

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 _____

Spouse's Name _____

Prior Names/Aliases _____

Spouse's Prior Names/Aliases _____

Last Name on Birth Certificate:

Last Name on Birth Certificate:

☐ Wish to resume this prior name?

☐ Wish to resume this prior name?

DOB _____

Spouse's DOB _____

City, State, County of Birth:

City, State, County of Birth:

SS# _____

Spouse's SS# _____

Drivers License No. _____

Spouse's Drivers License No. _____

Address

Spouse's Address

Should mail be sent to this address?

Is your spouse still living with you?

Y or N

Y or N

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

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

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

County: _____

County: _____

Dissolution of Marriage Questionnaire - No kids
Highly Confidential

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: _____

*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.*

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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:

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?		

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

Please attach a photocopy of your health insurance card

What is your favorite drink? _____

Dissolution of Marriage Questionnaire - No kids
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Prior Marriages

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

<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				

ASSETS

Cash on Hand: \$ _____

Cash Accounts:

[illegible]

Real Estate:

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

Dissolution of Marriage Questionnaire - No kids
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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	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?

What assets are premarital for your spouse?

Gifts

Did you obtain any substantial gifts during the marriage?

Did your spouse obtain any substantial gifts during the marriage?

Inheritances

Did you obtain any inheritances during the marriage?

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Did your spouse obtain any inheritances during the marriage?

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

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.