

## WORKSHEET FOR DIVORCE

### PLEASE FURNISH THE FOLLOWING INFORMATION IN NARRATIVE FORM

It is important that your attorney know as much about your case as possible. This includes both the strengths and weaknesses of the case.

You and your attorney can sit down and spend a substantial amount of expensive attorney time going over the history of your marriage, or you can write down as much as possible at home, thus saving yourself a considerable amount in fees.

This office has found that it is more productive to have you write out a history of the marriage, in as much detail as possible, and then have your attorney read this narrative, rather than to have your attorney sit with you, asking questions and taking extensive notes.

If your narrative is detailed enough, your attorney can read it and then ask relevant questions, saving a great deal of time. This is preferable to requiring the attorney to write out a history from the verbal information you give him. It is also, generally, more accurate to have the information come directly from you, in writing, than through the attorney's notes from conversations with you.

Therefore, we request that you furnish the following information, in detail. **THIS INFORMATION IS ABSOLUTELY PRIVILEGED AS LONG AS YOU DO NOT SHOW IT TO ANYONE. WE WILL NOT COMMUNICATE IT TO ANYONE WITHOUT YOUR CONSENT.** Please furnish it in the form of a typed or legibly handwritten statement (it is preferred that it be typed). In addition, if WordPerfect is used, please furnish a disc containing the statement as well as a printed copy.

Try to answer each request keeping in mind the fact that the attorney needs to know the answers to the questions: Who (did it or saw it)? When (please date the various events as best you can)? Why (we need to understand the emotions and motivations of the people involved)? Where? and How?

Keeping the above in mind, please furnish, preferably in narrative form, the following information:

1. A brief history of yourself. Include information on your family, parents, siblings, education, work history, and prior marriages (if any).
2. A brief education on your spouse. Include information on your spouse's family, parents, siblings, education, work history, and prior marriages (if any).
3. Describe how, where and when you met your spouse, the circumstances, whether you lived together prior to marriage, why you decided to marry and where and when you were married.

4. List the assets you brought to the marriage, i.e. cars, houses, land, bank accounts, stocks, boats, airplanes, furniture, or any debts he or she had at the time of the marriage.
5. List the assets your spouse brought to the marriage, i.e. cars, houses, land, bank accounts, stocks, boats, airplanes, furniture, or any debts he or she had at the time of the marriage.
6. Describe what major assets you bought or sold during the marriage, where the money came from or went, and what you own now and where the money came from. Also list any debts that were paid off during the marriage and where the money came from. List any debts you have at the present time, who incurred those debts, and why the debts were incurred.
7. Describe each and every job you and your spouse had during the marriage, when these jobs occurred, how long they lasted, where each of you work now, what you each did with the income you received from employment during the marriage, i.e. deposited in joint accounts or separate accounts, etc.
8. If you have children, furnish their names and dates of birth. State whether you and your spouse participated in child birthing classes together and your spouse's reaction to the birth of each child. If you are the father of the child(ren), state in detail your participation in the birth of each child.
9. If there have been prior separations, please list chronologically each place each child resided since birth, giving the address, the length of residence at that address, and which of the parents lived there with the child.
10. Describe your relationship with each child. How do you get along? Describe when, if ever, you have cared for the child exclusively. Who has provided the major care for the child(ren)? Describe who has fed, bathed, clothed and cared for the child(ren). Who would the child(ren) go to first if seeking comfort? List the good things you can say about yourself as a parent and the bad things you can say about yourself as a parent. List the good things you can say about your spouse as a parent and the bad things you can say about your spouse as a parent. Give any and all major examples you can of your spouse's bad behavior toward the child(ren). Do the same for yourself.
11. List the good things you can say about yourself as a husband or wife and the bad things you can say about yourself as a husband or wife. Do the same for your spouse. Give any and all major examples you can of your spouse's bad behavior toward you and the marriage.

12. If child custody is at issue, describe what arrangements you would like to see result from this divorce? Describe who should have custody and why. Describe who should have visitation and what visitation you think should be granted.
13. List what you own now and what you owe. State how you feel these assets should be allocated and why.
14. Describe what events and actions led, in your opinion, to the breakdown of the marriage. If marriage counseling was tried, list all counselors and describe the counseling sessions and when such sessions took place. If marriage counseling has not taken place, state whether you and your spouse would participate in such counseling.
15. If you and your spouse are now separated, state when such separation occurred and what the circumstances were. List all important contacts and discussions you and your spouse have had since separation, describing in detail the matters you and your spouse discussed.

