

ADRIENNE L. IDDINGS
Attorney and Counselor at Law, P.L.L.C.
204 East Church Street, Suite 202
Adrian, Michigan 49221
Phone: 517-266-2224
Text: 517-777-8602
Fax: 517-266-2022

CONFIDENTIAL QUESTIONNAIRE
for
DIVORCE CASES

Instructions:

- Provide **ALL** information requested to ensure documents are properly completed for Court filing.
- Attach a copy of the most recent pay stub for yourself and spouse.
- Attach a copy of all deeds/land contracts concerning all real property held alone and jointly.
- Attach a copy of the Affidavit of Parentage for any minor child born out of marriage.
- Attach **ALL** current statements: 401k, pensions, loans, credit cards, vehicles, etc...
- If you require additional room for any of the questions, please use the back of this form. (Please indicate the question you are answering.)
- If you have any questions regarding the information asked for, please contact Kelly at 517-266-2224 or text 517-777-8602.

Employer: _____ Occupation: _____

Employer Address: _____
Street Number (inc. suite number, etc.) City State Zip

Employer Phone Number: _____ ext: _____ Length of Employment: _____

Are they currently working? _____ If not, why: _____

Please state their weekly take home pay: _____ weekly gross pay: _____

Please state their highest level of education: _____ Degrees received: _____

Do they receive public assistance? _____ If so, what kind? _____ How much? _____

Are they currently receiving Social Security? _____ If so, how much? _____ How long? _____

Are they currently receiving Workers Comp.? _____ If so, how much? _____ How long? _____

Are they currently receiving any mental health treatment, if so, what for and what medications are they currently taking? **(If you are uncomfortable disclosing this information on the questionnaire, please contact our office to discuss)**

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD(REN):

Attach a copy of the Affidavit of Parentage for any minor child born out of marriage.

1) Full Name: _____ SS# _____ DOB: _____ Age: _____

Address: _____
Street Number (including Apt.#) City State Zip County

2) Full Name: _____ SS# _____ DOB: _____ Age: _____

Address: _____
Street Number (including Apt.#) City State Zip County

3) Full Name: _____ SS# _____ DOB: _____ Age: _____

Address: _____
Street Number (including Apt.#) City State Zip County

4) Full Name: _____ SS# _____ DOB: _____ Age: _____

Address: _____
Street Number (including Apt.#) City State Zip County

What school district do the children attend? _____

What school district would you like them to attend? _____

Are they currently receiving any mental health treatment, if so, what for and what medications are they currently taking? **(If you are uncomfortable disclosing this information on the questionnaire, please contact our office to discuss)**

PLEASE PROVIDE THE FOLLOWING CONCERNING MINOR CHILD(REN) OF PREVIOUS RELATIONSHIPS:

Does either party have child(ren) from previous marriage/relationship? _____ If yes, state:

1) Full Name: _____ SS# _____ DOB: _____ Age: __H or W

Address: _____
Street Number (including Apt.#) City State Zip County

2) Full Name: _____ SS# _____ DOB: _____ Age: __H or W

Address: _____
Street Number (including Apt.#) City State Zip County

Does either party pay child support for any child(ren) outside of this marriage? _____

If yes, state amount paid: _____ per _____ for _____ children and the

1) Full Name: _____ SS# _____ DOB: _____ Age: __

Address: _____
Street Number (including Apt.#) City State Zip County

2) Full Name: _____ SS# _____ DOB: _____ Age: __

Address: _____
Street Number (including Apt.#) City State Zip County

PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING SUPPORT, CUSTODY, & ALIMONY:

Are you seeking Child Support? _____

Is there an agreement on the amount to be paid for child support? _____ If yes, state amount: _____

Is there currently a child support order? _____ If yes, state: _____

County Case No. Amount

If yes, state if Payor is behind in support: _____ If yes, state amount behind: _____

Is there an agreement on who will receive IRS Child Dependency Exemption? _____

Is there an agreement on custody? _____ If yes, please state terms: _____

If not, are you seeking: Joint or Full Legal Custody _____ Joint or Full Physical Custody _____

Is there an agreement on parenting time? _____ If yes, please state terms: _____

Will you be seeking alimony? _____

Is there an agreement on the amount? _____ If yes, state amount: _____ per _____

PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING HEALTH CARE:

Your Insurance/HMO Carrier: _____ Policy/Contract#: _____

Do you provide coverage for child(ren)? _____ If yes, state child(ren) covered: _____

Cost: _____

Partner's Insurance/HMO Carrier: _____ Policy/Contract#: _____

Does partner provide coverage for child(ren): ___ If yes, state child(ren) covered: _____
_____ Cost: _____

Do you have any other employer provided benefits? ___ If yes, state: _____

Does your partner have any other employer provided benefits? ___ If yes, state: _____

PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION:

Date of Marriage: _____ Place of Marriage: _____
m/d/year City/Village County State

Date of Separation: _____ Are you still residing in the same household? _____
m/d/year

Number of Previous Marriages: _____ Number of Spouse's Previous Marriages: _____

Wife's Maiden Name: _____ Any other names by which Wife has been known? _____

Any other names by which Partner has been known? _____

Does Wife want to restore former or maiden name? _____

Is either party pregnant? _____ Baby's proposed due date: _____

Have either of you filed for divorce from each other before: ___ When? ___ County: _____

Case #: _____ Judge: _____ Has action been dismissed? _____

Have you ^{and/or} spouse received any money during the marriage through a lawsuit, inheritance, lottery, or by any other means? ___ If yes, state means: _____ amount: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING REAL PROPERTY: (Homes/Lots)

Does either party own real property? _____ Is it held jointly? _____ Type: _____

1) Address: _____
Street City State Zip

Apx. Value: _____ Amount Owed: _____ Monthly Payment: _____

Is there an agreement regarding this property? ___ If yes, state: _____

2) Address: _____
Street City State Zip

Apx. Value: _____ Amount Owed: _____ Monthly Payment: _____

Is there an agreement regarding this property? ___ If yes, state: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING VEHICLES:

(Please include all automobiles, ATVs, boats, motorcycles, motor homes, van, etc.**)**

1) Make/model/year of vehicle: _____ Value: _____

Amount Owed: _____ Monthly Payment: _____ Finance Co. _____

Owner(s): _____ VIN: _____ Who drives vehicle? _____

2) Type & make of vehicle: _____ Value: _____

Amount Owed: _____ Monthly Payment: _____ Finance Co. _____

Owner(s): _____ VIN: _____ Who drives vehicle? _____

3) Type & make of vehicle: _____ Value: _____
Amount Owed: _____ Monthly Payment: _____ Finance Co. _____
Owner(s): _____ VIN: _____ Who drives vehicle? _____

4) Type & make of vehicle: _____ Value: _____
Amount Owed: _____ Monthly Payment: _____ Finance Co. _____
Owner(s): _____ VIN: _____ Who drives vehicle? _____

Is there an agreement regarding above vehicle(s)? _____ If yes, state: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING BANK ACCOUNTS:

1) Name(s) on Account: _____ Type of Account: _____
Bank or Credit Union: _____ Amount in Account: _____

2) Name(s) on Account: _____ Type of Account: _____
Bank or Credit Union: _____ Amount in Account: _____

3) Name(s) on Account: _____ Type of Account: _____
Bank or Credit Union: _____ Amount in Account: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING STOCKS:

Do you or your partner have any interest(s) regarding stocks? _____ If yes, state:

Stock Name: _____ Shares: _____ Apx. Value: _____
Name on Stock: _____

Stock Name: _____ Shares: _____ Apx. Value: _____
Name on Stock: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING PENSION/401(k):

Do you have a retirement fund? _____ If yes, state:

1) Type of fund: _____ Apx. Value: _____ Company: _____

2) Type of fund: _____ Apx. Value: _____ Company: _____

3) Type of fund: _____ Apx. Value: _____ Company: _____

4) Type of fund: _____ Apx. Value: _____ Company: _____

Does Partner have a retirement fund? _____ If yes, state:

1) Type of fund: _____ Apx. Value: _____ Company: _____

2) Type of fund: _____ Apx. Value: _____ Company: _____

3) Type of fund: _____ Apx. Value: _____ Company: _____

4) Type of fund: _____ Apx. Value: _____ Company: _____

Have you and your partner reached an agreement regarding pensions? ____ If yes, state: ____

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING DEBT(S):

1) Creditor: _____ Amount Owed: _____ Monthly Pmt: _____

Name(s) on Account: _____

2) Creditor: _____ Amount Owed: _____ Monthly Pmt: _____

Name(s) on Account: _____

3) Creditor: _____ Amount Owed: _____ Monthly Pmt: _____

Name(s) on Account: _____

4) Creditor: _____ Amount Owed: _____ Monthly Pmt: _____

Name(s) on Account: _____

5) Creditor: _____ Amount Owed: _____ Monthly Pmt: _____

Name(s) on Account: _____

Have you and your partner reached an agreement regarding debt(s)? ____ If yes, state: ____

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING REMAINING PROPERTY:

Is there an agreement regarding personal property? ____ If yes, state property division: ____

IS THERE ANY OTHER INFORMATION THAT YOU NEED TO TELL THE ATTORNEY THAT WOULD HAVE AN EFFECT ON YOUR DIVORCE CASE?(i.e. past domestic violence?)