



CROME

LAW FIRM

DIVORCE QUESTIONNAIRE

Date of Interview:

Referred by:

1. PERSONAL INFORMATION:

Name:

Date of Birth:

SS#

Place of Birth:

Address:

May we send mail to this address?

E-Mail Address:

May we communicate with you via email? (Please be sure that you mail and e-mail are secure and protected from the other party):

Home Phone:

Mobile Phone:

Work Phone:

Which number do you prefer that we use to contact you?

Employed by:

Job Title:

Days/Hours Worked:

Length of Employment:

Gross Monthly Income (IMPORTANT: Please provide your last 3 paycheck stubs, most recent W-2 and tax return, if possible)

When first moved to Clark County:

Driver's License Number:

2. YOUR SPOUSE:

Name:

Date of Birth:

SS#

Place of Birth:

Address:

Home Phone:

Mobile Phone:

E-mail Address:

Employed by:

Job Title:

Days/Hours Worked:

Length of Employment:

Gross Monthly Income:

When First Moved to Clark County:

Driver's License Number:

3. EDUCATION

What is your highest level of education?

What is your spouse's highest level of education?

4. MARRIAGE PLACE AND DATE

Where did you get married? (City and State)?

What is your date of marriage?

5. CHILDREN WHO ARE THE SUBJECT OF THE MARRIAGE

Please give the full name, date and place of birth, sex, Social Security Number, and Driver's license number of each child who is subject of this marriage.

Child 1

- a) Name:
- b) Sex:
- c) Birthplace:
- d) Birthdate:
- e) Driver's License Number:
- f) Social Security Number:

Child 2

- a) Name:
- b) Sex:
- c) Birthplace:
- d) Birthdate:
- e) Driver's License Number:
- f) Social Security Number:

Child 3

- a) Name:
- b) Sex:
- c) Birthplace:
- d) Birthdate:
- e) Driver's License Number:
- f) Social Security Number:

Child 4

- a) Name:
- b) Sex:
- c) Birthplace:
- d) Birthdate:
- e) Driver's License Number:
- f) Social Security Number:

Child 5

- a) Name:
- b) Sex:
- c) Birthplace:
- d) Birthdate:
- e) Driver's License Number:
- f) Social Security Number:

Child 6

- a) Name:
- b) Sex:
- c) Birthplace:
- d) Birthdate:
- e) Driver's License Number:
- f) Social Security Number:

Are Any of Your Children Adopted?

Do You or Any of Your Children Have a Disability?

Are There Day Care Expenses? Amount?

Private School Tuition? Amount?

Do you or your spouse pay expenses for extracurricular activities? If yes, What is the Total Yearly amount per child and who pays the Expense?

Any Social Services Involvement? If yes, what is the time period and the reason?

Who pays the Health Insurance of the minor children? What is the cost of health insurance?

Do you have a religious preference for the minor children?

6. If you and the other party have previously been divorced, please provide:

- a) Date of Divorce:
- b) Place of Divorce:
- c) Case No:
- d) Court:

7. Are you now separated from your spouse?

- a) If yes, give the date of separation:

8. Which spouse will live in the family home during the divorce proceedings?

- a) Who will pay for the house?

9. Have you or your spouse seen any marriage counselors?

- a) If so, please give the name, address and telephone number:

10. Circle as appropriate if your marital difficulties involve the following:

- Child Abuse
- Financial Disputes
- Child Neglect

11. Will there be a dispute over custody of the children?

- a) How do you want the court to award custody?

12. Where are the children living at this time?

13. Have you or your spouse ever filed for a divorce? If so, when and where?

14. Does your spouse have an attorney? If so, please provide the name and telephone number:

15. Do you have children from a previous relationship?

a) If so, how much does s/he pay/receive in child support each month?

16. Does your spouse have children from a previous relationship?

a) If so, how much does s/he pay/receive in child support each month?

17. If the divorce is granted, should the wife's maiden/prior name be restored?

a) If so, what is the name to be used?

