

# PAUL SCOTT

## ATTORNEY AT LAW

### DIVORCE WITH CHILDREN QUESTIONNAIRE

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### HOW DID YOU HEAR ABOUT US? (CIRCLE ONE)

WEBSITE FACEBOOK GOOGLE REFERRAL \_\_\_\_\_ OTHER \_\_\_\_\_

#### HUSBAND INFORMATION

FullName(First/Middle/Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Weekly Income: \_\_\_\_\_ Income reported on last year's taxes: \_\_\_\_\_

County Residing In: \_\_\_\_\_ Length of Residence in State: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_

Number of Marriage (Circle One): FIRST SECOND THIRD FOURTH

Level of Education (Circle One): HS BA/BS MASTERS PhD/DOCTORATE

Social Security Number: \_\_\_\_\_

#### PLEASE LIST ANY:

Criminal Convictions: \_\_\_\_\_

Alcohol/Drug Abuse: \_\_\_\_\_

Domestic Violence: \_\_\_\_\_

Anything else we should know? Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WIFE INFORMATION**

FullName(First/Middle/Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Gross Weekly Income: \_\_\_\_\_ Income reported on last year's taxes: \_\_\_\_\_

County Residing In: \_\_\_\_\_ Length of Residence in State: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_

Number of Marriage (Circle One): FIRST SECOND THIRD FOURTH

Level of Education (Circle One): HS BA/BS MASTERS PhD/DOCTORATE

Social Security Number: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

**PLEASE LIST ANY:**

Criminal Convictions: \_\_\_\_\_

Alcohol/Drug Abuse: \_\_\_\_\_

Domestic Violence: \_\_\_\_\_

Anything else we should know? Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

Date of Marriage: \_\_\_\_\_ By Whom (Circle One): PRIEST MINISTER JUSTICE OF THE PEACE

Location of Marriage (City, County, State): \_\_\_\_\_

Date of Separation: \_\_\_\_\_

**PREVIOUS DIVORCES OF EITHER PARTY:**

Which party	Location, City & State	Date of Divorce
_____	_____	_____

**HUSBAND**

**WIFE**

Eye color: \_\_\_\_\_

Hair color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Scars/Tattoos: \_\_\_\_\_

Race: \_\_\_\_\_

**CHILDREN**

Full Name (First/Middle/Last)	Birthdate	School/Grade	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If separated, state the current parenting time routine and for how long:

\_\_\_\_\_

\_\_\_\_\_

**ANY OTHER MINOR CHILDREN RESIDING WITH EITHER PARTY:**

Full Name (First/Middle/Last)	Birthdate	Residential Address	Whose Child
_____	_____	_____	_____

**HEALTH INSURANCE INFORMATION FOR CHILDREN:**

Name of children: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Name of Insurance CO/HMO: \_\_\_\_\_

Policy/Certificate/Contract No: \_\_\_\_\_

**OTHER INSURANCE:**

Name of children: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Name of Insurance CO/HMO: \_\_\_\_\_

Policy/Certificate/Contract No: \_\_\_\_\_

**ASSETS, DEBTS, & EXPENSES**

**Marital Home Address:** \_\_\_\_\_

Down Payment (Amount and By Whom): \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Mortgage Balance Due: \_\_\_\_\_ Mortgage in Whose Name: \_\_\_\_\_

Present Value: \_\_\_\_\_ Title in Whose Name: \_\_\_\_\_

**Other Real Estate Address:** \_\_\_\_\_

Down Payment (Amount and By Whom): \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Mortgage Balance Due: \_\_\_\_\_ Mortgage in Whose Name: \_\_\_\_\_

Present Value: \_\_\_\_\_ Title in Whose Name: \_\_\_\_\_

**VEHICLES (LIST ALL: YEAR/MODEL/PRESENT VALUE/BALANCE DUE/USED BY WHOM)**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

**OTHER ASSETS (DESCRIBE):**

\_\_\_\_\_  
\_\_\_\_\_

**DEBTS (Include Credit Card Debt):**

AMOUNT	TO WHOM	FOR WHAT	MONTHLY PAYMENT AMT.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANK ACCOUNTS:**

AMOUNT	TYPE OF ACCOUNT	BANK NAME	NAME ON ACCOUNT
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**STOCKS:**

COMPANY	NO. OF SHARES	VALUE TOTAL	WHOSE NAME
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**BONDS:**

TYPE	VALUE TOTAL	WHOSE NAME
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**LIFE INSURANCE:**

COMPANY	TYPE BENEFICIARY	FACE VALUE	CASH VALUE
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**OTHER TYPES OF INSURANCE AN PREMIUMS PAID:**

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**HAS EITHER PARTY APPLIED FOR OR ARE RECEIVING PUBLIC ASSISTANCE? IF YES:**

WHO IS RECEIVING	TYPE OF ASSISTANCE (Bridge card, Medicaid, etc.)	CASE #
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**RETIREMENT ACCOUNTS:**

WHOSE NAME    AMOUNT TODAY    AMOUNT DATE OF MARRIAGE    PENSION/401K/TYPE

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**IMPORTANT**

**IF YOU DO NOT WISH TO HAVE ANY MAIL SENT TO YOUR ADDRESS, SIGN HERE:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF SO, WE NEED AN ALTERNATE ADDRESS IN THE MEANTIME (I.E., FAMILY MEMBER, FRIEND, OR WORK). PLEASE PROVIDE:**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**IF YOU PREFER COURT DOCUMENTS TO BE SENT BY EMAIL, PLEASE PROVIDE:**

**Email Address:** \_\_\_\_\_