

## **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 Petitioner or Respondent in this matter?**

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

☐ Petitioner ☐ Respondent

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	Case No.	Court	Judge (if assigned)

**CLIENT AND SPOUSE INFORMATION**

**Background:**

Name \_\_\_\_\_

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

Last Name on Birth Certificate:  
\_\_\_\_\_

☐ Wish to resume this prior name?

DOB \_\_\_\_\_

City, State, County of Birth:  
\_\_\_\_\_

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

Drivers License No. \_\_\_\_\_

Education-Highest Grade Completed?  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should mail be sent to this address?

Y or N

If Not, what address should we mail  
Confidential information to you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Last Name on Birth Certificate:  
\_\_\_\_\_

☐ Wish to resume this prior name?

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

City, State, County of Birth:  
\_\_\_\_\_

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

Spouse's Drivers License No. \_\_\_\_\_  
\_\_\_\_\_

Spouse's Education-Highest Grade  
Completed? \_\_\_\_\_

Spouse's Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your spouse still living with you?

Y or N

Does your spouse have access to  
your mail? Y or N

Does your spouse have access to  
your email? Y or N

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County: \_\_\_\_\_

County: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_

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

Who occupies the marital residence currently?

☐ You ☐ Spouse ☐ Both ☐ Neither

Date of Separation (if applicable): \_\_\_\_\_

**Employment**

Occupation \_\_\_\_\_

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

Position \_\_\_\_\_

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

Employer and Address

Spouse's Employer and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

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

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

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

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

How often are you paid? \_\_\_\_\_

How often is spouse paid? \_\_\_\_\_

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

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

Source of Other Income: \_\_\_\_\_

Source of Other Income: \_\_\_\_\_

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*Please send to Rincker Law, PLLC the last three tax returns including W2's, 1099's. Additionally, please send to Rincker Law the last 3 to 5 paystubs for both you and your spouse, if applicable.*

**Health**

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

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

Health Conditions: \_\_\_\_\_

Health Conditions: \_\_\_\_\_

*If the health affects the employability of you or your spouse, please give the specific nature of any problems:*

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**Health Insurance:**

	<b><u>You</u></b>	<b><u>Your Spouse</u></b>
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:

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How much do you pay each month in medical expenses per month for yourself? \$ \_\_\_\_\_

*Please attach a photocopy of your health insurance card*

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**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  
*If so, please provide copies of any such documents.*

**Current Childcare Expenses:**

Type of Expense	Cost Per Week/Month	Who is Paying
Daycare/ Babysitting/Nanny		
Health Insurance		
Unreimbursed Medical		
Education		
Extracurricular Expenses		

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**Prior Marriages**

	<b><u># Prior Marriages</u></b>	<b><u>Marriage or Civil Union?</u></b>	<b><u>How did it end? Death or Divorce?</u></b>	<b><u>Date it ended?</u></b>	<b><u>Where it ended? (County, State and Country)</u></b>
You					
Your Spouse					

**Military and Public Assistance:**

Are either your spouse or you in the active military service?

☐ Yes      ☐ No  
☐ Spouse   ☐ You

Are either your spouse or you receiving public assistance?

☐ Yes      ☐ No  
☐ Spouse   ☐ You

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

<b><u>Level</u></b>	<b><u>Graduated? Y or N</u></b>	<b><u>Degree</u></b>	<b><u>(Anticipated) Date of Graduation</u></b>	<b><u>School/ University</u></b>
High School				
Community College				
Undergraduate School				
Graduate School				
Professional School				
Technical School				
Post Doc				

**ASSETS**

Cash on Hand: \$ \_\_\_\_\_

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**Cash, Retirement & Investment Accounts:**

[illegible]

## Real Estate:

[illegible]

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**Life Insurance:**

Type	Company	Policy Number	FaceValue/ 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	Title	VIN	Car Loan	Name(s) on Car Loan

**Other Assets:**

Description	Date Purchased	FMV	Title Owner	Liens



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**NonMarital Property**

*What assets are premarital for you?*

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*What assets are premarital for your spouse?*

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**Gifts**

*Did you obtain any substantial gifts during the marriage?*

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*Did your spouse obtain any substantial gifts during the marriage?*

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**Inheritances**

*Did you obtain any inheritances during the marriage?*

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*Did your spouse obtain any inheritances during the marriage?*

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**LIABILITIES:**

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

**Referral**

How did you hear about Rincker Law, PLLC?

- ☐ Referral by another person: \_\_\_\_\_
- ☐ Avvo
- ☐ Internet (Other): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Goals**

What are your top 3 goals from this matrimonial action:

- 1.
- 2.
- 3.

What do you think the top 3 goals of your spouse are?

- 1.
- 2.
- 3.

What is your favorite drink? \_\_\_\_\_