18. Are there issues of Domestic Violence, TPO?

19. Are there issues with Drugs? Alcohol?

20. SUMMARY OF PROPERTY (Please provide copies of any deeds, titles, appraisals, statements of account or other documents in your possession regarding your property). A more detailed description must be submitted to the Court in a sworn Affidavit of Financial Disclosure Form. You may use additional sheets of paper if needed.

REAL PROPERTY 1

- a) Address:
- b) Purchase Date:
- c) Purchase Price:
- d) Estimated Current Value:
- e) Names on Title:
- f) Name of Lender(s):

REAL PROPERTY 2

- a) Address:
- b) Purchase Date:
- c) Purchase Price:
- d) Estimated Current Value:
- e) Names on Title:
- f) Name of Lender(s):

REAL PROPERTY 3

- a) Address:
- b) Purchase Date:
- c) Purchase Price:
- d) Estimated Current Value:
- e) Names on Title:
- f) Name of Lender(s):

AUTOMOBILE 1

- a) Make/Model:
- b) Year:
- c) Lease/Own:
- d) Name on Title:
- e) Amount Owed:
- f) Who drives this car?

AUTOMOBILE 2

- a) Make/Model:
- b) Year:
- c) Lease/Own:
- d) Name on Title:
- e) Amount Owed:
- f) Who drives this car?

AUTOMOBILE 3

- a) Make/Model:
- b) Year:
- c) Lease/Own:
- d) Name on Title:
- e) Amount Owed:
- f) Who drives this car?

BANK/INVESTMENT ACCOUNT 1

- a) Location:
- b) Type of Account:
- c) Names on Account:
- d) Current Value:
- e) Location:
- f) Type of Account:

- g) Names on Account:
- h) Current Value:

BANK/INVESTMENT ACCOUNT 2

- a) Location:
- b) Type of Account:
- c) Names on Account:
- d) Current Value:
- e) Location:
- f) Type of Account:
- g) Names on Account:
- h) Current Value:

BANK/INVESTMENT ACCOUNT 3

- a) Location:
- b) Type of Account:
- c) Names on Account:
- d) Current Value:
- e) Location:
- f) Type of Account:
- g) Names on Account:
- h) Current Value:

LIFE INSURANCE

Do you or your spouse own life insurance? If so, please provide the following information:

Policy 1

- a) Name of policy holder:
- b) Amount:
- c) Beneficiaries:
- d) Name of Company:
- e) Policy Number:

Policy 2

- a) Name of policy holder:
- b) Amount:
- c) Beneficiaries:
- d) Name of Company:
- e) Policy Number:

RETIREMENT ACCOUNT 1

- a) Location:
- b) Type of Account:
- c) Names on account:
- d) Current Value:

RETIREMENT ACCOUNT 2

- a) Location:
- b) Type of Account:
- c) Names on account:
- d) Current Value:

MISCELLANEOUS PROPERTY (Please provide a list of any other property that you or your spouse have at this time?)

21. SUMMARY OF DEBTS (Please provide copies of any credit card statements of account or other documents in your possession regarding your

debts). A more detailed description must be submitted to the Court in a sworn Affidavit of Financial Disclosure Form. You may use additional sheets of paper if needed.

CREDIT CARD 1

- a) Names on Account:
- b) Current Amount Owed:
- c) Type of Account:

CREDIT CARD 2

- a) Names on Account:
- b) Current Amount Owed:
- c) Type of Account:

CREDIT CARD 3

- a) Names on Account:
- b) Current Amount Owed:
- c) Type of Account:

MISCELLANEOUS DEBTS

(Please provide a list of any other debts that you or your spouse have at this time).

22. Do you think that you are entitled to receive alimony from your spouse?

23. Would you like you (or your spouse) to return using a maiden name?

a) If yes, what is the maiden name?

24. Do you have a prenuptial agreement? (If so, please bring a copy of it for my review).

25. Is there anything else that you would like to discuss or that you believe we should know about you or your case? You may add additional paper, if needed

PLEASE DO NOT FILL ANYTHING OUT BELOW THIS LINE

Consultation Fee: Retainer:

Advanced Costs:

Other: