



EMILY G. JOHNSTON  
FAMILY LAW FIRM

## 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: \_\_\_\_\_ I am \_\_\_\_\_ years old.

Place 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: \_\_\_\_\_

## DIVORCE | MEDIATION | CUSTODY



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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.*

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

## HEALTH

Primary Physician: \_\_\_\_\_ OB/GYN: \_\_\_\_\_

Counselors or Therapists: \_\_\_\_\_

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? \_\_\_\_\_

List all Social Media Sites that you have an account: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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