

DOMESTIC RELATIONS QUESTIONNAIRE

PLEASE READ THESE
INSTRUCTIONS CAREFULLY

Name

Your E-mail Address

Spouse's E-mail Address

You are having domestic difficulties of one kind or another, and have sought the advice of this law firm. In order to properly advise you, we need certain basic information about your background and the history of your marriage.

In order to handle your case efficiently and at the minimal cost to you, we are asking you to save your lawyer's time by completing this Domestic Relations Questionnaire. By doing so, you will save your lawyer's time and your money.

The information inside this folder is for the sole use of your attorney. All answers that you give will be held STRICTLY CONFIDENTIAL, and will not be released to any unauthorized person. If you wish, this folder will be returned to you when your domestic problems have been concluded.

Answer each question fully and accurately and provide documentation, statements, ledgers, pay stubs, taxes or other documentation that evidences your answers to each question. Success in your case depends upon mutual confidence and complete cooperation between client and attorney. We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing, or you do not think it is important. You may submit completed Questionnaire and accompanying documentation in person or by e-mail to **administrator@beckman-law.com**.

Even if you do not understand why a question has anything to do with your particular problem, put down the answer, and we will discuss its bearing.

GENERAL INFORMATION

1. Your full name (including pre-marital name and aliases): _____ Your full address: _____ _____ Your residence phone number: _____ Your business phone number: _____ Your date & place of birth: _____ Your Social Security Number: _____	2. Full name of spouse: (including pre-marital name and aliases): _____ Spouse's full address: _____ _____ Spouse's residence phone number: _____ Spouse's business phone number: _____ Spouse's date & place of birth: _____ Spouse's Social Security Number: _____
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Which party, if not both of you, is living at the marital residence: _____

3. Date of marriage: _____	Location of Marriage: _____
Date of cohabitation: _____	City/State
Date of separation: _____	

4. Children of the parties:

Full Name	D.O.B.	Sex	Occupation/School	Living With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For an initial divorce proceeding involving children under 16, you must complete the following **MANDATORY COURSES**: *TransParenting class*, offered by Family Focus, Inc. (219-462-9200) at COUNTRY INN & SUITES OF MICHIGAN CITY, located at 3805 N. Frontage Road, Michigan City, Indiana, or at the PORTER COUNTY JAIL (SHERIFF'S DEPARTMENT), located at 2755 State Road 49, Valparaiso, Indiana; and, an online course offered at uptoparents.org (you must print and save a copy of your work to be provided to the opposing party within forty-five (45) days). For an initial paternity proceeding for a child under 16, you will be required to complete an online course offered at proudtoparent.org.

*****The certificates you receive must be provided to my office for filing with the Court*****

5. Children of Husband (other than present marriage):

Full Name	D.O.B.	Sex	Occupation/School	Living With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Children of Wife (other than present marriage):

Full Name	D.O.B.	Sex	Occupation/School	Living With
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Have any previous actions been filed to dissolve this marriage? _____

If yes, where? _____ When? _____

By Whom? _____ Disposition? _____

8. Have you been married before? _____ If yes, how many times? _____

PRIOR MARRIAGE:

When? _____ How ended? _____

If divorce, when? _____ Where filed? _____

9. Was your spouse married before? _____ If yes, how many times? _____

PRIOR MARRIAGE:

When? _____ How ended? _____

If divorce, when? _____ Where filed? _____

10. Is either party currently in Military Service? Husband _____ Wife _____

11. Have you been convicted at any time of a criminal offense (other than minor traffic offenses)? _____ If yes, state particulars (date, place, charges, result):

12. Has spouse been convicted at any time of a criminal offense (other than minor traffic offenses)? _____ If yes, state particulars (date, place, charges, result):

13. Your length of residency in this state: _____ This county: _____
14. Spouse's length of residency in this state: _____ This county: _____
15. Are you a church member? _____ Denomination, if any: _____
16. Is spouse a church member? _____ Denomination, if any: _____

EMPLOYMENT INFORMATION

1. Your employer: _____
- Address: _____
- Your occupation: _____
- Date employment began: _____
- Gross earnings: \$ _____ per _____. Net earnings: \$ _____ per _____
- Any profit sharing or 401(k) plan at work?: _____ If yes, approximate the value in each:
profit sharing: \$ _____ 401(k): \$ _____
- Any pension plan at work?: _____ If yes, is pension vested? _____
- Any stocks or bonds from work?: _____ If yes, values of each:
stocks: \$ _____ bonds: \$ _____
2. Spouse's employer: _____
- Address: _____
- Your occupation: _____
- Date employment began: _____
- Gross earnings: \$ _____ per _____. Net earnings: \$ _____ per _____
- Any profit sharing or 401(k) plan at work?: _____ If yes, approximate the value in each:
profit sharing: \$ _____ 401(k): \$ _____
- Any pension plan at work?: _____ If yes, is pension vested? _____
- Any stocks or bonds from work?: _____ If yes, values of each:
stocks: \$ _____ bonds: \$ _____

REMARKS: _____

3. Other relevant facts regarding earnings (other full-time or part-time employment, whether taxed or on a cash basis, self-employment, bonuses, tips, child support, variations in income, etc.):

Yours: _____

Spouse's: _____

EDUCATION AND TRAINING

1. What education have you had, including any special employment training, along with dates of training? _____

2. What education has Spouse had, including any special employment training, along with dates of training? _____

IN CASE OF EMERGENCY:

NEAREST FAMILY MEMBER: _____

HOW DID YOU CHOOSE THIS FIRM? _____

DO YOU AUTHORIZE THIS FIRM TO FORWARD DOCUMENTS FOR YOUR REVIEW AND INVOICES TO YOU VIA E-MAIL? YES _____ NO _____

REAL PROPERTY

1. If you own your home, provide the following information:

How is title held? _____

Address of property: _____

_____. Brief description of buildings (3-bedroom brick house with 2-car garage, for example): _____

Is there a mortgage? _____ If yes, to whom? _____

Purchase price: _____ Balance owing on mortgage: \$ _____

Monthly payments: \$ _____ Taxes/insurance: ____ included; ____ paid separately?

