

PETERSON PALETTA, PLC
ATTORNEYS & COUNSELORS

DIVORCE INFORMATION QUESTIONNAIRE

*Please fill out this questionnaire as completely as you can.
Anything that does not apply can be left blank.*

HUSBAND'S INFORMATION

Name/DOB: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

Business Phone: (____) _____ Cellular Phone: (____) _____

Home Phone: (____) _____ Messages can be left on: Business Home Cell

Social Security Number: _____ Driver's License Number: _____

Education Level: _____ State of Birth: _____ Age: _____

Other Names Known By: _____

Are children involved in this divorce? Yes No
If yes, please provide a physical description of yourself below.

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Race: _____ Scars: _____ Tattoos: _____

WIFE'S INFORMATION

Name/DOB: _____
LAST FIRST MI DATE OF BIRTH

Address: _____
STREET CITY COUNTY STATE ZIP CODE

Business Phone: (____) _____ Cellular Phone: (____) _____

Home Phone: (____) _____ Messages can be left on: Business Home Cell

Social Security Number: _____ Driver's License Number: _____

Education Level: _____ State of Birth: _____ Age: _____

Maiden Name: _____ Will you be restoring your maiden name? Yes No

Other Names Known By: _____

Are children involved in this divorce? Yes No
If yes, please provide a physical description of yourself below.

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Race: _____ Scars: _____ Tattoos: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____
CITY COUNTY STATE

Husband's # of Prior Marriages: _____ Terminated By: Annulment Divorce Death

Wife's # of Prior Marriages: _____ Terminated By: Annulment Divorce Death

Have you resided in Michigan for the past six months? Yes No

County of Residence _____

Have you resided in this county for the past 10 days? Yes No

Cause of breakdown of this marriage: _____

YOUR CHILDREN

For all children born of THIS marriage (including children born prior to the date of the marriage) or involved in this CASE, please provide the information requested below..

1. Name: _____
LAST FIRST MI DATE OF BIRTH

Social Security Number: _____ Age: _____ Child lives with: _____

Do you want custody of this child? Yes No

2. Name: _____
LAST FIRST MI DATE OF BIRTH

Social Security Number: _____ Age: _____ Child lives with: _____

Do you want custody of this child? Yes No

3. Name: _____
LAST FIRST MI DATE OF BIRTH

Social Security Number: _____ Age: _____ Child lives with: _____

Do you want custody of this child? Yes No

4. Name: _____
LAST FIRST MI DATE OF BIRTH

Social Security Number: _____ Age: _____ Child lives with: _____

Do you want custody of this child? Yes No

5. Name: _____
LAST FIRST MI DATE OF BIRTH

Social Security Number: _____ Age: _____ Child lives with: _____

Do you want custody of this child? Yes No

Check if you have more than five children involved in this case and add information on back of page.

Are you pregnant (for husband, is your spouse)? Yes No

Has either party applied for public assistance? Husband Wife ID # _____

Have there been custody proceedings involving the above children in Michigan or another state? Yes No

If yes, when: _____ County and state of proceeding: _____

Who initiated: Me My spouse Other: _____ Is the case still open: Yes No

Please list all addresses for minor children above for the past five years, including approximate dates when the child lived at that address and with whom the child resided. The court requires this information.

| CHILD | ADDRESS | DATES | WITH WHOM LIVING |
|-------|---------|-------|------------------|
| CHILD | ADDRESS | DATES | WITH WHOM LIVING |
| CHILD | ADDRESS | DATES | WITH WHOM LIVING |
| CHILD | ADDRESS | DATES | WITH WHOM LIVING |
| CHILD | ADDRESS | DATES | WITH WHOM LIVING |
| CHILD | ADDRESS | DATES | WITH WHOM LIVING |
| CHILD | ADDRESS | DATES | WITH WHOM LIVING |

Are any of the above children current or past wards of the court Yes No

If yes, when: _____ County and state of proceeding: _____ Status of case: _____

Has Child Protective Services (CPS) been involved with complaints concerning a child above? Yes No

If yes, please state the name of the person investigated for charges, the charges alleged by CPS, the outcome of the proceeding, and any services provided by CPS.

Does any third party have visitation or custody rights with any of the children above? Yes No

If yes, please explain: _____

If any child was not born during the marriage, have paternity acknowledgments been filed? Yes No

If yes, when: _____ Where: _____

Does the other parent have any arrests or convictions? Yes No

If yes, state when, where, and outcome: _____

Do you have any arrests or convictions? Yes No

If yes, state when, where, and outcome: _____

PARENTING TIME (VISITATION)

Have you and the other parent agreed upon a parenting time schedule? Yes No

What schedule, if any, have you used for parenting time? _____

What would you like the parenting time schedule to be? _____

OTHER CHILDREN NOT INVOLVED IN THIS CASE

Do you have other children not involved in this case? Yes No

If yes, please provide the following:

1. _____
CHILD'S NAME ADDRESS AGE & DOB SSN

Do you custody of this child? Yes No

Does either parent pay or receive child support for this child? Yes No

If yes, are payments current? Yes No What is the payment amount? _____ / month

What county ordered these payments? _____

Has this child ever been a ward of the Court? Yes No

If yes, please explain when, where, and the status of the case: _____

2. _____
CHILD'S NAME ADDRESS AGE & DOB SSN

Do you custody of this child? Yes No

Does either parent pay or receive child support for this child? Yes No

If yes, are payments current? Yes No What is the payment amount? _____ / month

What county ordered these payments? _____

Has this child ever been a ward of the Court? Yes No

If yes, please explain when, where, and the status of the case: _____

3. _____
CHILD'S NAME ADDRESS AGE & DOB SSN

Do you custody of this child? Yes No

Does either parent pay or receive child support for this child? Yes No

If yes, are payments current? Yes No What is the payment amount? _____ / month

What county ordered these payments? _____

Has this child ever been a ward of the Court? Yes No

If yes, please explain when, where, and the status of the case: _____

4. _____
CHILD'S NAME ADDRESS AGE & DOB SSN

Do you custody of this child? Yes No

Does either parent pay or receive child support for this child? Yes No

If yes, are payments current? Yes No What is the payment amount? _____/ month

What county ordered these payments? _____

Has this child ever been a ward of the Court? Yes No

If yes, please explain when, where, and the status of the case: _____

Check if you have more than four children not involved in this case and add information on back.

CHILD CARE

Do you use a child care provider? Yes No

If yes, please provide the following:

PROVIDER'S NAME PROVIDER'S ADDRESS

Cost per week per child during school: _____ Cost per week per child during summer: _____

INCOME

HUSBAND:

Occupation: _____ Employer: _____

Employer Address: _____ Employer Phone No.: _____

Weekly Gross Pay: _____ Weekly Net Pay: _____

Hours worked per week: _____ Shift: First Second Third

Medical insurance? Yes No Entitled to a pension? Yes No

Receiving unemployment benefits? Yes No If yes, how much per week? _____

Pension from prior employment? Yes No Other income? Yes No If yes, explain on back.

WIFE:

Occupation: _____ Employer: _____

Employer Address: _____ Employer Phone No.: _____

Weekly Gross Pay: _____ Weekly Net Pay: _____

Hours worked per week: _____ Shift: First Second Third

Medical insurance? Yes No Entitled to a pension? Yes No

Receiving unemployment benefits? Yes No If yes, how much per week? _____

Pension from prior employment? Yes No Other income? Yes No If yes, explain on back.

INSURANCE

Do the children involved in this case have medical insurance? Yes No

Form of insurance: _____ Policy No.: _____ Group No.: _____

Do the children involved in this case have dental insurance? Yes No

Form of insurance: _____ Policy No.: _____ Group No.: _____

Do the children involved in this case have any life insurance? Yes No

Form of insurance: _____ Policy No.: _____

SUPPORT

Are you receiving child support? Yes No Amount Per Month: _____

Has a support been filed against you or your spouse? Yes No

If yes, please state the following:

| CASE NO. | COUNTY | JUDGE | DATE COMMENCED | AMOUNT ORDERED |
|----------|--------|-------|----------------|----------------|
|----------|--------|-------|----------------|----------------|

PERSONAL PROPERTY ASSETS

Have you and your spouse divided up your personal property? Yes No

If not, list things that you or your spouse own and that may be divided (continue onto the back of the page if there not enough space is provided).

| ITEM | WHEN OBTAINED | VALUE | AMOUNT OWED | WISH TO KEEP? |
|------|---------------|-------|-------------|---------------|
| | | | | |
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VEHICLES

For all vehicles you or your spouse own, please list:

| MAKE/YEAR | NAME ON TITLE | WHO HAS NOW? | AMOUNT OWED |
|------------------|----------------------|---------------------|--------------------|
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| | | | |
| | | | |
| | | | |

If there is a debt or lien for any of the above vehicles, please list the name of the creditor, monthly payment amount, and present payor:

BANK ACCOUNTS

| BANK NAME | TYPE/ACCOUNT NO. | BALANCE | NAMES ON ACCOUNT |
|------------------|-------------------------|----------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

REAL ESTATE

Did you or your spouse buy real estate (land/houses) during your marriage? Yes No

Date of Purchase: _____ Purchase Price: _____

Down Payment: _____ Monthly Payment: _____

Source of Down Payment: _____ Payments Made to: _____

Does monthly payment include homeowners insurance and property taxes? Yes No

Name on deed/contract: _____ Equity Value: _____

Would you like exclusive use of the marital Residence? Yes No

PENSION/IRA/401K

Do you or your spouse have a pension, IRA, or 401K plan? Yes No

If yes, please bring latest statement from the plan. State the plan name, address, and coordinator:

OTHER ASSETS

Do you or your spouse have any other assets that have not been previously mentioned (stocks, bonds, etc.)? If yes, please list.

Is there a restraining order on any of your assets? Yes No

DEBTS

Please list all outstanding debts that you and/or your spouse have:

| CREDITOR | AMOUNT OWED | MONTHLY PAYMENT | NAME ON ACCOUNT |
|----------|-------------|-----------------|-----------------|
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Do you or your spouse owe any past due income taxes? Yes No