

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 _____

Prior Names/Aliases _____

☐ Wish to resume this prior name?

DOB _____

Place of Birth _____

SS# _____

Address

How long have you been
at this address? _____

Occupation _____

Position _____

Employer and Address

Length of Employment _____

Gross Salary & Bonus \$ _____

Other Income \$ _____

Health Status _____

of Prior Marriages _____

☐ Divorce _____

☐ Death _____

What is your favorite
Drink? _____

Spouse's Name _____

Spouse's Prior Names/Aliases _____

☐ Wish to resume this prior name?

Spouse's DOB _____

Place of Birth _____

Spouse's SS# _____

Spouse's Address

How long have he/she been at this
at this address? _____

Spouse's Occupation _____

Spouse's Position _____

Spouse's Employer and Address

Length of Employment _____

Gross Salary & Bonus \$ _____

Spouse's Other Income \$ _____

Spouse's Health _____

of Prior Marriages _____

☐ Divorce _____

☐ 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
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		

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