Current market value \$ _____

2. If you own other real estate, provide essentially the same information:

How is title held? _____

Address: _____

Brief description: _____

Mortgage? _____ If yes, to whom? _____

Balance Due	Monthly payments:	Current Market Value
\$ _____	\$ _____	\$ _____

3. How is title held? _____

Address: _____

Brief description: _____

Mortgage? _____ If yes, to whom? _____

Balance Due	Monthly payments:	Current Market Value
\$ _____	\$ _____	\$ _____

PERSONAL PROPERTY

1. Vehicle (Automobiles, Trucks, Campers, Motorcycles, Boats):

A. Make, Model, Year: _____

Who owns? _____ Is it mortgaged or have a lien? _____

If yes, to whom? _____

Purchase price: _____ Date of purchase: _____

Balance due: \$ _____ Monthly payments: \$ _____

Current market value: \$ _____

B. Make, Model, Year: _____

Who owns? _____ Is it mortgaged or have a lien? _____

If yes, to whom? _____

Purchase price: _____ Date of purchase: _____

Balance due: \$ _____ Monthly payments: \$ _____

Current market value: \$ _____

C. Make, Model, Year: _____

Who owns? _____ Is it mortgaged or have a lien? _____

If yes, to whom? _____

Purchase price: _____ Date of purchase: _____

Balance due: \$ _____ Monthly payments: \$ _____

Current market value: \$ _____

D. Make, Model, Year: _____

Who owns? _____ Is it mortgaged or have a lien? _____

If yes, to whom? _____

Purchase price: _____ Date of purchase: _____

Balance due: \$ _____ Monthly payments: \$ _____

Current market value: \$ _____

2. Medical and Health Insurance:

A. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

B. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

C. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

3. Other insurance (auto, camper, homeowner's, tenant's, fire, etc):

A. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

B. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

C. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

D. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

E. Name of Company: _____

Type of Coverage: _____ Payments: \$ _____

BANK ACCOUNTS, STOCKS AND BONDS

1. Checking and Savings Accounts:

A. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

B. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

C. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

D. Name of Bank or S&L or Credit Union: _____

_____ Checking _____ Savings Approximate Balance: \$ _____

In whose name? _____ Account # _____

2. Do you have a safety deposit box (lock box)? _____ If yes, in whose name?

_____ Where? _____

3. List all stocks, bonds, IRA's and other investments for you and your spouse:

MONTHLY EXPENSES

(Excluding Spouse)

- 1. Mortgage or Rent: \$ _____
- 2. Utilities: Gas: \$ _____ Electric: \$ _____ Water: \$ _____
Telephone: \$ _____ Other: \$ _____
- 3. Food: \$ _____ 4. Clothing: \$ _____ 5. Gas/Maintenance: \$ _____
- 6. Car payments: \$ _____ 7. Car insurance: \$ _____ 8. Cable: \$ _____
- 9. School Expenses: \$ _____ 10. Medical/pharmaceutical: \$ _____
- 11. Life insurance premiums: \$ _____

INDEBTEDNESS

List information for all creditors (such as VISA, MasterCard, etc.):

- 1. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____
- 2. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____
- 3. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____

4. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____
5. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____
6. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____
7. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____
8. Creditor's Name: _____ Account No.: _____
Address: _____
Amount owing: \$ _____ Payments: \$ _____ per _____
What for? _____
Joint or individual debt? _____ When incurred? _____

9. Creditor's Name: _____ Account No.: _____
 Address: _____
 Amount owing: \$ _____ Payments: \$ _____ per _____
 What for? _____
 Joint or individual debt? _____ When incurred? _____
10. Creditor's Name: _____ Account No.: _____
 Address: _____
 Amount owing: \$ _____ Payments: \$ _____ per _____
 What for? _____
 Joint or individual debt? _____ When incurred? _____

INSURANCE

1. List all life insurance policies insuring either you or your spouse:
- A. Name of Company: _____ Policy #: _____
 Named insured: _____ Date of Policy: _____
 Beneficiary: _____ Cash Value: \$ _____
 Face amount: \$ _____ Payments: \$ _____
- B. Name of Company: _____ Policy #: _____
 Named insured: _____ Date of Policy: _____
 Beneficiary: _____ Cash Value: \$ _____
 Face amount: \$ _____ Payments: \$ _____
- C. Name of Company: _____ Policy #: _____
 Named insured: _____ Date of Policy: _____
 Beneficiary: _____ Cash Value: \$ _____
 Face amount: \$ _____ Payments: \$ _____

(NOTE: List any loans against above policies under "Indebtedness".)

