



DOMESTIC QUESTIONNAIRE

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

How were you directed to my office? _____

Date you completed this questionnaire: _____

Home phone: _____

Work phone: _____

Cell phone: _____

E-mail: _____

Date of birth: _____

SSN: _____

Is this your first marriage? (yes or no) _____ If no, how many times have you been married previously? _____

If you are a female, please list your maiden name: _____

If you are a female, do you wish to resume your maiden name? _____

Home address: _____

County in which your home is located: _____

Address where mail should be sent: _____

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EMERGENCY CONTACT

Name: _____
Relationship: _____
Telephone number: _____
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 pay stubs.

Health: _____
Primary Physician: _____ OB/GYN _____
Counselors or Therapists: _____
Address: _____
Contact # _____

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? _____

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SPOUSE INFORMATION

Spouse: _____
Home phone: _____ Work phone: _____ Cell phone: _____
E-mail address: _____
Date of birth: _____ The age of my spouse is: _____
Place of birth: _____
SSN: _____
Place of employment: _____
Address: _____
Position: _____
Does your spouse have an attorney? _____
If so, who is your spouse's attorney? _____
Is this your spouse's first marriage? (yes or no) _____ If no, how many times have they been married? _____
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? _____

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MARRIAGE

Date of marriage: _____

Place of marriage: _____

County where you last lived together: _____

Date of separation: _____

Previous separations: _____

Previous counsel: _____

Reason for separation: _____

What will your spouse say is the reason for the separation? _____

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

Does your spouse have a paramour? (yes or no) _____ Name: _____

Have you hired a private investigator regarding this case? _____

If so, name and address of investigator: _____

Children you have with your spouse:

Name	Date of birth	Age	School/Grade/Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children in custody of: _____

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Real estate owned: _____
Address: _____
Mortgage company: _____
Balance due: _____
What is your home worth? _____

If you have the following documents, they will be helpful:

- A. copy of the Deed to your house
- B. copy of the mortgage
- C. copy the HUD "Settlement Statement"
- D. copy of the most recent appraisal

Automobiles and Boats (If possible, go to the Internet and obtain a fair market value for your vehicles):

Make	Model	Leased?	Value?	Driver?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____	Location: _____
Account number: _____	Account number: _____
Name on account: _____	Name on account: _____
Type of account: _____	Type of account: _____
Approximate balance: _____	Approximate balance: _____

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Account number: _____	Account number: _____
Name on account: _____	Name on account: _____
Type of account: _____	Type of account: _____
Approximate balance: _____	Approximate balance: _____

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INSURANCE

Life Insurance:

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

Health insurance:

Company: _____

Policy # _____

Does this policy insure your spouse? _____ Your children: _____

Pension benefits for you? (yes or no) _____ For your spouse? (yes or no) _____

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.

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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 the car your spouse drives.

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