\_\_\_\_\_ No \_\_\_\_\_ Yes      Color \_\_\_\_\_

Distinguishing scars or tattoos \_\_\_\_\_

**Physical Description of Spouse:**

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Glasses \_\_\_\_\_ No \_\_\_\_\_ Yes      Worn all the time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mustache/beard

\_\_\_\_\_ No \_\_\_\_\_ Yes      Color \_\_\_\_\_

Distinguishing scars or tattoos \_\_\_\_\_

Is carrying a weapon a condition of his/her employment?

\_\_\_\_\_ No \_\_\_\_\_ Yes

Description of vehicle your spouse drives: \_\_\_\_\_

### **Family Health and Social Issues**

(This section is to identify issues which may impact how the divorce is handled or potential terms of the divorce.)

Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap or incurable disease?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain.

Do you, your spouse, or your children have any problems with substance abuse (drugs, alcohol)?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, describe what type of substance, whether the problem has been acknowledge, what and treatment has been obtained.

Has Protective Services or Juvenile Court had any involvement with your family?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain.

Do either you or your spouse have any particular interest in another person (i.e., boyfriend/girlfriend). Please explain.

Any problems with debts? \_\_\_\_\_ Gambling? \_\_\_\_\_

Any marriage counseling? \_\_\_\_\_

Any personal counseling (yours/spouse's)? \_\_\_\_\_

What is your attitude toward the possibility of reconciliation?

What is your spouse's attitude toward the possibility of reconciliation?

Are you or your spouse receiving ADC or other forms of public assistance?

\_\_\_\_\_ No \_\_\_\_\_ Yes      Describe benefit received: \_\_\_\_\_

Caseworker \_\_\_\_\_ Case no. \_\_\_\_\_

# Divorce Master Information Form

## Section 2: Minor Children

(Fill this section out if wife is pregnant, you have a child or children together under 18 years of age, or over 18 years of age but still in High School.)

Is wife pregnant? \_\_\_\_\_ No \_\_\_\_\_ Yes When is birth expected? \_\_\_\_\_

### List children under 18 years, or over 18 years and still in high school

1. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Other Person, Name \_\_\_\_\_  
Social Security no. \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_
2. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Other Person, Name \_\_\_\_\_  
Social Security no. \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_
3. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Other Person, Name \_\_\_\_\_  
Social Security no. \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_
4. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Other Person, Name \_\_\_\_\_  
Social Security no. \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Previous residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of health care insurance provider for children \_\_\_\_\_

Policy, group, or contract number \_\_\_\_\_

Paid by whom? \_\_\_\_\_

Do you have children from a prior relationship? If so, state:

1. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resides with \_\_\_\_\_ You \_\_\_\_\_ Other parent \_\_\_\_\_ Other person

Do you receive child support? Amount \$ \_\_\_\_\_ per month

Do you pay child support? Amount \$ \_\_\_\_\_ per month

2. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resides with \_\_\_\_\_ You \_\_\_\_\_ Other parent \_\_\_\_\_ Other person

Do you receive child support? Amount \$ \_\_\_\_\_ per month

Do you pay child support? Amount \$ \_\_\_\_\_ per month

3. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resides with \_\_\_\_\_ You \_\_\_\_\_ Other parent \_\_\_\_\_ Other person

Do you receive child support? Amount \$ \_\_\_\_\_ per month

Do you pay child support? Amount \$ \_\_\_\_\_ per month

Does your spouse have children from a prior relationship? If so, state:

1. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resides with \_\_\_\_\_ Spouse \_\_\_\_\_ Other parent \_\_\_\_\_ Other person

Does your spouse receive child support? Amount \$ \_\_\_\_\_ per month

Does your spouse pay child support? Amount \$ \_\_\_\_\_ per month

2. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resides with \_\_\_\_\_ Spouse \_\_\_\_\_ Other parent \_\_\_\_\_ Other person

Does your spouse receive child support? Amount \$ \_\_\_\_\_ per month

Does your spouse pay child support? Amount \$ \_\_\_\_\_ per month

3. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Resides with \_\_\_\_\_ Spouse \_\_\_\_\_ Other parent \_\_\_\_\_ Other person

Does your spouse receive child support? Amount \$ \_\_\_\_\_ per month

Does your spouse pay child support? Amount \$ \_\_\_\_\_ per month

# Divorce Master Information Form

## Section 3: Income

(Fill out this section if there will be a child support or alimony issue in your case.)

*You*

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date of hire \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly take home \_\_\_\_\_

Retirement benefits in pay status:

Social Security benefits:

Income last year \_\_\_\_\_

*Spouse*

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date of hire \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly take home \_\_\_\_\_

Retirement benefits in pay status:

Social Security benefits:

Income last year \_\_\_\_\_

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

If not presently employed, recent job change:

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Annual Income \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Annual Income \_\_\_\_\_

Other income sources

	You	Spouse
Overtime:	\$_____ per _____	\$_____ per _____
Second job:	\$_____ per _____	\$_____ per _____
Commissions	\$_____ per _____	\$_____ per _____
Bonuses:	\$_____ per _____	\$_____ per _____
Profit sharing	\$_____ per _____	\$_____ per _____
Interest & Dividends	\$_____ per _____	\$_____ per _____
Annuities	\$_____ per _____	\$_____ per _____
Trust Fund Payments	\$_____ per _____	\$_____ per _____
Pension	\$_____ per _____	\$_____ per _____
Deferred Compensation	\$_____ per _____	\$_____ per _____
Withdrawal from IRA	\$_____ per _____	\$_____ per _____
Unemployment Benefits	\$_____ per _____	\$_____ per _____
Strike Pay	\$_____ per _____	\$_____ per _____
SUB Pay	\$_____ per _____	\$_____ per _____
Sick Pay	\$_____ per _____	\$_____ per _____
Employer paid Disability	\$_____ per _____	\$_____ per _____
Employee paid Disability	\$_____ per _____	\$_____ per _____
Workers Compensation	\$_____ per _____	\$_____ per _____
VA Benefits	\$_____ per _____	\$_____ per _____
Armed Services	\$_____ per _____	\$_____ per _____
Rental allowance	\$_____ per _____	\$_____ per _____
Other Source	\$_____ per _____	\$_____ per _____
Describe other source:	_____	

Self Employment Income: \$\_\_\_\_\_ per year                      \$\_\_\_\_\_ per year

If you or your spouse is not presently employed, explain reason and length of time out of work. Is this due to mutual decision have a parent home to raise children? Is present unemployment voluntary? Disabled from working? Have medical limitations on what you or your spouse can do? Any special marketable job skills? If you or your spouse return to work, how much would you or your spouse be capable of earning?

# Divorce Master Information Form

## Section 4: Child Support

If child support will be an issue in your case, you also need to fill out **Section 3, Income**. This form identifies additional information which may be needed to correctly calculate child support in your case.

Does Mother receive Social Security Benefits?

\_\_\_\_\_ No \_\_\_\_\_ Yes; Social Security Disability: \$\_\_\_\_\_ per month  
Social Security Retirement: \$\_\_\_\_\_ per month  
SSI: Does *not* count in child support calculation

Do children receive Social Security Benefits based on Mother's (not Father's) Social Security Account?

\_\_\_\_\_ No \_\_\_\_\_ Yes, \$\_\_\_\_\_ per month per child

Mother's Deductions and Adjustments from Income: (For any that apply, state amount and frequency of the deduction.)

Union Dues: \$\_\_\_\_\_ per \_\_\_\_\_ (example: \$5 per biweekly)

Alimony or Spousal Support paid to someone other than Father (i.e. prior spouse in earlier case. Do not include alimony or spousal support to Father in this case.) \$\_\_\_\_\_ per \_\_\_\_\_.

Term insurance premium for whom the children are beneficiaries: \$\_\_\_\_\_ per year.

Employer *required* deduction from pay for pension plan: \$\_\_\_\_\_ per \_\_\_\_\_.

Prior child support Mother pays for children whose father is someone other than the Father in this case:

\$\_\_\_\_\_ per \_\_\_\_\_.

Does Mother have other children from an earlier relationship (not the children of this Father) who are residing with her? \_\_\_\_\_ No \_\_\_\_\_ Yes. Number of other children: \_\_\_\_\_

Does Mother support any step-children who receive **no** support from either of the step-children's natural or adopted parents, and whose parents are incapable of providing support for their own children? \_\_\_\_\_ No \_\_\_\_\_ Yes. Number of step-children: \_\_\_\_\_

Does Mother carry medical insurance through her employer or through a privately purchased policy?

\_\_\_\_\_ No. The children are \_\_\_\_\_ or are not \_\_\_\_\_ on Medicaid.

\_\_\_\_\_ Yes, at a cost of \$\_\_\_\_\_ per month for Single \_\_\_\_\_ or Family\_\_\_\_\_ medical insurance coverage.

If Mother elected Single coverage, how much would her insurance premium be?

\$\_\_\_\_\_.

If Mother elected Family coverage, how much would her insurance premium be?

\$\_\_\_\_\_.

Who is covered by Mother's insurance?

\_\_\_\_\_ Mother

\_\_\_\_\_ Father

\_\_\_\_\_ Current husband, not Father

\_\_\_\_\_ The children who are the subject of this support calculation

\_\_\_\_\_ Other children; Number of other children covered: \_\_\_\_\_

\_\_\_\_\_ Other persons; Number of other persons covered: \_\_\_\_\_

Does Mother have eligible child care expenses?

\_\_\_\_\_ No \_\_\_\_\_ Yes, her cost is \$\_\_\_\_\_ per year.

Does Father receive Social Security Benefits? \_\_\_\_\_ No

\_\_\_\_\_ Yes; Social Security Disability: \$\_\_\_\_\_ per month

Social Security Retirement: \$\_\_\_\_\_ per month

SSI: Does *not* count

Do children receive Social Security Benefits based on Father's (not Mother's) Social Security Account?

\_\_\_\_\_ No \_\_\_\_\_ Yes, \$\_\_\_\_\_ per month per child

Father's Deductions and Adjustments from Income:

Union Dues: \$\_\_\_\_\_ per \_\_\_\_\_ (example: \$5 per biweekly)

Alimony or Spousal Support paid to someone other than Mother (i.e. prior spouse in earlier case. Do not include alimony or spousal support to Mother in this case.)

\$\_\_\_\_\_ per \_\_\_\_\_.

Term insurance premium for whom the children are beneficiaries: \$\_\_\_\_\_ per year.

Employer *required* deduction from pay for pension plan: \$\_\_\_\_\_ per \_\_\_\_\_.

Prior child support Father pays for children whose mother is someone other than the Mother in this case:

\$\_\_\_\_\_ per \_\_\_\_\_.

Does Father have other children from an earlier relationship (not the children of this Mother) who are residing with him?

\_\_\_\_\_ No \_\_\_\_\_ Yes. Number of other children: \_\_\_\_\_

Does Father support any step-children who receive **no** support from either of the step-children's natural or adopted parents, and whose parents are incapable of providing support for their own children?

\_\_\_\_\_ No \_\_\_\_\_ Yes. Number of step-children: \_\_\_\_\_

Does Father carry medical insurance through his employer or through a privately purchased policy?

\_\_\_\_\_ No. The children are \_\_\_\_\_ or are not \_\_\_\_\_ on Medicaid.

\_\_\_\_\_ Yes, at a cost of \$\_\_\_\_\_ per month for Single \_\_\_\_\_ or Family\_\_\_\_\_ medical insurance coverage.

If Father elected Single coverage, how much would his insurance premium be?

\$\_\_\_\_\_.

If Father elected Family coverage, how much would his insurance premium be?

\$\_\_\_\_\_.

Who is covered by Father's insurance?

\_\_\_\_\_ Mother

\_\_\_\_\_ Father

\_\_\_\_\_ Current wife, not Mother

\_\_\_\_\_ The children who are the subject of this support calculation

\_\_\_\_\_ Other children; Number of other children covered: \_\_\_\_\_

\_\_\_\_\_ Other persons; Number of other persons covered: \_\_\_\_\_

Does Father have eligible child care expenses?

\_\_\_\_\_ No \_\_\_\_\_ Yes, his cost is \$\_\_\_\_\_ per year.

## Divorce Master Information Form

### Section 5: Alimony (Spousal Support)

If you think alimony **might** be an issue in your case (with you as either payee or payer), fill out this form **and** fill out **Section 3, Income**. This form summarizes some of the information in other areas of the Master Form, and identifies additional information which will help your attorney evaluate the alimony issue.

Person who might receive alimony: You \_\_\_\_\_ Your spouse \_\_\_\_\_

Length of marriage in years: \_\_\_\_\_

Age: You \_\_\_\_\_ Spouse \_\_\_\_\_

Education (check off education completed):

	You	Spouse
Less than High School	_____	_____
High School	_____	_____
Some College	_____	_____
Associate College Degree	_____	_____
College Degree	_____	_____
Master's Degree	_____	_____
Pd.D. or Professional Degree	_____	_____
Other job training	_____	_____

Did either spouse contribute to the education of the other?

\_\_\_\_\_ No \_\_\_\_\_ Yes Describe:

Current Occupation: You \_\_\_\_\_ Spouse \_\_\_\_\_

Previous Occupations: You \_\_\_\_\_ Spouse \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relative current incomes: You earn \$\_\_\_\_\_ per year, Spouse earns \$\_\_\_\_\_ per year

Relative earning ability: If you worked full time, you could earn \$\_\_\_\_\_ per year, and

if your spouse worked full time, your spouse could earn \$\_\_\_\_\_ per year

Disability:

1. Have either you or your spouse been determined by a third party to be disabled from employment? Who? (examples: Social Security Administration, Worker's Comp insurer, vocational rehabilitation specialist, medical doctor) When? Why?

2. Do you consider yourself or your spouse to be disabled, without regard to what third parties may have concluded? Why?

3. Do you or your spouse have a medical condition which is expected to get worsen, limiting your employability in the future? Describe:

4. Will Payee spouse be eligible for and need medical insurance through Payer's spouse under federal law (COBRA benefits)? If so, how much will the employer charge for this coverage?

What is, or will be after you are separated, your budget? Prepare and attach a budget to your worksheets. Don't forget: rent, land contract or mortgage payment, utilities, food, clothing, laundry and cleaning, transportation, car payment, other debt payments, medical and dental care, prescriptions, insurance, recreation, charitable contributions, and any other regular and recurring expenses.

If you are the one asking for spousal support, do you have any plan to increase your income and become self-sufficient? Will you need to go back to school, update prior training, obtain new job skills? How long will it take? How much will it cost in tuition, books and other expenses? Do you have documents to show what it will take and how much it will cost that you can show your spouse or the Judge? How much will you earn after you complete your plan?

Are you, or your spouse, providing support for someone else other than your minor child (which will be factored in with a child support calculation)? Examples: adult child in college, disabled adult child, adult child living at home, disabled or elderly relative. How much does this obligation cost per year? When will the obligation end? Do you consider this a mutual obligation with your spouse, or only you or your spouse's obligation? Should this take priority over spousal support? Why?

# Divorce Master Information Form

## Section 6: Domestic Abuse Form

(Fill out if you are a victim of emotional, verbal or physical abuse, or if your spouse will accuse you of abuse.)

Is there now, or has there in the past, been a Personal Protection Order issued for or against you or your spouse?

\_\_\_\_\_ No \_\_\_\_\_ Yes      If yes, indicate when and where filed, status of case, case number, and name of judge, and who was the Petitioner (person protected) and Respondent (person against whom order was directed).

Have you or your spouse previously been arrested for domestic assault on each other or another person?

\_\_\_\_\_ No \_\_\_\_\_ Yes      If yes, indicate who, when, what court, status of case, case number, and what happened.

Has there been any physical assault? Is so, when did it occur and what happened? Was it reported to the police? Was medical treatment obtained?

Have you sought or been involved in counseling for abuse? When, and with whom. Is it ongoing?

Have you developed a safety plan?

Is your spouse controlling or abusive in any of the following ways?

Intimidating behaviors: (examples: make you afraid by using looks, actions, gestures, breaking things, or displaying weapons). Describe:

Emotional abuse: (examples: name calling, mind games, humiliation, making you feel guilty). Describe:

Isolation: (examples: controlling what you do, who you see and talk to, claims jealous to justify keeping you at home). Describe:

Minimizing, denying or blaming you for abuse: (examples: claims abuse did not happen, you overreacted, you made him do it). Describe:

Using children against you: (examples: threats to take children away if you leave, make you feel guilty regarding children, use visitation as chance to harass you). Describe:

Economic abuse: (examples: won't let you get or keep job, puts you on an allowance, takes your money, won't share information about family income or assets). Describe:

Male privilege: (examples: treats you as inferior or a servant, excludes you from decision making, defines your role in marriage as subservient, cites religious authority or culture for proposition that you must obey him.) Describe:

Coercion and threats: (examples: making or carrying out threats of harm; threats to leave you; threats to commit suicide; threat to file criminal charges against you; making you drop charges or do illegal things.) Describe:



10. Is there any other reason you feel you would have a greater claim to particular property than your spouse? Please explain.

