

**The Law Office of
Koch & Hoffman, PA.**

**CONFIDENTIAL
MATRIMONIAL QUESTIONNAIRE**

Date: _____

YOUR NAME: _____ Age: _____

Date of Birth: _____ S.S. # _____

Home Address: _____

_____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

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? _____

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

LIFE INSURANCE:

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

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

HEALTH INSURANCE:

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

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

AUTOMOBILES:

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