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DIVORCE INTERVIEW QUESTIONNAIRE

Yourself

Full Legal Name: _____

Address: _____

Home Phone: (_____) _____ Other: (_____) _____

Work Phone: (_____) _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Gross Pay: \$ _____ Net Pay: \$ _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Number of this Marriage: _____

Did your last marriage end in divorce: _____ What Year: _____

What state were you born in? _____

How many years of school do you have?

High School: _____ College: _____

Degrees: _____

Race: _____

Your Spouse

Full Legal Name: _____

Address: _____

Home Phone: (_____) _____ Other: (_____) _____

Work Phone: (_____) _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Gross Pay: \$ _____ Net Pay: \$ _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Number of this Marriage: _____

Did your spouse's last marriage end in divorce: _____ What Year: _____

What state was your spouse born in? _____

How many years of school does your spouse have?

High School: _____ College: _____

Degrees: _____

Race: _____

Current Marriage

Date of Marriage: _____

City, County and State of Marriage: _____

Years of Marriage: _____

Wife's maiden name: _____

Children of this Marriage

| Name of Child | Date of Birth | Social Security Number | Age of Child |
|---------------|---------------|------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Other information regarding minor children of this marriage:

Address of minor children at present time: _____

City and state where minor children have resided during the past five years: _____

List all persons with whom the minor children have lived during the past five years: _____

Has any legal proceeding regarding custody of the minor children of this marriage been filed and if so when and where? _____

Information about children over the age of majority

| Name of Child | Date of Birth | Whereabouts (college, married, etc.) |
|---------------|---------------|--------------------------------------|
| | | |
| | | |
| | | |

Information about children of previous marriages

| Name of Child | Age | Social Security Number | Custodian | Support Payment | Paid or Received |
|---------------|-----|------------------------|-----------|-----------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Employment Information

| | You | Spouse |
|---------------------------|------------|---------------|
| Name of Employer | | |
| Address of Employer | | |
| Phone Number | | |
| Position | | |
| Length of Employment | | |
| Pay Periods | | |
| Monthly Gross | | |
| Monthly Net | | |
| Benefits Paid by Employer | | |
| Benefits Paid by Employee | | |

How often are you paid?

_____ Monthly _____ Every Two Weeks _____ Twice a Month

How often is your spouse paid?

_____ Monthly _____ Every Two Weeks _____ Twice a Month

Do you have a written Prenuptial or Postnuptial Agreement with your spouse?

Yes No If yes, please attach a copy of the Agreement to this questionnaire when returning the questionnaire to our office.

Banking Information

Please list all accounts, whether they are in your name, your spouse's name, jointly held, or for the benefit of the children.

Checking Accounts

| Name of Bank | Account Number | Current Balance | Name(s) on Account |
|--------------|----------------|-----------------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Saving Accounts

| Name of Bank | Account Number | Current Balance | Name(s) on Account |
|--------------|----------------|-----------------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Cash

| Amount of Cash | Who has the Cash? |
|----------------|-------------------|
| \$ | |
| \$ | |

Accounts for the Benefit of the Children

Including, but not limited to, Section 529 Savings Plans or UTMA Accounts

| Name of Bank | Account Number | Current Balance | Name(s) on Account |
|--------------|----------------|-----------------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Expenses

| Expense | Monthly Expense | Annual Expense | | Monthly Expense | Annual Expense |
|--|-----------------|----------------|--|-----------------|----------------|
| Home Expenses | \$ | \$ | Transportation | | |
| Rent/Mortgage | \$ | \$ | Auto Payment | \$ | \$ |
| Homeowners/ Association Fee | \$ | \$ | Fuel | \$ | \$ |
| Home Equity Loan | \$ | \$ | Repairs/Maintenance | \$ | \$ |
| Property Taxes | \$ | \$ | Total Transportation Expenses | \$ | \$ |
| Telephone | \$ | \$ | | | |
| Cell Phone/Pager | \$ | \$ | Miscellaneous | | |
| Internet | \$ | \$ | Postage | \$ | \$ |
| Security System | \$ | \$ | Gifts/Holiday Expenses | \$ | \$ |
| Cable/Satellite | \$ | \$ | Vitamins/Non-Prescription Drug | \$ | \$ |
| Electricity | \$ | \$ | Toiletries | \$ | \$ |
| Gas | \$ | \$ | Beauty Salon/Hair/Nails | \$ | \$ |
| Water/Garbage | \$ | \$ | Pet Care/Vet | \$ | \$ |
| Landscape Maintenance/Lawn | \$ | \$ | Books/Newspapers/Magazines | \$ | \$ |
| Snow Removal | \$ | \$ | Donations | \$ | \$ |
| Exterminator | \$ | \$ | Memberships/Clubs | \$ | \$ |
| General Home Repairs/Maint | \$ | \$ | Miscellaneous | \$ | \$ |
| Home Improvements/Upgrade | \$ | \$ | Credit Card | \$ | \$ |
| Housecleaning | \$ | \$ | Total Miscellaneous Expenses | \$ | \$ |
| Miscellaneous Household/Pool | \$ | \$ | | | |
| Total Home Expenses | \$ | \$ | Other Payments | | |
| | | | Quarterly Taxes/Add'l Tax Pmts | \$ | \$ |
| Food | | | Spousal Support Payments | \$ | \$ |
| Groceries | \$ | \$ | Child Support Payments | \$ | \$ |
| Dining Out | \$ | \$ | Eldercare Expenses | \$ | \$ |
| Total Food Expenses | \$ | \$ | Professional Fees: | \$ | \$ |
| | | | Accounting | \$ | \$ |
| Clothing Expenses | | | Financial Planning | \$ | \$ |
| Clothing | \$ | \$ | Legal | \$ | \$ |
| Laundry/Dry Cleaning | \$ | \$ | Miscellaneous | \$ | \$ |
| Total Clothing Expenses | \$ | \$ | Total Other Payments Expenses | \$ | \$ |
| | | | | | |
| Entertainment/Recreation | | | Total Expenses (excluding children) | \$ | \$ |
| Entertainment-Excludes Dining Out | \$ | \$ | | | |
| Videos/CDs/DVDs | \$ | \$ | Child Related Expenses | | |
| Hobbies | \$ | \$ | Education/Tuition | \$ | \$ |
| Movies & Theater | \$ | \$ | School Lunches | \$ | \$ |
| Vacations/Travel | \$ | \$ | Counselor | \$ | \$ |
| Classes/Lessons | \$ | \$ | Sports/Camps/Lessons | \$ | \$ |
| Total Entertainment/Recreation | \$ | \$ | Hobbies/Field Trips/School Activities | \$ | \$ |
| | | | Toys/Games | \$ | \$ |
| Medical | | | Boy Scout/Girl Guide Dues | \$ | \$ |
| <i>(After or not covered by insurance)</i> | \$ | \$ | Clothing | \$ | \$ |
| <i>(Excludes children)</i> | \$ | \$ | Medical | \$ | \$ |
| Physicians | \$ | \$ | Dental/Orthodontics* | \$ | \$ |
| Dental/Orthodontist | \$ | \$ | Optometry/Glasses/Contacts* | \$ | \$ |
| Optometry/Glasses/Contacts | \$ | \$ | Prescriptions* | \$ | \$ |
| Prescriptions | \$ | \$ | Allowances | \$ | \$ |
| Total Medical Expenses | \$ | \$ | Miscellaneous/Haircuts | \$ | \$ |
| | | | Total Child Related Expenses | \$ | \$ |
| Insurance | | | <i>*Not Covered by Insurance</i> | | |
| Life Insurance | \$ | \$ | | | |
| Health | \$ | \$ | | | |
| Disability | \$ | \$ | Total Expenses (Including Children) | \$ | \$ |
| Long-Term Care | \$ | \$ | | | |
| Home | \$ | \$ | | | |
| Auto | \$ | \$ | | | |
| Other (Boat, College, Etc.) | \$ | \$ | | | |
| Total Insurance Expense | \$ | \$ | | | |

Monthly Payments to Banks, Loan Companies or Credit Card Account

Real Estate and Mortgage Information

First Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Second Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Third Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Other Real Estate and Mortgage Information

First Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Second Mortgage Information

Address: _____
Date Acquired: _____
Purchase Price \$ _____ Fair Market Value \$ _____
Monthly Payment \$ _____ Balance Due on Loan \$ _____
Name of Mortgage Holder: _____

Information Regarding Miscellaneous Items

Who pays for family health care coverage? _____

Cost of family coverage? _____

Have you and/or your spouse undergone any type of counseling? If so, who have you seen? _____

In general words, give your reason for filing a domestic action at this time? _____

Do you have a particular amount of money in mind needed in terms of spousal support or child support which will meet your monthly obligations? _____

Have you and your spouse discussed a division of property? If so, please give particulars:

General Information About Your Initial Divorce Papers

(Check the ones that apply to your desires)

| | | | |
|---|--|----------------------------|--|
| Divorce | | Residence | |
| Separate Maintenance | | Primary Custody | |
| Annulment | | Child Support | |
| Joint Custody | | Restraining Order | |
| Attorney fees to be paid by other party | | Costs | |
| Personal Property to be awarded to you | | Restoration of maiden name | |
| Personal Property to be awarded to spouse | | Spousal Maintenance | |

Your Spouse's "Hidden" Assets – A Checklist
(adapted from article by Leonard Karp, Tuscon, AZ)

In helping you to prepare for your property division settlement or trial, we try not to overlook anything. Please take a moment to help us complete this list of "hidden" assets (or easily overlooked ones) so that we don't miss anything.

Client's Name _____ Date of meeting with client: _____

| ✓ | Type of Asset | Location of Documents | Notes/Comments |
|---|--|-----------------------|----------------|
| | Frequent Flyer Mileage | | |
| | Security Deposits (e.g., utilities, car lease) | | |
| | Timeshare property | | |
| | Leased vehicles, cell phone, other items | | |
| | Stock options | | |
| | Memberships (e.g., country club) | | |
| | Bond or deposit for country club | | |
| | Unused vacation, sick leave | | |
| | Patents, copyrights, royalties | | |
| | Income tax refunds | | |
| | Income tax capital loss carry-forwards | | |
| | Income tax charitable contribution carry-forwards | | |
| | Marketable government licenses (radio licenses, commercial fishing quotas) | | |
| | Special retirement benefits ("golden parachutes") | | |
| | Retirement – life insurance benefits | | |
| | Retirement – medical benefits | | |
| | Retirement – survivor benefits | | |
| | Hobby or other collections | | |
| | Contract rights from martial employment (e.g., insurance renewal payments for agent) | | |
| | | | |

| | | | |
|--|--|--|--|
| | Affiliation "rewards" programs (e.g., points or discounts for credit card use) | | |
| | Entertainment tickets, season ticket options | | |
| | Hangar lease (for aircraft) | | |
| | Hotel or credit card points | | |
| | Cash | | |
| | Small business retained earnings | | |

| | | | |
|--|--|--|--|
| | U.S. Savings Bonds, other securities | | |
| | "Hidden Value" items – rare items of personal property (e.g., antiques), rare pets, collectibles | | |
| | Options to purchase property | | |
| | Unpaid commissions on deals set to close | | |
| | Referral fees (e.g., for personal injury lawyers) | | |
| | Security or performance bonds posted | | |
| | Car insurance paid | | |
| | Taxes prepaid | | |