

**MANO, McKERRICHER, & PAROUTAUD, INC., P.C.**

**CONFIDENTIAL QUESTIONNAIRE FOR DISSOLUTION CASES**

DATE: \_\_\_\_\_, 2005

Please fill out as completely as possible for you and your spouse.

**I. BACKGROUND**

**WIFE**

**HUSBAND**

- |     |  |       |       |
|-----|--|-------|-------|
| 1.  | Full Name:                                     | _____ | _____ |
| 2.  | Wife's Maiden Name:                            | _____ | _____ |
|     | Does wife want maiden name restored?           | _____ | _____ |
| 3.  | Social Security No:                            | _____ | _____ |
| 4.  | Address<br>(include county):                   | _____ | _____ |
| 5.  | Inside City Limits?                            | _____ | _____ |
| 6.  | Home Telephone No:                             | _____ | _____ |
| 7.  | Cell Telephone No:                             | _____ | _____ |
| 8.  | Drivers License #<br>and State:                | _____ | _____ |
| 9.  | Date of Birth:                                 | _____ | _____ |
| 10. | Place of Birth:                                | _____ | _____ |
| 11. | Name and telephone number of nearest relative: | _____ |       |
|     |  | _____ |       |
| 12. | Date of Marriage:                              | _____ |       |
| 13. | Place of Marriage:<br>(county & state)         | _____ |       |
| 14. | Date of Separation:                            | _____ |       |

13. Employer: \_\_\_\_\_
14. Employer Address: \_\_\_\_\_
15. Employer Phone No: \_\_\_\_\_
17. # of Years: \_\_\_\_\_
18. Work Schedule: \_\_\_\_\_
19. Position: \_\_\_\_\_
20. If unemployed, state last date of employment: \_\_\_\_\_
21. Last Employer: \_\_\_\_\_
22. Last Monthly Net: \_\_\_\_\_
23. Reason for Termination? \_\_\_\_\_
24. Do you or your spouse receive public assistance/welfare? \_\_\_\_\_
25. If so, when did it start? \_\_\_\_\_
26. Presently in Military? \_\_\_\_\_
27. Do either you or your spouse have dependent children from a previous marriage or relationship? \_\_\_\_\_
28. If so, list the following:
- | a. <u>Full Name</u> | <u>DOB</u> | <u>Soc.Sec.#</u> | <u>Parents</u> |
|---------------------|------------|------------------|----------------|
| 1) _____            | _____      | _____            | _____          |
| 2) _____            | _____      | _____            | _____          |
| 3) _____            | _____      | _____            | _____          |
| 4) _____            | _____      | _____            | _____          |
| 5) _____            | _____      | _____            | _____          |
| 6) _____            | _____      | _____            | _____          |
29. Do you or your spouse pay or receive child support from a previous marriage or relationship? If so, provide details: \_\_\_\_\_
- \_\_\_\_\_

**II. CHILDREN OF THE MARRIAGE**

(If you do NOT have children of the marriage, skip this section and go to Section III.)

30. Children of the Marriage:

Name	DOB	Age	Soc. Sec. #
------	-----	-----	-------------

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

31. Is wife now pregnant? \_\_\_\_\_

32. If yes, who is the unborn child's father? \_\_\_\_\_

33. Are any children adopted or from a previous marriage? \_\_\_\_\_

34. If yes, indicate if step-parent or other: \_\_\_\_\_

\_\_\_\_\_

35. In whose custody are the children? \_\_\_\_\_

36. Who have the children lived with primarily since separation? \_\_\_\_\_

\_\_\_\_\_

37. How often has the other parent visited? \_\_\_\_\_

\_\_\_\_\_

38. Provide the name, address and length of residence of each person with whom any of the children have lived during the past five (5) years (do not include day care or baby sitters): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

39. Describe what parenting duties you performed during the last twelve (12) months -- include the approximate percentage of those duties you performed as compared to your spouse: \_\_\_\_\_

---

40. Describe what parenting duties your spouse performed during the last twelve (12) months:

---

---

41. Describe the work and child care schedules for you and your spouse for the previous twelve (12) months -- we need to know who watched the children and when: \_\_\_\_\_

---

---

**III. REAL ESTATE**

42. Please complete the following for all real property - identifying whether it is your primary residence, recreational or income property.

	<u>Property #1</u>	<u>Property #2</u>
Primary residence?	_____	_____
Conventional house?	_____	_____
Mobile home?	_____	_____
Address:	_____	_____
Date of purchase:	_____	_____
Purchase price:	_____	_____
Down payment:	_____	_____
Source of down payment:	_____	_____
Monthly payment:	_____	_____
Current mortgage/contract balance:	_____	_____
Present market value:	_____	_____
Who is making mortgage payments?	_____	_____
Who do you make payments to? (who holds the mortgage)	_____	_____
Average gross monthly income:	_____	_____
Average net monthly income?	_____	_____
Improvements to property made during marriage:	_____	_____
	_____	_____

(Use additional page if you own more than two parcels of real estate.)

**IV. OTHER ASSETS**

43. List all vehicles owned by the community, including motorcycles, RV's, boats, trailers, etc.:

Year	Make	Value	Amount Owed	To Whom	Who Uses

44. Life Insurance:

Face Amount	Company	Policy #	Person Ins.	Benefit	Cash Value

45. Bank Accounts:

	1.	2.	3.
Name of bank:	_____	_____	_____
Branch:	_____	_____	_____
Type of account:	_____	_____	_____
Current balance:	_____	_____	_____
Who may withdraw:	_____	_____	_____
Bal. at separation:	_____	_____	_____
In whose name acct.:	_____	_____	_____
Date opened:	_____	_____	_____

46. Provide copies of all stock account statements, retirement account statements and IRA balances.

---

---

47. Did you or your spouse receive any inheritances or valuable gifts during your marriage? If so, provide details. \_\_\_\_\_

---

48. What property, savings or assets did you or your spouse own when you married? Provide details.

---

---

---

**V. LIABILITIES**

49. List all creditors for you and/or your spouse:

Name	Amount Owed	Mo. Payment	Who Incurred	Item	Who Pays

**VI. MISCELLANEOUS INFORMATION**

50. Please provide a physical description of your spouse:

Height _____	Weight _____
Eye color _____	Hair color _____
Glasses _____	Mustache/beard _____
Build _____	
Scars, birthmarks _____	
Type and license number of car usually drives _____	
_____	
Hours of employment, best time to serve _____	
_____	

You will also need to provide the following items to your attorney:

1. Last two months' wage slips.
2. Last two years' income tax returns for you and your spouse including all schedules.
3. Financial Declaration (provided with this form; please complete if child support or spousal maintenance will be requested by either party).