

DOMESTIC QUESTIONNAIRE

First, middle and last name: (Mr.) (Mrs.) (Ms.) _____

Who referred you to my office? _____

Date you completed this Questionnaire: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Pager: _____

E-Mail _____

Date of Birth: _____

Place of Birth: _____

SSN: _____

Number of this marriage: _____

Full Maiden Name: _____

Do you wish to resume your maiden name? _____

Residence: _____

County of Residence: _____

Address where mail should be sent: _____

Emergency Contact:

Name: _____

Relationship: _____

Telephone Numbers: _____
Address: _____

Employed by: _____
Position _____
Salary _____
Benefits _____

Education: _____
High School _____
College _____
Post-Graduate _____

How long have you lived in S.C.? _____

Attach your last two tax returns and your two most recent paystubs

Health: _____
Primary Physician: _____
OB/GYN _____

Counselors or Therapists: _____
Address _____
Tel. No. _____

Have you ever been arrested? _____

Have you ever had a drug or alcohol problem?: _____

Do you have a criminal record? _____

Have you ever filed bankruptcy? _____

Have you ever been investigated by DSS? _____

SPOUSE INFORMATION

Spouse: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Pager: _____

e-mail address: _____

Date of Birth: _____

Place of Birth: _____

SSN: _____

Place of Employment: _____

Address: _____

Position: _____

Does your spouse have an attorney? _____

If so, who is your spouse's attorney? _____

Number of this marriage: _____

Maiden Name: _____

Residence: _____

County of Residence: _____

How long has your spouse lived in S.C.? _____

Health: _____

Primary Physician: _____

OB/GYN _____

Counselors or Therapists: _____

Address: _____

Tel. No. _____

Has your spouse ever been arrested? _____

Has he/she ever had a drug or alcohol problem? _____

Does he/she have a criminal record? _____

Has your spouse ever filed bankruptcy? _____

Has your spouse ever been investigated by DSS? _____

MARRIAGE

Date of Marriage: _____

Place of Marriage: _____

Place where you last lived together:

Date of Separation: _____

Previous Separations: _____

Previous Counsel: _____

Reason for separation: _____

What will you spouse say is the reason for the separation?

What will your spouse say about whether your conduct has contributed to the marital separation?

Does you spouse have a paramour? Name: _____

Have you hired a private investigator regarding this case? _____

If so, name and address of investigator: _____

Children

Name Date of Birth Age School/Grade/Teacher

Children in Custody of: _____

Real Estate owned:

Address: _____

Mortgage Co.: _____

Balance Due: _____

What is your home worth? _____

Please attach a copy of the Deed to your house, a copy of the mortgage, and the "Settlement Statement" which you signed when you purchased your home. These can be gathered from your closing attorney's office and the appraisal if you have it.

Automobiles and Boats:

<u>Make</u>	<u>Model</u>	<u>Leased?</u>	<u>Value?</u>	<u>Driver?</u>
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Automobile Insurance:

Who pays for it? _____

Which cars does it cover? _____

When does the policy expire? _____

Bank Accounts, Investment Accounts, Brokerage Accounts:
(attach the last statement)

Location: _____

Account Number: _____
Name on Account: _____
Type of Account: _____
Approximate Balance: _____

Location: _____
Account Number: _____
Name on Account: _____
Type of Account: _____
Approximate Balance: _____

Location: _____
Account Number: _____
Name on Account: _____
Type of Account: _____
Approximate Balance: _____

Life insurance

Company	Face Value	Cash Value	Term/Life	Owner	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Health Insurance:

Company: _____
Policy No. _____
Does this Policy insure your Spouse? _____ Your Children: _____

	You	Your Spouse
Pension Benefits	_____	_____

Military Service: _____

State or City Employment: _____

Credit Cards (attach last statement for each card):

Name	Account Number	Monthly Payment	Balance	In whose name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-Marital Assets:

What monies or property of amount of value of \$1,000 or more did you or your spouse (a) have at the time of the marriage; (b) received by gift or inheritance after the marriage; (c) receive in the form of income on any such property during the marriage? Describe in detail each items, showing (a) whose property, yours or your spouse; (b) description of items; (c) how it was received; (d) value at the time it was received; and (e) value now.

Legal Service:

1. When and where should legal papers be served on your spouse?

2. Please give us a short description of your spouse (height, weight, hair and eye color)

3. Give license number, make and model of car your spouse drives.
