

# MATRIMONIAL QUESTIONNAIRE

## BACKGROUND INFORMATION

### Marriage Information:

Date of Marriage \_\_\_\_\_

Location of Marriage: Village/Town/City of \_\_\_\_\_  
County of \_\_\_\_\_  
State of \_\_\_\_\_

Was the marriage  Civil or  Religious?

Current marital Status \_\_\_\_\_

Date separated, if applicable \_\_\_\_\_

Have there been any prenuptial or postnuptial agreements? Y/N  
*If yes, please attach a photocopy*

### **Are you the Husband or Wife in this matter?**

Husband  Wife

### **Are you the Plaintiff or Defendant in this matter?**

If an action has not been commenced and you are the one who will commence it, you are the Plaintiff. If you have been served with an action for divorce, you are the Defendant.

Plaintiff  Defendant

If an action has been commenced, please provide any papers with which you were served.

### Do you know if your spouse has hired an attorney?

Yes  No

If so, please provide the attorney's name and address (if you know it) \_\_\_\_\_

Are there any related cases pending in civil, family, or criminal court? (Including orders of protection)

Yes  No

If yes, please complete the following chart.

Case Title	Index/Case No.	Court	Judge (if assigned)

**CLIENT AND SPOUSE INFORMATION**

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Prior Names/Aliases \_\_\_\_\_

Spouse's Prior Names/Aliases \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wish to resume this prior name?

Wish to resume this prior name?

DOB \_\_\_\_\_

Spouse's DOB \_\_\_\_\_

SS# \_\_\_\_\_

Spouse's SS# \_\_\_\_\_

Address

Spouse's Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been  
at this address? \_\_\_\_\_

How long have he/she been at this  
at this address? \_\_\_\_\_

Occupation \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Position \_\_\_\_\_

Spouse's Position \_\_\_\_\_

Employer and Address

Spouse's Employer and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Employment \_\_\_\_\_

Length of Employment \_\_\_\_\_

Gross Salary & Bonus \$ \_\_\_\_\_

Gross Salary & Bonus \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Spouse's Other Income \$ \_\_\_\_\_

Health Status \_\_\_\_\_

Spouse's Health \_\_\_\_\_

# of Prior Marriages \_\_\_\_\_

# of Prior Marriages \_\_\_\_\_

Divorce \_\_\_\_

Divorce \_\_\_\_

Death \_\_\_\_

Death \_\_\_\_

*Please attach last two paystubs and last two tax returns for you and your spouse if you are able to locate.*

Are either your spouse or you in the active military service of New York or any other State?

Yes       No  
 Spouse    You

Are either your spouse or you receiving public assistance?

Yes       No  
 Spouse    You

Marital Residence Address \_\_\_\_\_.

Who occupies the marital residence currently?

You    Spouse    Both    Neither

**Health Insurance:**

	<u>You</u>	<u>Your Spouse</u>
Group Health Plan:		
Address:		
Identification Number:		
Plan Administrator:		
Type of Coverage (major medical, dental, etc.):		
Available through Employer?		
Cost?		
Who is paying?		

Are the children covered under the same insurance? If not, please list that information here:

\_\_\_\_\_

\_\_\_\_\_

**Level of Education (for both you and your spouse):**

<u>Level</u>	<u>Graduated? Y or N</u>	<u>Degree</u>	<u>(Anticipated) Date of Graduation</u>	<u>School/ University</u>
High School				
Community College				
Undergraduate School				

Graduate School				
Professional School				
Technical School				
Post Doc				

**Children's Information:**

Name	Age	DOB	SS#	Residing?	Health?	Year in School

Are any of these children from a prior marriage? [ ] Yes [ ] No  
 If so, indicate which

\_\_\_\_\_.

What is the custody situation of the children from a prior marriage?

\_\_\_\_\_  
 \_\_\_\_\_.

Current custody and parenting time situation

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

Are there any orders on custody/visitation or child support in place? [ ] Yes [ ] No  
 If so, please provide copies of any such documents.

Current child support arrangement \_\_\_\_\_  
 \_\_\_\_\_.

Are there any orders on child support in place? [ ] Yes [ ] No



**Real Estate:**

Address	Date Purchased	Type of Property	Title	Mortgage	Source of Funds to Purchase

**Life Insurance:**

Type	Company	Policy Number	Face Value/ Coverage	Title Owner	Beneficiaries

**Business Interests:**

Business Name	Type of Entity	% Ownership	Title Owner	When Formed	Involvement of Spouse

**Accounts Receivables:**

Name	Original Amount of Debt & Date	Current Amount of Debt	Title Owner

**Vehicles:**

Description	Date Purchased/ Leased	Lien Holder/ Leasee	FMV	Liens

**Other Assets:**

Description	Date Purchased	FMV	Title Owner	Liens

**LIABILITIES:**

Debt/Payable	Date Obtained	Financial Institution or Person/Entity	Amount of Debt (Date of Balance)	Account Number (last 4 digits)	Monthly Payment & Who is Paying