

**Divorce/Dissolution Questionnaire**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Present address: \_\_\_\_\_

(If you own a home please include a copy of your mortgage and deed to all property.)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Are you a native American?: \_\_\_\_\_

Have you lived in Ohio for more than six months: \_\_\_\_\_

Have you lived in your county for more than three months: \_\_\_\_\_

**INCOME INFORMATION**

How many people in your household: \_\_\_\_\_

Adults: \_\_\_\_\_

Children: \_\_\_\_\_

What is your monthly income: \_\_\_\_\_

Income source: \_\_\_\_\_

Employment income: \_\_\_\_\_

ADC/OWF/TANF: \_\_\_\_\_

Worker's Comp: \_\_\_\_\_

Unemployment: \_\_\_\_\_

Social Security: \_\_\_\_\_

Alimony: \_\_\_\_\_

Pension: \_\_\_\_\_

Veterans: \_\_\_\_\_

Other: \_\_\_\_\_

**- How much do you pay for --**

Transportation costs: \_\_\_\_\_

Health Ins./Medical expenses? \_\_\_\_\_

(PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD FOR THE CHILDREN)

Child care: \_\_\_\_\_

Child support: \_\_\_\_\_

**ASSET INFORMATION**

Name and information of the following (bank, account number, etc.) -

Checking account: \_\_\_\_\_ Value: \_\_\_\_\_

Savings account: \_\_\_\_\_ Value: \_\_\_\_\_

Retirement/401k/Pension: \_\_\_\_\_ Value: \_\_\_\_\_

If you have any of these please indicate the name, address and telephone number of this:

\_\_\_\_\_

**- If you or your spouse own any of these provide information for the following:**

House or real estate: \_\_\_\_\_ Value: \_\_\_\_\_

Car or motorcycle: \_\_\_\_\_ Value: \_\_\_\_\_

Camper: \_\_\_\_\_ Value: \_\_\_\_\_

Boat: \_\_\_\_\_ Value \_\_\_\_\_

Real estate you do not live in: \_\_\_\_\_ Value: \_\_\_\_\_

List other valuable assets: \_\_\_\_\_

## INFORMATION ABOUT DEBTS

List the type, account number and approximate amount of debt currently owed by you and/or your spouse (total outstanding balance due, **not** monthly payment):

Credit cards: \_\_\_\_\_

Utilities: \_\_\_\_\_

Vehicle loans: \_\_\_\_\_

Mortgages: \_\_\_\_\_

Student loans: \_\_\_\_\_

Medical bills: \_\_\_\_\_

Other: \_\_\_\_\_

If you have determined how to divide these assets indicate who gets what. You can write in the margins something like "HIS", or "HERS", "50/50" or "HIM 75%/HER 25%"

**INFORMATION ABOUT YOUR SPOUSE**

Name: \_\_\_\_\_

Present address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

SSN: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Is your spouse working: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

How long working there: \_\_\_\_\_

Monthly income: \_\_\_\_\_

Is your spouse self-employed: \_\_\_\_\_ Value of business: \_\_\_\_\_

Does spouse have retirement/401k/pension from a past or present employer: \_\_\_\_\_

If so give name, address and telephone number: \_\_\_\_\_

Has your spouse recently lost his/her job or nearing retirement: \_\_\_\_\_

Are there any assets that need to be protected: \_\_\_\_\_

If so what assets and why: \_\_\_\_\_

Is spouse in the military: \_\_\_\_\_

Is spouse in a mental institution: \_\_\_\_\_

Is spouse in jail or prison: \_\_\_\_\_ If so where and why: \_\_\_\_\_

Does Wife want to return to her maiden name? If so what? \_\_\_\_\_

Is Wife Pregnant? \_\_\_\_\_

# INFORMATION ABOUT MARRIAGE AND CHILDREN