11. Have you already made any agreements or tentative agreements with your spouse for the division of your property? What is the agreement?

Balance Sheet:

Assets:

House equity (value minus debt)

Value \$\_\_\_\_\_

Mortgage(s) \$\_\_\_\_\_

Home equity loan \$\_\_\_\_\_

Equity: value minus debts: \$\_\_\_\_\_

Other real property equity \$\_\_\_\_\_

Value of vehicles \$\_\_\_\_\_

Value of Personal Property \$\_\_\_\_\_

Value of Liquid Assets \$\_\_\_\_\_

Value of Retirement Assets \$\_\_\_\_\_

Value of Miscellaneous Assets \$\_\_\_\_\_

Total Assets \$\_\_\_\_\_

Liabilities

Previously owned property included above \$\_\_\_\_\_

Gifts included above \$\_\_\_\_\_

Inheritances included above \$\_\_\_\_\_

Debts (not including mortgage and home equity loans included above) \$\_\_\_\_\_

Total Liabilities \$\_\_\_\_\_

**Section 7: Property and Debt Forms**

**Section 7.b. Real Property**

**Residence** address \_\_\_\_\_  
Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_  
Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
Monthly payments \_\_\_\_\_ Balance due \_\_\_\_\_  
Paid by: \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_  
Land contract \_\_\_\_\_ In whose name \_\_\_\_\_  
Home equity loan balance due \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
Amount of property taxes \_\_\_\_\_ Are they included in monthly payment? \_\_\_\_\_

**Special Conditions:** Do any of these situations apply?

1. One party owned the property before marriage. If so,  
Who owned it? \_\_\_\_\_  
What was it worth on date of marriage? \$ \_\_\_\_\_  
How much was the mortgage(s) balance? \$ \_\_\_\_\_
2. One or both parties owned a home before the marriage, which was sold, and the proceeds used to purchase the marital home. If so,  
Who? \_\_\_\_\_  
How much equity went into new home? \$ \_\_\_\_\_
3. Down payment came from one or both parties' premarital savings. If so, who, and how much was contributed by each?  
You \$ \_\_\_\_\_  
Spouse \$ \_\_\_\_\_
4. Down payment came from a gift from relatives. If so,  
Whose relative? \_\_\_\_\_  
How much? \$ \_\_\_\_\_

**Additional real estate**

Address \_\_\_\_\_  
Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_  
Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
Monthly payments \_\_\_\_\_ Balance due \_\_\_\_\_  
Paid by \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_  
Land contract \_\_\_\_\_ In whose name \_\_\_\_\_  
Home equity loan balance due \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in monthly payment? \_\_\_\_\_

**Special Conditions:** Do any of these situations apply?

1. One party owned the property before marriage. If so,

Who owned it? \_\_\_\_\_

What was it worth on date of marriage? \$\_\_\_\_\_

How much was the mortgage(s) balance? \$\_\_\_\_\_

2. One or both parties owned a home before the marriage, which was sold, and the proceeds used to purchase the marital home. If so,

Who? \_\_\_\_\_

How much equity went into new home? \$\_\_\_\_\_

3. Down payment came from one or both parties' premarital savings. If so, who, and how much was contributed by each?

You \$\_\_\_\_\_

Spouse \$\_\_\_\_\_

4. Down payment came from a gift from relatives. If so,

Whose relative? \_\_\_\_\_

How much? \$\_\_\_\_\_

Documents: Try to provide your attorney with copies of:

Deed or land contract for each property

Current mortgage or home equity loan statements

Most recent tax bills or tax assessments

Any recent appraisals

Any documentation of Special Conditions



## Section 7: Property and Debt Forms

### Section 7.d. Vehicles

Include all titled vehicles (mobile home, car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make \_\_\_\_\_  
Vehicle identification number \_\_\_\_\_  
In whose name \_\_\_\_\_ Possession \_\_\_\_\_  
Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
Fair market value \_\_\_\_\_
2. Year/make \_\_\_\_\_  
Vehicle identification number \_\_\_\_\_  
In whose name \_\_\_\_\_ Possession \_\_\_\_\_  
Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
Fair market value \_\_\_\_\_
3. Year/make \_\_\_\_\_  
Vehicle identification number \_\_\_\_\_  
In whose name \_\_\_\_\_ Possession \_\_\_\_\_  
Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
Fair market value \_\_\_\_\_
4. Year/make \_\_\_\_\_  
Vehicle identification number \_\_\_\_\_  
In whose name \_\_\_\_\_ Possession \_\_\_\_\_  
Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
Fair market value \_\_\_\_\_
5. Year/make \_\_\_\_\_  
Vehicle identification number \_\_\_\_\_  
In whose name \_\_\_\_\_ Possession \_\_\_\_\_  
Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
Fair market value \_\_\_\_\_

(Attach additional sheets as necessary.)

## Section 7: Property and Debt Forms

### Section 7.e. Liquid Assets

These are basically accounts where you keep your money, excluding retirement benefits.

#### Bank accounts or credit union accounts

1. Name of bank and branch \_\_\_\_\_  
Account number \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Signatories (in whose name?) \_\_\_\_\_  
Source of monies \_\_\_\_\_ Balance \_\_\_\_\_
2. Name of bank and branch \_\_\_\_\_  
Account number \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Signatories (in whose name?) \_\_\_\_\_  
Source of monies \_\_\_\_\_ Balance \_\_\_\_\_
3. Name of bank and branch \_\_\_\_\_  
Account number \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Signatories (in whose name?) \_\_\_\_\_  
Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

#### Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments \_\_\_\_\_  
Type of investment \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Purchase price \_\_\_\_\_ Current value \_\_\_\_\_  
What was source of stock or funds to purchase? \_\_\_\_\_
2. Name of broker and firm holding investments \_\_\_\_\_  
Type of investment \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Purchase price \_\_\_\_\_ Current value \_\_\_\_\_  
What was source of stock or funds to purchase? \_\_\_\_\_

## Section 7: Property and Debt Forms

### Section 7.f. Retirement Benefits

#### Individual retirement accounts

1. Financial institution \_\_\_\_\_  
Account number \_\_\_\_\_ Balance \_\_\_\_\_ In whose name \_\_\_\_\_
2. Financial institution \_\_\_\_\_  
Account number \_\_\_\_\_ Balance \_\_\_\_\_ In whose name \_\_\_\_\_
3. Financial institution \_\_\_\_\_  
Account number \_\_\_\_\_ Balance \_\_\_\_\_ In whose name \_\_\_\_\_
4. Financial institution \_\_\_\_\_  
Account number \_\_\_\_\_ Balance \_\_\_\_\_ In whose name \_\_\_\_\_

**Retirement plans, pensions, Keoghs, 401(k) plans,  
profit-sharing plans, stock bonus or option plans, etc.  
(attach copies of summary plan descriptions and annual reports for each)**

1. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_  
Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_
2. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_  
Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_
3. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_  
Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_
4. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_  
Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_
5. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_  
Value \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

**Section 7: Property and Debt Forms**

**Section 7.g. Miscellaneous Property**

**Patents, inventions, copyrights, etc.**

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**Life insurance**

*You*

*Spouse*

Name of insurer \_\_\_\_\_

Name of insurer \_\_\_\_\_

Name of insured \_\_\_\_\_

Name of insured \_\_\_\_\_

Name of beneficiary \_\_\_\_\_

Name of beneficiary \_\_\_\_\_

Type of insurance (term, whole life, etc.)

Type of insurance (term, whole life, etc.)

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Policy no. \_\_\_\_\_

Policy no. \_\_\_\_\_

Amount of policy \_\_\_\_\_

Amount of policy \_\_\_\_\_

Cash surrender value \_\_\_\_\_

Cash surrender value \_\_\_\_\_

Loans against policy \_\_\_\_\_

Loans against policy \_\_\_\_\_

**Business interests (corporations, partnerships, sole proprietorships, etc.)**

Name and type of business interest \_\_\_\_\_

Type of ownership interest \_\_\_\_\_

Value of interest \_\_\_\_\_

Initial investment and when \_\_\_\_\_

Additional amounts invested and when \_\_\_\_\_

**Other Assets**

Jewelry \_\_\_\_\_

Value \_\_\_\_\_

Art work \_\_\_\_\_

Value \_\_\_\_\_

Antiques \_\_\_\_\_

Value \_\_\_\_\_

Coin and other collections \_\_\_\_\_

Value \_\_\_\_\_

Inheritance \_\_\_\_\_

Value \_\_\_\_\_

Annuities \_\_\_\_\_

Value \_\_\_\_\_

Safe deposit box \_\_\_\_\_ Location \_\_\_\_\_

Accounts receivable \_\_\_\_\_

Income Tax Refunds (Over withholding for taxes in anticipation of refund) \_\_\_\_\_

Security deposits (apartment, mortgage escrow, etc.)

**Trust beneficiaries**

Are you or your spouse the beneficiary under any trust?

\_\_\_\_\_ Yes      Provide details. \_\_\_\_\_

\_\_\_\_\_ No

**Any Other Property**

Did we miss anything?



**Additional Debt Information:**

**Are you behind on your debt payments?**

Delinquent indebtedness

Mortgage_____	How much? _____	How long overdue? _____
Property taxes_____	How much? _____	How long overdue? _____
Income taxes_____	How much? _____	How long overdue? _____
Vehicle Loan_____	How much? _____	How long overdue? _____
Other_____	How much? _____	How long overdue? _____

Business debts

What kind? \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_

Do you or your spouse have pending, or do you plan to file, a bankruptcy? When, where, who filed, and who is the bankruptcy attorney? Is it pending or completed? Chapter 7, 13, or other? How much are your payments, are they made by you, or your spouse? How long before they are done?

Are you, or your spouse, paying through a debt counseling agency? What agency? How much are your payments? Who is making the payments? How long do you have to go?

**Are there special circumstances related to the debt?**

Did either your or your spouse bring substantial debt into the marriage? How much? Do you think it would be fair to adjust for debt brought into the marriage in the final divorce terms? Why?

Did either you or your spouse run up debt in anticipation of filing for divorce? How much? For what? Did both of you benefit? How? Did only one of you benefit? How?

Was debt incurred to purchase particular property? (Example, put sofa on the MasterCard.) Is there any reason the person receiving the property should not also pay the debt?

Was debt incurred without the knowledge or consent of the other? Was there mutual benefit from the debt?

Did one party receive a unique benefit from the debt that cannot be shared? (Example: student loan resulting in education for only one party.)

Did your spouse fraudulently obtain credit in your name? Describe:

## Document Checklist

### Real Estate

- \_\_\_\_\_ deed or land contract
- \_\_\_\_\_ recent tax statement showing State Equalized Value
- \_\_\_\_\_ any recent appraisals that have been done on the property
- \_\_\_\_\_ recent mortgage and home equity loan statements showing current balance
- \_\_\_\_\_ documentation of source of down payment if non-marital funds were used to buy the property

### Incomes

- \_\_\_\_\_ most recent wage stub showing present and year to date income for both you and your spouse
- \_\_\_\_\_ last year's tax returns; if income goes up and down, last 3 - 5 years tax returns
- \_\_\_\_\_ if your present income is less than last year or the year to date figure would suggest (i.e., overtime is no longer available, one time bonus, etc.), a statement from your employer verifying that your income is less than it was previously
- \_\_\_\_\_ documentation of the amount of any child care expense

### Medical insurance

- \_\_\_\_\_ health insurance card for coverage for minor children or spouse
- \_\_\_\_\_ employer statement showing cost to carry children vs. employee only
- \_\_\_\_\_ of COBRA benefits needed, premium employer will charge

### Account statements

- \_\_\_\_\_ most recent account statements for all bank accounts, brokerage accounts, mutual funds, cash value of life insurance, etc..
- \_\_\_\_\_ most recent account statements for debts, including credit cards, department store cards, installment loans, etc..

### Titles to motor vehicles

### Retirement benefits

- \_\_\_\_\_ most recent account statement
- \_\_\_\_\_ for benefits earned before marriage, last account statement before the marriage
- \_\_\_\_\_ summary plan description (if a retirement benefit will be split between parties)
- \_\_\_\_\_ model Qualified Domestic Relations Order if employer has a preferred form to split the account (ask your personnel department)

### For a family business

- \_\_\_\_\_ tax returns for 5 years
- \_\_\_\_\_ profit and loss statements
- \_\_\_\_\_ balance sheets
- \_\_\_\_\_ records of capital assets
- \_\_\_\_\_ incorporation or partnership papers