

Matrimonial Questionnaire

Date: _____

Answer all questions to the best of your ability. If a question does not apply write N/A.

THIS IS A CONFIDENTIAL INFORMATION SHEET AND CANNOT BE VIEWED BY A COURT OR ANY PERSON EXCEPT YOUR ATTORNEY.

PLEASE PRINT

GROUNDS: _____

Name: _____

Present Address: _____

Telephone Home: _____ Telephone Work: _____

Cell Phone: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Maiden Name: _____ City & State of Birth: _____

Highest Education Level: _____

Date of this Marriage: _____ Religious Ceremony? Yes: _____ No: _____

Place of this marriage: City: _____ County: _____ State: _____

Number of this Marriage: _____

If prior marriage, how did it end? Divorce _____ Death _____

Spouse's Name: _____

Present Address: _____

Social Security Number: _____ Spouse's Maiden Name: _____

Date of Birth: _____ Place of Birth _____

Highest Education Level: _____

Number of this marriage: _____

If prior marriage, how did it end? Divorce _____ Death _____ State: _____

Children of this marriage under 21:

Name: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Date of Birth: _____ Social Security Number: _____

Children of Prior marriage under the age of 21 (Indicate the parent: H or W)

Name: _____

Date of Birth: _____ Social Security Number: _____

Name: _____

Date of Birth: _____ Social Security Number: _____

Private or Parochial School for children under the age of 21:

Name: _____ Tuition: \$ _____

Address: _____

Grade: _____

Name: _____ Tuition: \$ _____

Address: _____

Grade: _____

HEALTH:

Wife: _____ Husband: _____ Children: _____

EDUCATION & LICENSES

College or Graduate Degrees & Date Obtained: _____

Licenses & Date Obtained: _____

Spouse:

College or Graduate Degrees & Date Obtained: _____

Licenses & Date Obtained: _____

EMPLOYMENT

Company & Date of Employment: _____

Address: _____

Position & Annual Salary: _____

Medical Benefits: _____ Yes _____ No

Life Insurance Benefits: ___ Yes ___ No Amount: _____ Beneficiary: _____

Other Benefits: _____

Spouse:

Company & Date of Employment: _____

Address: _____

Position & Annual Salary: _____

Medical Benefits: _____ Yes _____ No

Life Insurance Benefits: ___ Yes ___ No Amount: _____ Beneficiary: _____

Other Benefits: _____

MEDICAL INFORMATION

Health Plan: _____

Address: _____

Identification Number: _____

Plan Administrator: _____

Type of Coverage: _____

Spouse:

Health Plan: _____

Address: _____

Identification Number: _____

Plan Administrator: _____

Type of Coverage: _____

RETIREMENT BENEFITS

Pension: __ Husband __ Wife Date Benefits Commenced: _____ Amount: _____

Institution Held In: _____

401K: __ Husband __ Wife Date Benefits Commenced: _____ Amount: _____

Institution Held In: _____

ESOP: __ Husband __ Wife Date Benefits Commenced: _____ Amount: _____

Institution Held In: _____

IRA: __ Husband __ Wife Date Benefits Commenced: _____ Amount: _____

Institution Held In: _____

Other: __ Husband __ Wife Describe: _____

Outstanding Loans on Retirement Benefits: _____ Yes _____ No

Date: _____ Amount: _____ Balance: _____ Payment: _____

Purpose of Loan: _____

MARITAL RESIDENCE

Address: _____

One Family ___ Two Family ___ Co-Op ___ Condo ___ Apt. ___ Lease ___ Other ___

Date of Purchase: _____ Purchase Price: _____

Down Payment: _____ Source of Down Payment: _____

Original Mortgage Balance: _____ Term: _____

Lending Institution: _____

Refinanced: ___ Yes ___ No Details: _____

Current Mortgage Balance: _____ Monthly Payment: _____

Market Value: _____ Title: ___ Joint ___ Husband ___ Wife ___ Other

Separate Property Contributions to Down Payment: ___ Yes ___ No

Describe: _____

Rental Income: _____

OTHER REAL ESTATE

Address: _____

One Family ___ Two Family ___ Co-Op ___ Condo ___ Apt. ___ Lease ___ Other ___

Date of Purchase: _____ Purchase Price: _____

Down Payment: _____ Source of Down Payment: _____

Original Mortgage Balance: _____ Term: _____

Lending Institution: _____

Refinanced: ___ Yes ___ No Details: _____

Current Mortgage Balance: _____ Monthly Payment: _____

Market Value: _____ Title: ___ Joint ___ Husband ___ Wife ___ Other

Separate Property Contributions to Down Payment ___ Yes ___ No

Describe: _____

Rental Income: _____

BANKING INFO

Name of Financial Institution: _____

Checking: _____	How Titled: _____	Approx. Balance: _____
Savings: _____	How Titled: _____	Approx. Balance: _____

Name of Financial Institution: _____

Checking: _____	How Titled: _____	Approx. Balance: _____
Savings: _____	How Titled: _____	Approx. Balance: _____

Name of Financial Institution: _____

Checking: _____	How Titled: _____	Approx. Balance: _____
Savings: _____	How Titled: _____	Approx. Balance: _____

LIFE INSURANCE

Name of provider: _____ Amount: _____

Name of Insured: _____ Name of Beneficiary: _____

Cash Value (Term policies have no cash value): _____

Name of Provider: _____ Amount: _____

Name of Insured: _____ Name of Beneficiary: _____

Cash Value (Term policies have no cash value): _____

BUSINESSES

Name & Address: _____

Owner: _____ Type of Business: _____

Date Acquired: _____ Number of Employees: _____

VEHICLES

Autos/RV's/Trailers/ATV's/Airplanes/Etc.

Year _____ Make _____ Model _____ Loan/Lease

Monthly payment _____ Approx Balance owed _____

How titled: _____

Year _____ Make _____ Model _____ Loan/Lease

Monthly payment _____ Approx Balance owed _____

How titled: _____

Year _____ Make _____ Model _____ Loan/Lease

Monthly payment _____ Approx Balance owed _____

How titled: _____

GENERAL INFORMATION

Describe any property or gift either party received from a third party during the marriage: _____

Where is the property and how was it used: _____

Describe any transfers of property within the last three years: _____

Describe any property being held in trust for either party: _____

Does anyone owe you or your spouse money: _____

Describe any lawsuits pending by or against either party: _____

Describe any other assets acquired during the marriage valued over \$500.00 i.e. art, coin, stamp collections: _____

Where are these assets: _____

How were these assets acquired: _____

LIABILITIES

Credit Cards/Student Loans/Medical Bills/Personal loans/Etc.

Institution: _____ Amount Owed: _____

Monthly Payment: _____ Debtor: ___ Husband ___ Wife ___ Joint

Institution: _____ Amount Owed: _____

Monthly Payment: _____ Debtor: ___ Husband ___ Wife ___ Joint

Institution: _____ Amount Owed: _____

Monthly Payment: _____ Debtor: ___ Husband ___ Wife ___ Joint

Institution: _____ Amount Owed: _____

Monthly Payment: _____ Debtor: ___ Husband ___ Wife ___ Joint

Institution: _____ Amount Owed: _____

Monthly Payment: _____ Debtor: ___ Husband ___ Wife ___ Joint

Institution: _____ Amount Owed: _____

Monthly Payment: _____ Debtor: ___ Husband ___ Wife ___ Joint

Detail All Other Debts: