

## **DIVORCE QUESTIONNAIRE**

**Please take the time to write down the following information. You will need this information to prepare your divorce pleadings and to provide the court all the relevant information.**

### **I. INFORMATION ABOUT YOU**

#### **A. NAME**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Where were you born (State)? \_\_\_\_\_ Race: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Is this person employed? Yes \_\_\_\_\_ No \_\_\_\_\_ What is their monthly income? \$ \_\_\_\_\_

How many children do you have? \_\_\_\_\_

Who do(es) your child(ren) live with \_\_\_\_\_

#### **B. MARITAL INFORMATION**

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

Place of marriage (city, county, state): \_\_\_\_\_

How many times have you been married? \_\_\_\_\_

Is your spouse (husband/wife) living with you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_  
Maiden name/former name? \_\_\_\_\_ Do you want it back? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **C. EMPLOYMENT**

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Type of work: \_\_\_\_\_ May we contact you on your job? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ What are your work hours? \_\_\_\_\_

Gross pay before taxes: \$ \_\_\_\_\_ Net pay after taxes: \$ \_\_\_\_\_

Previous Job? \_\_\_\_\_ How long employed? \_\_\_\_\_

Gross pay before taxes: \$ \_\_\_\_\_ Net pay after taxes: \$ \_\_\_\_\_

**D. BENEFITS**

Do you have any of the following available through your employer?

Life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Pension plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Profit sharing? Yes \_\_\_\_\_ No \_\_\_\_\_

Annuities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, what company provides these benefits? Give the name, address and policy number of each if known.

Name: \_\_\_\_\_

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

Policy #: \_\_\_\_\_

**E. OTHER INCOME**

Do you receive any other income such as:

Child support? Yes \_\_\_\_\_ No \_\_\_\_\_ Welfare (TANF)? Yes \_\_\_\_\_ No \_\_\_\_\_

Food Stamps? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_

SSI? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Public Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

If yes to any of the above, how much? \_\_\_\_\_ How often? \_\_\_\_\_

**F. CHILD SUPPORT INFORMATION**

Does your spouse pay you child support? \_\_\_\_\_ If so, how much? \$ \_\_\_\_\_

How often? \_\_\_\_\_ Is it court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_ Agency: \_\_\_\_\_

Last payment received \$ \_\_\_\_\_

Do you receive support for any other children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from whom? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_ Last payment received \$ \_\_\_\_\_

Is this child support paid directly to you? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, which agency collects the child support? \_\_\_\_\_

**G. HEALTH**

Are you under the care of a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what type of problem? \_\_\_\_\_

Are you presently taking any medicine? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of medicine and what do you take it for? \_\_\_\_\_

**H. EDUCATION**

What is the highest grade of school you completed? \_\_\_\_\_

Have you ever attended any college or trade school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which school and how long? \_\_\_\_\_

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**II. INFORMATION ABOUT YOUR SPOUSE**

**A. NAME**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Has he/she ever lived in Georgia? Yes: \_\_\_\_\_ No: \_\_\_\_\_ What County? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Where he/she born (State)? \_\_\_\_\_ Race: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Who does he/she/ live with? \_\_\_\_\_ How long? \_\_\_\_\_

**B. MARITAL INFORMATION**

How many times has your spouse been married? \_\_\_\_\_ If married to someone other than yourself,

did spouse get divorced? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

**C. EMPLOYMENT**

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Type of work: \_\_\_\_\_ How long has he/she worked there? \_\_\_\_\_

What are his/her work hours? \_\_\_\_\_

Gross pay before taxes: \$ \_\_\_\_\_ Net pay after taxes: \$ \_\_\_\_\_

Previous Job? \_\_\_\_\_ How long employed? \_\_\_\_\_

Gross pay before taxes: \$ \_\_\_\_\_ Net pay after taxes: \$ \_\_\_\_\_

**D. BENEFITS**

Does your spouse have any of the following available through his/her employer?

Life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Pension plan? Yes \_\_\_\_\_ No \_\_\_\_\_ Profit sharing? Yes \_\_\_\_\_ No \_\_\_\_\_

Annuities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, what company provides these benefits? Give the name, address and policy number of each if known.

Name: \_\_\_\_\_

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

Policy #: \_\_\_\_\_

If yes to any of the above, what company provides these benefits? Give the name, address and policy number of each if known. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

### ***E. OTHER INCOME***

Does your spouse receive any other income such as: A second job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where \_\_\_\_\_ Type work: \_\_\_\_\_ Length of employment: \_\_\_\_\_

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

SSI? Yes \_\_\_\_\_ No \_\_\_\_\_ Social security? Yes \_\_\_\_\_ No \_\_\_\_\_ Welfare? Yes \_\_\_\_\_ No \_\_\_\_\_

Other source of income: \_\_\_\_\_

If yes to any of the above, how much? \_\_\_\_\_ How often? \_\_\_\_\_

### ***F. OTHER CHILDREN***

Does your spouse have other children not of your marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Do these children live with your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your spouse pay child support for the other children? Yes \_\_\_\_\_ No \_\_\_\_\_ To whom: \_\_\_\_\_

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

Is this child support Court ordered? Yes \_\_\_\_\_ No \_\_\_\_\_

### ***G. EDUCATION***

What is the highest grade of school completed by your spouse? \_\_\_\_\_

Has your spouse ever attended any college or trade school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which school and how long? \_\_\_\_\_

### ***H. HEALTH***

Is your spouse under the care of a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what type of problem? \_\_\_\_\_

Does your spouse take medication? Yes \_\_\_\_ No \_\_\_\_\_

If yes, what type of medicine and why is it taken? \_\_\_\_\_

\_\_\_\_\_

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**III. INFORMATION ABOUT YOUR CHILDREN**

**A. NAMES, AGES AND BIRTH DATES OF EACH CHILD BORN OF THIS MARRIAGE.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have other children not by your spouse? Yes \_\_\_\_ No \_\_\_\_\_

If yes, give for each child the name, age, birth date and name of father.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. CURRENT PREGNANCY (Females Only)**

Are you pregnant? Yes \_\_\_\_ No \_\_\_\_ If yes, expected delivery date:

Is your husband the father? Yes \_\_\_\_ No \_\_\_\_\_

If not, who is the father? \_\_\_\_\_

**C. ADDRESSES**

List every address where the child(ren) of the marriage have lived for the past five (5) years. For each address listed, state the County, and with whom the children were living.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**D. COURT ACTIONS**

Have there ever been any actions in any court concerning the child(ren) of the marriage? Yes \_\_\_\_ No\_\_

If yes, what action was taken? \_\_\_\_\_

Is there a court order? Yes \_\_\_\_ No \_\_\_\_\_

Has the Department of Family Children Services (Protective Services) ever taken any action concerning you or your children? Yes \_\_\_\_ No \_\_\_\_\_ If yes, what action was taken? \_\_\_\_\_

Why? \_\_\_\_\_

How long were they gone? \_\_\_\_\_

Have the children been returned to you? Yes \_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Are children still under supervision of DFACS or Juvenile Court? Yes \_\_\_\_ No \_\_\_\_\_

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**IV. PRIOR DIVORCE**

Have you ever filed for a divorce from your present spouse? Yes \_\_\_\_ No \_\_\_\_\_

Has your present spouse ever filed for a divorce from you? Yes \_\_\_\_ No \_\_\_\_\_

If yes, what happened? \_\_\_\_\_

Has Atlanta Legal Aid ever represented you in a divorce case against your present spouse?

Yes \_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

What happened? \_\_\_\_\_

Did a lawyer represent your spouse? Yes \_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

Have you discussed your present divorce case with a lawyer? Yes \_\_\_\_ No \_\_\_\_\_ If yes, with whom?

Did you sign a Retainer Agreement Yes \_\_\_\_ No \_\_\_\_\_

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**V. SETTLEMENT**

Have you talked to your spouse about this divorce? Yes \_\_\_\_ No \_\_\_\_\_

Does your spouse want this divorce? Yes \_\_\_\_ No \_\_\_\_\_

Will your spouse hire a lawyer? Yes \_\_\_\_ No \_\_\_\_\_

Have you and your spouse agreed to any of the following? If yes, what agreement, if any, was reached?

- A. Who will have custody of the child(ren)? \_\_\_\_\_
- B. Child support? \_\_\_\_\_
- C. Visitation? \_\_\_\_\_
- D. Property Division? \_\_\_\_\_
- E. Other \_\_\_\_\_

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**VI. ASSETS & LIABILITIES**

**A. PROPERTY**

Do you own or are you making payments on any property, such as land, house, mobile home, furniture, cars, personal items? Please list.

\_\_\_\_\_

\_\_\_\_\_

Do you own or are you making payments on any of the above property with your spouse?

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

\_\_\_\_\_

\_\_\_\_\_

**B. DEBTS**

Do you owe any money to any person or any company, such as credit card company, department stores, mortgage company, pawnshop, relative, appliance or furniture store, doctor bills, hospital bills, etc.?

If yes, please list, include approximate balance and date incurred.

<u>TO WHOM</u> (e.g. Visa, Hospital)	<u>BALANCE OWED</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE BRING DOCUMENTS TO YOUR APPOINTMENT, SHOWING THE DEBT BALANCES**

**C. BANKRUPTCY**

Have you or your spouse ever filed for bankruptcy? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_ Did you file bankruptcy jointly or separately? \_\_\_\_\_

Did you file a Chapter 7 or Chapter 13 bankruptcy? \_\_\_\_\_

Has it been discharged? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Are you and/or your spouse paying money into federal court for a bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much per month? \$ \_\_\_\_\_

**PLEASE BRING BANKRUPTCY PETITION AND ANY COURT ORDERS TO YOUR APPOINTMENT, SHOWING THE DEBT BALANCES**

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**VII. MILITARY**

Have you ever been in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your spouse ever been in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

For each of you, If yes, how long? \_\_\_\_\_

What type of discharge? \_\_\_\_\_

Are you eligible for a military pension? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your spouse eligible for a military pension? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible to receive VA Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your spouse eligible for VA Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in the Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which branch of service? \_\_\_\_\_

Is your spouse in the Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which branch of service? \_\_\_\_\_

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**VIII. WHY DO YOU WANT A DIVORCE?**

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

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**IX. FAMILY VIOLENCE**

Is there a history of violence or cruelty in your marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was the last incident of abuse? \_\_\_\_\_

Did you call the police? Yes \_\_\_\_\_ No \_\_\_\_\_ Was a report made? Yes \_\_\_\_\_ No \_\_\_\_\_

Was anyone arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ What else did police do? \_\_\_\_\_

If yes, what happened? \_\_\_\_\_

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

Are you still in fear of spouse? Do you want a Restraining Order? Yes \_\_\_\_\_ No \_\_\_\_\_



Have you obtained a Temporary Protective Order? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Order: \_\_\_\_\_

If your spouse does not know your current address, would you like us to keep your address confidential?

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

Have you ever been arrested or accused of family violence towards your spouse? Yes \_\_\_\_ No \_\_\_\_\_

Children? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what happened? \_\_\_\_\_

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

**IX. CONTACTS**

Please provide the name, addresses, telephone numbers and relationship of three (3) people who will always know how to contact you.

NAME                      ADDRESS                      PHONE                      RELATIONSHIP

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

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