

ANNE E. KENNEDY
ATTORNEY AT LAW

539 HEIGHTS BOULEVARD
HOUSTON, TEXAS 77007
Licensed in Texas and Louisiana

TEL: (713) 862-8110
FAX: (713) 869-6260
www.aek-law.com

DIVORCE QUESTIONNAIRE

Date: _____

Please complete this questionnaire as completely and accurately as you can. Where appropriate, provide documents, receipts and other supporting information separately. **All information that you provide will be held in strict confidence.**

1. Personal Information.

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

f. Email addresses: _____

g. May we communicate with you via email? (Please be sure that your email is secure and protected from your spouse): _____

h. How do you prefer that we communicate with you? _____

2. Where are you living now?

a. Address: _____

b. City, State, Zip: _____

c. May we send mail to you at this address? (Please ensure that your mail is secure and protected from your spouse): _____

3. What are your telephone numbers?

a. Home: (____) _____ - _____ ext. _____

b. Cell: (____) _____ - _____ ext. _____

c. Work: (____) _____ - _____ ext. _____

d. Which number do you prefer that we use to contact you? _____

IMPORTANT: How can we contact you at all times? (Relative or friend who can locate you):

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

4. Please complete the following concerning your employment.

a. Employer: _____

b. Length of employment: _____

c. Job Title: _____

d. Street Address: _____

e. City, State, Zip: _____

f. Telephone number: _____

g. Gross salary per month or annually: \$_____ (per _____)

IMPORTANT: Please provide your last 3 paycheck stubs, most recent W-2 and tax return.

5. Describe your education (schools attended, dates attended, degrees obtained):

6. Please give your spouse's full name, date and place of birth, and Social Security number.

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

7. Where is your spouse presently living and what is your spouse's telephone number?

a. Address: _____

b. City, State, Zip: _____

c. Residence telephone number: _____

8. Complete the following concerning your spouse's employment.

a. Employer: _____

b. Job Title: _____

c. Street Address: _____

d. City, State, Zip: _____

e. Telephone number: _____

f. Spouse's gross salary per month or annually: \$ _____ (per _____)

g. Length of spouse's employment: _____

9. Describe your spouse's education (schools attended, dates attended, degrees obtained):

10. Please give the date and place of your marriage.

Date: _____

City, State: _____

11. Please give the full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

D. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

12. Are you now separated from your spouse? _____
If so, give the date of separation. _____

13. Which spouse will live in the family home during the divorce? _____
Who will pay for the house? _____

14. Have you or your spouse seen any marriage counselors? _____
If so, give name, address and telephone: _____

15. What is your religious preference? _____
What is your spouse's religious preference? _____
What is the religious preference for the children? _____

16. Check as appropriate if your marital difficulties involve any of the following:

- | | |
|--------------------|--------------------------|
| Drugs/alcohol | <input type="checkbox"/> |
| Physical violence | <input type="checkbox"/> |
| Sexual dysfunction | <input type="checkbox"/> |
| Religion | <input type="checkbox"/> |
| Sexual infidelity | <input type="checkbox"/> |

Financial disputes
Other:

17. Will there be a dispute over custody of the children? _____
a. If not, custody who will have primary custody? _____
b. Should there be a geographical restriction on where the children will live? If so, please state the geographical area that the children's residence should be restricted to:

c. If you are not seeking primary custody, what schedule of visitation would you like?

18. Where are the children living at this time?

19. List any property (other than furniture, clothing and toys) owned by the children.

20. How long have you lived in Texas?

21. What county do you reside in and how long there?

22. Have you or your spouse ever filed for a divorce? _____ If so, when and where?

23. Does your spouse now have an attorney? _____ If so, name and telephone number?

24. Have you been married before? _____

If so, how many times? _____

25. Do you have children by a previous marriage? _____

If so, give full name, date and place of birth, and sex of each child of your previous marriages.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

With whom do these children reside: _____

26. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____

27. Has your spouse been married before? _____
If so, how many times? _____

28. Does your spouse have children by a previous marriage? _____

If so, give full name, date and place of birth, and sex of each child of spouse's previous marriages.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____ BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

With whom do these children reside? _____

29. Does your spouse pay/receive child support? _____
If so, how much? \$ _____ per _____

30. If a divorce is granted, should the wife's maiden or prior name be restored? _____
If so, what is the exact name to be used? _____

SUMMARY OF PROPERTY (Please provide any deeds, titles, appraisals, statements of account or other documents in your possession regarding your property)

**Note: a more detailed description of your property must be provided in a Sworn Inventory.

Real Estate:

1. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____
Date purchased: _____
Current mortgage balance: \$ _____
Monthly payments: \$ _____
Legal description of the property:

2. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____
Date purchased: _____
Current mortgage balance: \$ _____
Monthly payments: \$ _____
Legal description of the property:

**Attach additional sheets, if necessary.

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1. Year: _____ Make: _____ Model: _____
Who drives? _____
Vehicle Identification No. _____
Mortgage with: _____
Account No. _____
Amount owed: \$ _____ Payment amount: \$ _____
Present market value: \$ _____ How determined? _____

2. Year: _____ Make: _____ Model: _____
Who drives? _____
Vehicle Identification No. _____
Mortgage with: _____
Account No. _____
Amount owed: \$ _____ Payment amount: \$ _____
Present market value: \$ _____ How determined? _____

3. Year: _____ Make: _____ Model: _____
Who drives? _____
Vehicle Identification No. _____
Mortgage with: _____
Account No. _____
Amount owed: \$ _____ Payment amount: \$ _____
Present market value: \$ _____ How determined? _____

4. Year: _____ Make: _____ Model: _____
Who drives? _____
Vehicle Identification No. _____
Mortgage with: _____
Account No. _____
Amount owed: \$ _____ Payment amount: \$ _____
Present market value: \$ _____ How determined? _____

Bank Accounts, Savings Accounts, CDs, Credit Union, Savings Bonds:

1. Name of Institution: _____
Type of account (bank, savings, etc): _____
Account Name: _____
Account No. _____
Amount currently in account: \$ _____

Names on account: _____

2. Name of Institution: _____
Type of account (bank, savings, etc): _____
Account Name: _____
Account No. _____
Amount currently in account: \$ _____

Names on account: _____

3. Name of Institution: _____
Type of account (bank, savings, etc): _____
Account Name: _____

Account No. _____
Amount currently in account: \$ _____

Names on account: _____

4. Name of Institution: _____
Type of account (bank, savings, etc): _____
Account Name: _____
Account No. _____
Amount currently in account: \$ _____

Names on account: _____

5. Name of Institution: _____
Type of account (bank, savings, etc): _____
Account Name: _____
Account No. _____
Amount currently in account: \$ _____

Names on account: _____

Life Insurance:

1. Name of company: _____
Insuring Life of: _____
Type of policy (term, whole life, etc.): _____ Cash value: \$ _____

2. Name of company: _____
Insuring Life of: _____
Type of policy (term, whole life, etc.): _____ Cash value: \$ _____

3. Name of company: _____
Insuring Life of: _____
Type of policy (term, whole life, etc.): _____ Cash value: \$ _____

4. Name of company: _____
Insuring Life of: _____
Type of policy (term, whole life, etc.): _____ Cash value: \$ _____

Stocks, Mutual Funds, Bonds, Securities:

1. Name of investment: _____
Number of shares owned: _____ Present value: \$ _____

2. Name of investment: _____
Number of shares owned: _____ Present value: \$ _____

3. Name of investment: _____
Number of shares owned: _____ Present value: \$ _____

4. Name of investment: _____
Number of shares owned: _____ Present value: \$ _____

5. Name of investment: _____
Number of shares owned: _____ Present value: \$ _____

6. Name of investment: _____
Number of shares owned: _____ Present value: \$ _____

**Attach additional sheets, if necessary

Retirement, Pensions, Other Company Benefits:

1. Do you participate in any retirement plan? _____
Name of the plan: _____
Address of plan: _____
Account No.: _____ Beneficiary: _____
Current value of retirement account: \$ _____

Is any portion of the plan your separate property? _____

Date plan started: _____

2. Does your spouse participate in any retirement plan? _____
Name of the plan: _____
Address of plan: _____
Account No.: _____ Beneficiary: _____
Current value of retirement account: \$ _____

Is any portion of the plan your spouse's separate property? _____

Date plan started: _____

Other

1. Does anyone owe you or your spouse any money? _____
If so, how much _____
Owed by whom? _____

2. Are you or your spouse involved in any lawsuits? _____
If so, describe: _____

3. Do you own any livestock or mineral interests? _____
If so, describe:

4. Do you belong to any clubs with an equity interest?

If so, describe:

Debts: (Other than house and/or automobiles. For example, credit card debt or personal loans)

1. Name of creditor:

Account No. _____ Amount owed: \$ _____

Min. payment: \$ _____

2. Name of creditor:

Account No. _____ Amount owed: \$ _____

Min. payment: \$ _____

3. Name of creditor:

Account No. _____ Amount owed: \$ _____

Min. payment: \$ _____

4. Name of creditor:

Account No. _____ Amount owed: \$ _____

Min. payment: \$ _____

5. Name of creditor:

Account No. _____ Amount owed: \$ _____

Min. payment: \$ _____

6. Name of creditor:

Account No. _____ Amount owed: \$ _____

Min. payment: \$ _____

Income Tax:

Have you filed for all previous years? _____

Joint or separate? _____

Prepared by whom? _____

Refund received/expected? _____

If so, how much? \$ _____

Separate Property:

Do you own any separate property (owned before marriage or received during marriage by gift or inheritance)? If so, detail your separate property:

1. Description:

a. How acquired? _____

b. Date acquired? _____

2. Description:

a. How acquired? _____

b. Date acquired? _____

3. Description:

a. How acquired? _____

b. Date acquired? _____

Does your spouse own any separate property? If so, detail the separate property:

1. Description:

a. How acquired? _____

b. Date acquired? _____

2. Description:

a. How acquired? _____

b. Date acquired? _____

3. Description:

a. How acquired? _____

b. Date acquired? _____

**Attach additional sheets, if necessary

DOCUMENTS TO BE FILLED OUT AND RETURNED TO ATTORNEY

- ___ 1. Client Questionnaire
- ___ 2. Financial Information Sheet

DOCUMENTS TO BE PROVIDED TO ATTORNEY

(Please provide copies - we would prefer you keep your originals)

- ___ 1. Copy of your Texas Drivers' license and Social Security Card
- ___ 2. Copy of your Medical Insurance Card
- ___ 3. Past three years tax returns, including W-2 forms.
- ___ 4. Current pay stubs from last 3 pay periods.
- ___ 5. Past six months bank statements for all checking and savings accounts (upon receiving it, provide current months bank statement).
- ___ 6. Verification of debts (i.e., current credit card statements, invoices, monthly statements, etc.).
- ___ 7. Verification of assets (i.e., current monthly or quarterly statements of assets including mortgages, IRA's, 401k, pensions, CD's, brokerage statements, life insurance policies, etc.).
- ___ 8. Vehicle titles, including titles for all automobiles, boats, motorcycles, etc.
- ___ 9. Appraisals or other evidence of value for assets such as real estate, vehicles, jewelry, etc.
- ___ 10. Warranty Deed or Quit Claim Deed (and appraisals if available) for all real estate, including residence and/or any and all land.
- ___ 11. Verification of medical insurance cost for children only.
- ___ 12. Verification of monthly day care cost for children.
- ___ 13. Verification of other child support payments made by you or your spouse for any children of a previous marriage or children prior to marriage.
- ___ 14. Verification or proof regarding any property claimed by you as Separate Property (showing date acquired if prior to marriage, or proof that the property was a gift or was inherited by you).