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DIVORCE QUESTIONNAIRE

WIFE'S INFORMATION

Full Name: _____

Any other name commonly used: _____ Former/Maiden name: _____

If Wife wants former/maiden name restored, state full name: _____

Current Address: _____
Street Address

City County State Zip Code

To what address do you wish correspondence sent: _____

Cell No. _____ Home No. _____ Work No. _____

Indicate the primary phone number to call: _____

Indicate if any restrictions/directions regarding phone calls to you: _____

Personal E-Mail _____ Work E-Mail _____

Indicate the primary email to use, if any: _____

Age: _____ Date of Birth: _____ Race: _____ Soc. Sec. No. _____

Birthplace: _____

Education (list highest grade reached): _____

Local Family (list name, relation, phone number and city):

HUSBAND'S INFORMATION

Full Name: _____

Any other name commonly used: _____

Current Address: _____

Street Address

City County State Zip Code

To what address do you wish correspondence sent: _____

Cell No. _____ Home No. _____ Work No. _____

Indicate the primary phone number to call: _____

Indicate if any restrictions/directions regarding phone calls to you: _____

Personal E-Mail _____ Work E-Mail _____

Indicate the primary email to use, if any: _____

Age: _____ Date of Birth: _____ Race: _____ Soc. Sec. No. _____

Birthplace: _____

Education (list highest grade reached): _____

Local Family (list name, relation, phone number and city):

Marital Information

Date of Marriage: _____

Place: _____

Including this marriage, how many times have you been married? _____

Including this marriage, how many times has your spouse been married? _____

Are you and your spouse living together now? _____

If not, when did you separate and who left first? _____

When was the last time you had sexual relations with your spouse? _____

Where were you living at the time of your separation? _____

If separated, please list all other addresses since the separation here:

_____	from _____	to _____
_____	from _____	to _____
_____	from _____	to _____

Other than what is listed above, have you and your spouse lived together continuously throughout the marriage? ____ If not, please explain: _____

Have you tried marriage counseling? If so, when and with whom? _____

Children of Marriage

Full Names	DOB	Age	Sex	Resides with
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All addresses the children have lived for the past 5 years and with whom they lived:

Address	Lived with
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_____	_____
_____	_____

Do any of your children have any physical or other problems that will be a factor in this case

(i.e., learning disability, physical impairment, etc.)? If so, please explain: _____

Do you have any other children and if so state their name, age and address:

Does your spouse have any other children and if so state their name, age and address:

Do you anticipate a dispute about custody of the children? _____

Wife's Employment

If not employed, state last date of employment: _____

If employed, state the employer: _____

Address: _____

City/State/Zip: _____ Work No.: _____

Employed since: _____ Job Title: _____

Gross Monthly Income (before taxes): \$ _____

Net Monthly Income ('take-home pay'): \$ _____

State any other source of income: _____

Please state the education and vocational training (including numbers of years you attended school):

Husband's Employment

If not employed, state last date of employment: _____

If employed, state the employer: _____

Address: _____

City/State/Zip: _____ Work No.: _____

Employed since: _____ Job Title: _____

Gross Monthly Income (before taxes): \$ _____

Net Monthly Income ('take-home pay'): \$ _____

State any other source of income: _____

Please state the education and vocational training (including numbers of years you attended school):

Marital Residence

State whether you own real estate or rent: _____

Address of Marital Residence: _____

County in which residence is located: _____

Date of Purchase: _____ Approximate Purchase Price: _____

Name(s) on the Warranty Deed _____

Date and Amount of Last Appraisal: _____

Estimated Current Value of the Marital Residence: _____

1st Mortgage Holder: _____ Mortgage Bal. \$ _____

Name(s) on the Mortgage: _____

2nd Mortgage Holder: _____ Mortgage Bal. \$ _____

Name(s) on the Mortgage: _____

Total Monthly Mortgage Payment: \$ _____ Are the mortgage payments current? _____

If not, then state the date of the last payment and the amount past due: _____

State the names of those living in the residence: _____

Do you desire residence? Yes No

Vehicles

I. (a) Description: _____ Orig. Cost \$ _____

 (b) Title Vested In.: _____ Value Now \$ _____

 (c) Mortgage Holder: _____ Mo. Pymt. \$ _____

 (d) Date Paid Off: _____ Bal. Owed. \$ _____

II. (a) Description: _____ Orig. Cost \$ _____

 (b) Title Vested In.: _____ Value Now \$ _____

 (c) Mortgage Holder: _____ Mo. Pymt. \$ _____

 (d) Date Paid Off: _____ Bal. Owed. \$ _____

III. (a) Description: _____ Orig. Cost \$ _____

 (b) Title Vested In.: _____ Value Now \$ _____

 (c) Mortgage Holder: _____ Mo. Pymt. \$ _____

(d) Date Paid Off: _____ Bal. Owed. \$ _____

Which vehicle(s) do you desire?

Who will pay remaining payments? _____

State the name of the car insurance company _____

Boats/Trailers/Airplanes

I. (a) Description: _____ Orig. Cost \$ _____

(b) Title Vested In.: _____ Value Now \$ _____

(c) Mortgage Holder: _____ Mo. Pymt. \$ _____

(d) Date Paid Off: _____ Bal. Owed. \$ _____

II. (a) Description: _____ Orig. Cost \$ _____

(b) Title Vested In.: _____ Value Now \$ _____

(c) Mortgage Holder: _____ Mo. Pymt. \$ _____

(d) Date Paid Off: _____ Bal. Owed. \$ _____

Which do you desire?

Who will pay remaining payments? _____

Gifts or Inheritances

To Whom

By Whom

Date/Amount

Furniture & Furnishings (List Items you desire)

Description	Present Value	Description	Present Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Furniture & Furnishings (List all items you are willing to give to spouse)

Description	Present Value	Description	Present Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[use separate sheet if additional space is needed]

Debts of Marriage

<u>Name on Account</u>	<u>Name of Company</u>	<u>When Opened</u>	<u>Acct. No</u>	<u>Amounts Owed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance

<u>Policy Name</u>	<u>Husband/Wife</u>	<u>Face Amount</u>	<u>Cash Value Amt.</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Medical Insurance

<u>Company Name</u>	<u>Where</u>	<u>Husband/Wife</u>	<u>Pymt. Amt</u>	<u>Payroll Ded's</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Health of parties and children:

Checking Accounts

<u>Name on Account</u>	<u>Name of Institution</u>	<u>Acct. Number</u>	<u>Balance</u>
_____	_____	_____	\$ _____

	(address)		
_____	_____	_____	\$ _____

	(address)		
_____	_____	_____	\$ _____

	(address)		

Savings Accounts/Certificates of Deposit/Money Market Funds

<u>Name on Account</u>	<u>Description</u>	<u>Name of Institution</u>	<u>Acct. Number</u>	<u>Balance</u>
_____	_____	_____	_____	\$ _____

		(address)		
_____	_____	_____	_____	\$ _____

		(address)		
_____	_____	_____	_____	\$ _____

		(address)		

Jewelry & Collectibles of Value

<u>Description</u>	<u>Where Held</u>	<u>Estimated Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IRA's/Retirement Plans/Profit Sharing Plans

<u>Name on Account</u>	<u>Description</u>	<u>Name of Institution</u>	<u>Acct. Number</u>	<u>Balance</u>
_____	_____	_____ _____ (address)	_____	\$ _____
_____	_____	_____ _____ (address)	_____	\$ _____
_____	_____	_____ _____ (address)	_____	\$ _____
_____	_____	_____ _____ (address)	_____	\$ _____

Stocks/Bonds/Mutual Funds

<u>Name on Account</u>	<u>Description</u>	<u>Name of Institution</u>	<u>Acct. Number</u>	<u>Balance</u>
_____	_____	_____ _____ (address)	_____	\$ _____
_____	_____	_____ _____ (address)	_____	\$ _____
_____	_____	_____ _____ (address)	_____	\$ _____
_____	_____	_____ _____ (address)	_____	\$ _____

MISC. INFORMATION:

Has your spouse consulted an attorney regarding this matter? If so, please indicate his/her name and address, if known: _____

Have you consulted other attorneys regarding this matter? If so, please state who you have seen and when: _____

Do you have a Will? If so, who are the beneficiaries? _____

Do you have an accountant or have you ever used an accountant? If so, please state his/her name and address: _____

Are there bank accounts, lines of credit, stock and investment accounts or other accounts to which your spouse has access? If so, please clarify: _____

Does your spouse have in his or his possession credit cards for which you are responsible? If so, please specify: _____

Have you ever signed anything which may affect the case, including prenuptial or postnuptial agreement(s), or other documents presented by your spouse? If so, please describe what you signed: _____

Where did you first hear about us?

- ____ Referral (please provide name) _____
- ____ Internet
- ____ Yellow Pages
- ____ Other _____

***DO NOT discuss this case, or aspects of it, with anyone other than your attorney. Remember that you are married until the Final Judgment is signed by the judge; you should comport yourself accordingly.**

Signature: _____ Date: _____