

## DOMESTIC RELATIONS QUESTIONNAIRE

In order to effectively represent your interests and prepare a settlement agreement that will best suit your needs, I would appreciate your providing me with the following information *(please complete at least all of the blanks on this page, as it is the minimum information required to complete various court documents)*:

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Annual Salary \_\_\_\_\_ No. of Marriage (1st, 2nd, etc.) \_\_\_\_\_

Spouse:

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Annual Salary \_\_\_\_\_ No. of Marriage (1st, 2nd, etc.) \_\_\_\_\_

1. Date you married your present spouse: \_\_\_\_\_ Location: \_\_\_\_\_  
City, County and State
2. Have you been living separate and apart from your spouse? \_\_\_\_\_  
Since when? \_\_\_\_\_
3. Grounds for divorce (if other than irreconcilable differences): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please state if you or your spouse has been previously married and divorced. If so, briefly outline the terms of any property settlement in connection with such divorce or any antenuptial agreement in connection with your present marriage. Attach additional pages, if necessary, and include a copy of any agreements evidencing same.

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5. Children (list full names below). Indicate if any of your children are adopted.

Name	Birthdate	Adopted?

6. Do you or any of the children have any serious medical problems? Please explain:

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7. Do you or your spouse have the responsibility for supporting anyone other than each other and your children?\_\_\_\_\_

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8. Do you or your spouse expect to inherit any substantial property in the near future which should be considered in dividing your marital property?\_\_\_\_\_

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9. To the best of your knowledge, do you now earn income from any trust, or stand to earn such income in the future?\_\_\_\_\_

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10. If you or your spouse owns an interest in a business (corporation, partnership or proprietorship), please state if the transfer of that interest is subject to any restrictions. (e.g., buy-sell, shareholder or partnership agreements):\_\_\_\_\_

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11. Which parent will be providing medical and/or dental insurance for the children?  
Please provide the name of the company and the policy number:\_\_\_\_\_
12. Do you want to provide for the college education of and/or a vehicle for, the children?  
(this is not required by law but can be agreed to by separate agreement of the parties). If  
so, how will the responsibility be allocated between the parents?\_\_\_\_\_
13. The Georgia child support guidelines (see O.C.G.A. § 19-6-15) specify the basic child  
support obligation that both parents have to their children based on their respective  
incomes and allocate the obligation between proportionally. The law requires  
completion of a Child Support Worksheet which if filed with the Court and we will  
prepare same and provide it to you for review and approval based upon the information  
to you submit to us. Please answer the following questions:
- (a) Who will have custody of the children? \_\_\_\_ Wife \_\_\_\_ Husband
- What type of custody will it be? (Sole - custodial parent makes all decisions;  
Joint - custodial parent has physical custody, but both parents have say-so in  
important decisions, such as schooling, medical treatment, religious upbringing,  
extracirricular activities, etc.) \_\_\_\_\_
- (b) Are there any special considerations regarding expenses of the children that need  
to be taken into account in deviating from the child support guidelines? Please  
describe. \_\_\_\_\_
- (c) Are there any special consideration regarding visitation? The standard visitation  
rights in our typical settlement agreement and parenting plan are liberal, giving  
the non-custodial parent custody of the children for a portion of the summer,  
alternating custody on holidays and odd and even years, and allowing visitation  
for two weekends out of every month (for your reference, we have attached a  
typical list of holidays which are shared between divorced parents). If you wish  
to vary from the foregoing, please describe: \_\_\_\_\_
- (d) Have you and your spouse resided (while married to each other) in any of the  
following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico,

Texas, or Washington? If so, please indicate which states, and when you resided there. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Is you or your spouse seeking rehabilitative alimony, alimony or other support from the other? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. In actions involving children or requests for temporary or permanent support, both parties are required to file Financial Affidavits. We have included a form of Domestic Relations Financial Affidavit at the end of this Questionnaire that you will need to complete and return to us.

16. Please complete the attached schedules concerning your assets. Please note that the purpose of providing these schedules to you are to make sure that all marital property is considered in making any agreed divisions between you.

## Schedules of Assets

### Life Insurance Coverage

Life Ins. Company	Face Amount	Outstanding Loans	Beneficiaries Principal/Secondary	Permanent Ins./Other	Term Ins.
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			

### Retirement Plans (e.g., IRA, profit-sharing, 401(k), Keogh, ESOP, defined benefit)

<u>Type of Plan</u>	<u>% Vested</u>	<u>Account Balance (or Accrued Benefit)</u>	<u>Death Benefit</u>	<u>Beneficiaries Primary/Secondary</u>

### Deferred Compensation Plans

Describe: \_\_\_\_\_  
\_\_\_\_\_

### Other Employee Benefits (e.g., stock options)

Describe: \_\_\_\_\_  
\_\_\_\_\_

### Annuities

Describe: \_\_\_\_\_  
\_\_\_\_\_

Real Property

	Property #1	Property #2	Property #3	Property #4
Description				
Usage (residence, investment, etc.)				
Location				
Owned in name(s) of				
Form of ownership				
Current fair market value				
Mortgages, liens, etc. (amount)				
Mortgage Insurance (yes/no)				

## Summary of Assets

Please give the current fair market value of your assets in each category and indicate (by placing the figures in the appropriate columns) whether the assets are owned by you separately, by your spouse separately, or by you and your spouse jointly. Provide as much detail as is necessary and, where applicable, include separate sheets.

		Husband	Wife	Jointly
1.	Residence	\$	\$	\$
2.	Other real property	\$	\$	\$
3.	Publicly traded stocks, bonds, mutual funds, etc.	\$	\$	\$
4.	Untraded securities (e.g., interests in limited partnerships)	\$	\$	\$
5.	Other investments (describe)	\$	\$	\$
6.	Business interests (in closely held corporations, partnerships or sole proprietorships)	\$	\$	\$
7.	Savings accounts, CDS, money markets	\$	\$	\$
8.	IRAs, pension, profit-sharing, etc.	\$	\$	\$
9.	Cash, checking accounts	\$	\$	\$
10.	Cars (list) (a) _____ (b) _____	\$	\$	\$
11.	Other personal property (furniture, jewelry, etc.)	\$	\$	\$
12.	Other property (describe)	\$	\$	\$
13.	Face value of life insurance	\$	\$	\$
14.	Add 1 through 13	\$	\$	\$
15.	All debts and mortgages (include residence mortgage, policy loans and other debts and mortgages)	\$	\$	\$
16.	Total (14 minus 15)	\$_____	\$_____	\$_____

## CHILD CUSTODY VISITATION SCHEDULING

What sort of every day custody arrangement do you anticipate? \_\_\_\_\_

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## CHILD CUSTODY VISITATION SCHEDULING

<b>Odd/Even Alternating between Husband and Wife</b>	
New Year's holiday (from 6:00 p.m. on December 26 through 6:00 p.m. on the later of (i) January 2, or (ii) the Sunday immediately preceding the resumption of school)	
Spring Break (from 6:00 p.m. the last day of school prior to the beginning of the Spring Break through 6:00 p.m. on the day immediately preceding the resumption of school)	
Memorial Day	
Labor Day	
Thanksgiving holiday (from 6:00 p.m. the Wednesday before Thanksgiving Day through 6:00 p.m. the Sunday immediately following Thanksgiving Day)	
<b>Odd/Even Alternating between Husband and Wife</b>	
Mardi Gras Day	
Easter Sunday	
4th of July Day	
Halloween Day	
Christmas holiday (from 6:00 p.m. on the earlier of (i) December 19, or (ii) the beginning of the Christmas/New Year's holiday from school, through 6:00 p.m. on December 26)	
<b>Husband or Wife Every Year</b>	
Mother's Day	
Father's Day	
Husband's Birthday	
Wife's Birthday	
<b>Other</b>	
With Non-Primary Custodian for 6 weeks every Summer	
With Non-Primary Custodian every other Weekend	
With Non-Primary Custodian During the Week	



## DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. Affiant's Name:		Age:
Affiant's Social Security No.:		
Spouse's Age:		
Date of Marriage:		Date of Separation:
Names and Birth Dates of Children of this Marriage:		
Name	Date of Birth	Resides With
Names and Birth Dates of Children of Prior Marriage Residing with Affiant:		
Name		Date of Birth
2. SUMMARY OF AFFIANT'S INCOME AND NEEDS		
(a) Gross monthly income (from Item 3A)		
(b) Net monthly income (from Item 3C)		
(c) Average monthly expenses (Item 5A)		
Monthly payments to creditors (Item 5B)		
Total monthly expenses and payments to creditors (Item 5C)		
(d) Amount of spousal/child support needed by Affiant		
(e) Amount of child support indicated by Child Support Guidelines		
3.A. AFFIANT'S GROSS MONTHLY INCOME (All income must be entered based on monthly average regardless of date of receipt. Where applicable, income should be annualized.)		
Salary		
Bonuses, commissions, allowances, overtime, tips and similar payments (based on past 12-month average or time of employment if less than 1 year) ATTACH SHEET ITEMIZING THIS INCOME.		

Business income from sources such as self employment, partnership, close corporations and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME.	
Disability/unemployment/worker's compensation	
Pension, retirements or annuity payments	
Social security benefits	
Other public benefits (specify)	
Spousal or child support from prior marriage	
Interest and dividends	
Rental income (gross receipts minus ordinary and necessary expenses required to produce income) ATTACH SHEET ITEMIZING THIS INCOME.	
Income from royalties, trusts or estates	
Gains derived from dealing in property (not including non-recurring gains)	
Other income of a recurring nature (specify source)	
GROSS MONTHLY INCOME	
B. List and describe all benefits of employment, e.g., automobile and/or auto allowance, insurance (auto, life, disability, etc.) deferred compensation, employer contribution to retirement or stock, club memberships and reimbursed expenses (to the extent they reduce personal living expenses) ATTACH SHEET, IF NECESSARY.	See Attached

C. Net monthly income from employment (deducting only state and federal taxes and FICA)			
Affiant's pay period (i.e., weekly, monthly, etc.)			
Number of exemptions claimed			
<b>4. ASSETS</b> (If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column. The total value of each asset must be listed in the "value" column. "Value" means what you feel the item of property would be worth if it were offered for sale.)			
		Value	
Description		Separate Asset of Wife	Separate Asset of Husband
Cash			
Stocks, bonds			
CD's/Money Market Accounts			
Real Estate	Home		
	Other		
Automobiles			
Money owed you			
Retirement/IRA			
Furniture/furnishings			
Jewelry			
Life insurance (cash value)			
Collectibles			
Bank accounts			
(List each account)			
Other assets			
TOTAL ASSETS			
<b>5. A. AVERAGE MONTHLY EXPENSES</b>			
HOUSEHOLD			
Mortgage or rent payments			

Property taxes	
Insurance	
Electricity	
Water	
Garbage & sewer	
Telephone	
Gas	
Repairs & maintenance	
Lawn care	
Pest control	
Cable TV	
Miscellaneous household and grocery items	
Meals outside home	
Other	
<b>AUTOMOBILE</b>	
Gasoline and oil	
Repairs	
Auto tags and license	
Insurance	
<b>CHILDREN'S EXPENSES</b>	
Child care	
School tuition	
School supplies/expenses	
Lunch money	
Allowance	
Clothing	
Diapers	
Medical, dental, prescription	
Grooming/hygiene	

Gifts			
Entertainment			
Activities			
OTHER INSURANCE			
Health			
Life			
Disability			
Other (specify)			
AFFIANT'S OTHER EXPENSES			
Dry cleaning and laundry			
Clothing			
Medical/dental			
Affiant's gifts (special holidays)			
Entertainment			
Vacations			
Publications			
Dues, clubs			
Religious and charities			
Miscellaneous (attach sheet)			
Other (attach sheet)			
Alimony paid to former spouse			
Child support paid to former spouse			
TOTAL ABOVE EXPENSES			
B. PAYMENTS TO CREDITORS			
To Whom	Balance Due		Monthly Payments

Total Monthly Payments to Creditors	
C. TOTAL MONTHLY EXPENSES AND PAYMENTS TO CREDITORS	

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Sworn to and subscribed  
before the undersigned:

**AFFIANT:**

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

[Notary Seal]