

DISSOLUTION OF MARRIAGE QUESTIONNAIRE

Today's Date _____ Conflict Checked: _____

How did you hear about **HUNTER LAW**? _____

We realize that you may be coming to this office for the sole purpose of obtaining information at this time. However, even if you are only seeking a consultation, I need certain information in order to adequately advise you. The questions below are designed to elicit the information we require in an orderly manner. None of this information will leave our office. Your cooperation is appreciated.

Please be advised that the presence of third parties not associated with the Hunter Law during your consultation or any future appointments destroys the attorney/client privilege and if subpoenaed, this person may be compelled to testify as to what was said during your consultation or future appointments. _____ Client Initials

The consultation fee will be collected prior to your appointment today. All Quotes for Attorney's Fees regarding your Case may be subject to adjustment and reevaluation of your case if you retain Hunter Law for Representation at a later date following your initial or subsequent consultations _____ Client Initials

INFORMATION ABOUT YOU

Full Legal Name: _____
(As it appears on your Driver's Licence)

Date of Birth: _____ SS#: _____

Mailing Address: _____
_____ Zip: _____

Home Phone: _____ Work Phone: _____
Cellular Phone: _____ Other Phone: _____

E-Mail Address: _____

May we contact you at home? May we contact you via E-mail?

Employer: _____

Position: _____ How long have you been with the company? _____

Salary: \$ _____ Hourly Rate \$ _____ Hours worked per week: _____

How often are you paid? _____ Do you Receive Bonuses/Commissions? _____

List any other sources of Income: _____

Have you ever gone by any other name? _____

Name(s) of your previous Attorney(s) _____

INFORMATION ABOUT THE OPPOSING PARTY

Name: _____
(As it appears on his/her Driver's Licence)

Date of Birth: _____ SS#: _____

Address: _____
_____ Zip: _____

Email Address: _____

Cellular Phone: _____ Other Phone: _____

Employer: _____

Address: _____

Position: _____ How long with the company? _____

Salary: \$ _____ Hourly Rate: \$ _____ Hours worked per week: _____

How often is he/she paid? _____ Does he/she Receive Bonuses/Commissions? _____

List any other sources of Income: _____

If unemployed, how long? _____ Why? _____

Is he/she in good health? _____ If no, please explain: _____

Has he/she ever gone by any other name? _____

Name(s) of his/her Attorney(s) _____

Where is the best place to serve opposing party: (*check one*)

Above listed home address _____ Workplace address _____

Height: _____ Weight: _____ Color of eyes: _____ Race: _____

Does he/she have any distinguishing features, marks, tattoos, etc.? _____

INFORMATION ABOUT THE MARRIAGE

How long have you lived in Florida? _____

Date of Marriage: _____ Years: _____ Months: _____

Place of Marriage: _____

Date of last Separation: _____

Has either party filed for divorce during the marriage? _____

Have you been served with papers? _____ When? _____

Are you seeking alimony? _____

Is the opposing party seeking alimony? _____

Have you gone by any other names? _____

If you are female, do you wish to return to your maiden/former name after your Divorce is Final?

Yes No (Please note that as part of your divorce you may only return to a name that you have been known by in the past)

If YES, please print exactly how you want your former/maiden name to read including your full middle name: _____

Have you ever been the victim of physical or mental abuse? _____

Have you at any time during the marriage filed a Domestic Violence Injunction against your spouse? Yes No If YES when? _____

Has your spouse at any time during the marriage filed a domestic violence injunction against you? Yes No If YES when? _____

Do you believe that your marriage is irretrievably broken? yes no

If NO explain why: _____

CHILDREN BORN OR ADOPTED OF THE MARRIAGE

Name	Date of Birth	Age	Place of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please list below the addresses at which the child(ren) have resided for the past five years, including the dates of residence at each address and the names of the people with whom the children resided:

Date	Address	With Whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any child listed above been involved in custody proceedings involving Juvenile Dependency Court or other court intervention? _____ If so When? _____

Have the child(ren) been involved in Department of Revenue Child Support Proceedings? _____ If so, When?: _____

Do you believe Timesharing with the Child(ren) will be an issue? _____

With whom do the child(ren) currently reside a majority of the time? _____

Do any of the child(ren) have current mental, emotional, physical or other health problems? _____ If so, please explain: _____

Who covers the child(ren)'s health insurance? _____ What is the total cost per Month? _____

What would be the individual monthly cost for your personal Health Insurance as a Single Person with no dependents? _____ and your spouse with no Dependents? _____

What would be the additional monthly cost for Health Insurance to you or your Spouse to add just your child(ren) to the personal health insurance plan listed immediately above (total cost for Family Coverage excluding a spouse)? _____

Are the child(ren) in day care? _____ If so, how much per month? \$ _____

REAL PROPERTY and BUSINESS ASSETS

Please list all real property (land, homes, buildings etc.) owned by you and/or your spouse and indicate whose name appears on the title:

Property Address:	Name(s) on Title & Year Purchased
1. _____ _____ _____	_____ _____ _____
2. _____ _____ _____	_____ _____ _____
3. _____ _____ _____	_____ _____ _____

What is the approximate Fair Market Value of each property?

1. _____
2. _____
3. _____

Mortgage Company	Names on the Mortgage	Balance Owed
1. _____		
2. _____		
3. _____		

Who currently resides in the marital home? _____ Do you want to sell the marital home? _____

Do you or your Spouse have an interest in any Businesses? _____

Name of the Business: _____

What is the percentage of ownership of each spouse? _____

Does the Business have any tangible or intangible assets? If so, please list: _____

PERSONAL PROPERTY

Automobiles and Liens

1. Year: _____ Make: _____ Model: _____
Whose name appears on the title: _____
Finance Company: _____ Monthly payments: _____
Value: _____ Primary driver: _____

2. Year: _____ Make: _____ Model: _____
Whose name appears on the title: _____
Finance Company _____ Monthly payments: _____
Value: _____ Primary driver: _____

Please list any Tangible or Intangible personal property that has significant value and may become a contested issue of ownership:

ASSETS AND LIABILITIES

BANK ACCOUNTS

	Name of Bank	Type of Account	Amount on Deposit	Name on Account
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

PENSION, PROFIT SHARING PLANS, RETIREMENT ACCOUNTS

	Type of Account	Value	Name on Account	Start Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

UNSECURED DEBTS (CREDIT CARDS)

	Creditor	Amount Owed	Name on Account
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

ATTORNEY NOTES

1. PRICE QUOTED CONTESTED:

2. COST DEPOSIT FOR CONTESTED:

3. PRICE QUOTED UNCONTESTED:

4. FILING FEES UNCONTESTED: