

Date: _____

MATRIMONIAL QUESTIONNAIRE

YOUR NAME: _____ Age: _____

Date of Birth: _____ S.S. # _____

Home Address: _____

Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Nature of Job: _____ Salary \$ _____

How long have you lived in Florida? _____

Residency must be proven by valid Florida Driver's License or Voter's Registration. Please attach a photocopy of either to this Questionnaire.

Health: Good _____ Fair _____ Poor _____

Education level: _____

Assets at Time of Marriage: _____

Have you inherited any monies during this marriage: Yes _____ No _____ Amount: _____

Have you received any personal injury or worker's compensation: Yes ___ No ___ Amount _____

Have you received any substantial gifts from third-party: Yes _____ No _____ Amount _____

Have you helped spouse further career or education: Yes _____ No _____

SPOUSE'S NAME: _____ Age: _____

Date of Birth: _____ S.S. # _____

Home Address: _____

Zip: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Employer Address: _____

Nature of Job: _____ Salary \$ _____

How long have spouse lived in Florida? _____

Health: Good _____ Fair _____ Poor _____

Education level: _____

Assets at Time of Marriage: _____

Has spouse inherited any monies during this marriage: Yes ___ No ___ Amount: _____
Has spouse received any personal injury or worker's compensation: Yes ___ No ___ Amount _____
Has spouse received any substantial gifts from third-party: Yes ___ No ___ Amount _____
Has spouse helped you further career or education: Yes ___ No ___ Amount _____

MAIDEN NAME (or spouse's maiden name): _____
Marriage: City _____ State _____ Date _____

CHILDREN OF THIS MARRIAGE:

<u>Full Name</u>	<u>Birth Date</u>	<u>Social Security #</u>	<u>Age</u>	<u>Living With</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you contemplate a dispute over custody or visitation? Yes: _____ No: _____
Whom do you believe should provide the children's primary physical residence? _____
ARE YOU AND YOUR SPOUSE LIVING TOGETHER NOW? Yes: _____ No: _____
If not, date of separation: _____

LIST ALL PRIOR MARRIAGES OF YOURSELF OR YOUR SPOUSE (include name of prior spouse and how, when, and where prior marriage terminated):

LIST NAMES AND AGES OF ANY CHILDREN OF ANY PRIOR MARRIAGES OF YOURSELF OR YOUR SPOUSE AND STATE WITH WHOM SUCH CHILDREN LIVE:

SPOUSE'S ATTORNEY (if known): _____
DO YOU HAVE A WILL? _____ SHOULD IT BE REVIEWED? _____

LIST ALL YOUR CREDIT CARDS:

Card Acct.# Balance Who Signed Application

LIST ALL JOINT CREDIT CARDS:

Card Acct.# Balance Who Signed Application

ASSETS: Indicate any accounts which are JOINT with spouse:

Bank Accounts Acct.# Type of Acct. Balance Who can Withdraw Funds

Name of Bank and Address _____

Name of Banker, Phone # _____

Stocks and Bonds:

Name of Stock/Bond How Titled Value

Name of your broker: _____ Phone #: _____

Address: _____

Real Estate:	How		Present	Mortgage
<u>Location</u>	<u>Titled</u>	<u>Cost</u>	<u>Value</u>	<u>Balance</u>

LIFE INSURANCE:

	Policy	Face	Cash	Loans	
<u>Company</u>	<u>Number</u>	<u>Value</u>	<u>Value</u>	<u>Against</u>	<u>Beneficiary</u>

Where are the policies located? _____
 Address _____
 Insurance Agent _____

HEALTH INSURANCE:

	Policy	Face	Cash	Loans	
<u>Company</u>	<u>Number</u>	<u>Value</u>	<u>Value</u>	<u>Against</u>	<u>Beneficiary</u>

MISCELLANEOUS PROPERTY: (patents, trademarks, copyrights, royalties, or employee benefits such as Pension and Profit Sharing, IRAs, etc., state the value of each)

AUTOMOBILES:

Year and	Who	How	Current	Loan	Loan
<u>Make</u>	<u>Drives</u>	<u>Titled</u>	<u>Value</u>	<u>Balance</u>	<u>Information</u>

PERSONAL EFFECTS: (antiques, jewelry, tangible personal property, art, furs, etc.) PLEASE LIST PRESENT VALUE AND BALANCE OWED:

LIABILITIES:

Notes to Banks, Loan <u>Companies & Others:</u>	Who <u>Signed</u>	Amount <u>Owed</u>	Monthly <u>Payments</u>
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Other Debts:	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
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DO YOU ANTICIPATE A SUBSTANTIAL INCREASE IN YOUR INCOME OR EXPENSES IN THE NEAR FUTURE, OR AN INCREASE IN YOUR SPOUSE'S INCOME OR EXPENSES? If so, please explain:

DO YOU RECEIVE A HOUSEHOLD ALLOWANCE FROM YOUR SPOUSE? If so, please explain:

HOW WOULD YOU DIVIDE THE ASSETS AND LIABILITIES ACQUIRED BY EITHER OR BOTH OF YOU DURING THE MARRIAGE?

WHAT DO YOU NEED IN THE WAY OF CHILD SUPPORT OR ALIMONY OR WHAT DO YOU BELIEVE WOULD BE A REASONABLE AMOUNT FOR YOU TO PAY IN THE WAY OF CHLD SUPPORT OR ALIMONY?

SOCIAL SECURITY BENEFITS ARE VERY IMPORTANT IN A DIVORCE. YOU MAY WISH TO CALL THE SOCIAL SECURITY ADMINISTRATION AT 1-800-772-1213 IN ORDER TO DETERMINE WHAT YOUR SOCIAL SECURITY BENEFITS WILL BE.

Signature