In addition to providing this narrative, we ask that you fill out the questionnaire attached hereto.

## QUESTIONNAIRE

### 1. THE CLIENT

A. Full Name \_\_\_\_\_ Age \_\_\_\_\_

D.O.B. \_\_\_\_\_ Maiden name (if applicable) \_\_\_\_\_

B. SSN \_\_\_\_\_

C. Address \_\_\_\_\_

D. Occupation \_\_\_\_\_

E. Employer \_\_\_\_\_

F. Phone: work \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

G. Place of birth \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

H. Do you have any major health issues? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. THE SPOUSE

A. Full Name \_\_\_\_\_ Age \_\_\_\_\_

D.O.B. \_\_\_\_\_ Maiden name (if applicable) \_\_\_\_\_

B. SSN \_\_\_\_\_

C. Address \_\_\_\_\_

D. Occupation \_\_\_\_\_

E. Employer \_\_\_\_\_

F. Phone: work \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

G. Place of birth \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

H. Do you have any major health issues? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. THE MARRIAGE

A. Place of marriage \_\_\_\_\_

B. Date of marriage \_\_\_\_\_

C. Date of Separation (describe circumstances) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Has any action for divorce, legal separation or annulment been previously  
commenced

by either party? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_ divorce \_\_\_\_ separation \_\_\_\_ annulment

If yes, when? \_\_\_\_\_

E. Has either party been previously married?

Yes \_\_\_\_ No \_\_\_\_

If yes, please state:

(1) Party previously married \_\_\_\_\_

To \_\_\_\_\_

Marriage ended on: \_\_\_\_\_

by: \_\_ Annulment \_\_ Death \_\_ Dissolution \_\_ Divorce

Location \_\_\_\_\_

(2) Party previously married \_\_\_\_\_

To \_\_\_\_\_

Marriage ended on: \_\_\_\_\_

by:  Annulment  Death  Dissolution  Divorce

Location \_\_\_\_\_

(3) Party previously married \_\_\_\_\_

To \_\_\_\_\_

Marriage ended on: \_\_\_\_\_

by:  Annulment  Death  Dissolution  Divorce

Location \_\_\_\_\_

4. CHILDREN:

CHILDREN OF THIS MARRIAGE

Address of the child(ren) \_\_\_\_\_

How long at this address? \_\_\_\_\_

If less than five years, please list prior residences for the past five years:

Dates: \_\_\_\_\_ to \_\_\_\_\_ City & State \_\_\_\_\_

Person child lived with \_\_\_\_\_ Relationship to child \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ City & State \_\_\_\_\_

Person child lived with \_\_\_\_\_ Relationship to child \_\_\_\_\_

A. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_ Place of birth \_\_\_\_\_

B. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_ Place of birth \_\_\_\_\_

C. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_ Place of birth \_\_\_\_\_

D. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_ Place of birth \_\_\_\_\_

E. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_ Place of birth \_\_\_\_\_

**CHILDREN OF OTHER MARRIAGES**

A. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

B. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

C. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

D. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

E. Full name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

5. MAIDEN OR FORMER NAME - Does wife wish to resume her maiden name or that Of a former husband? Yes \_\_\_\_\_ No \_\_\_\_\_ Name desired \_\_\_\_\_

6. CUSTODY: Is there any reason why your spouse would be unfit to care for the children? (Serious illness, misconduct, alcoholism, mental illness, doesn't want them, etc.) List possibilities, particularly if your spouse will contest custody proceedings. \_\_\_\_\_

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

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7. RECONCILIATION:

A. Have you talked about divorce with your spouse? Yes \_\_\_\_ No \_\_\_\_

B. Have you had any discussions with a clergyman or counselor? Yes \_\_\_\_ No \_\_\_\_

C. What is the name and address of the clergyman or counselor? \_\_\_\_\_

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

8. DOMESTIC VIOLENCE / DRUG USE / ALCOHOLISM:

A. Has there ever been any domestic violence, alcoholism or drug use?

Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

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

B. Have any domestic violence petitions ever been filed either by you or against you?

Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

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

9. COUNSELING: Have the husband, wife or any of the children ever been in counseling?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list the name of the person receiving counseling, the range of dates during which the counseling occurred, and the name, address and phone number of the counselor(s). Also, please note if any medications were prescribed and taken and list those medications. \_\_\_\_\_

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

WORKSHEET FOR PROPERTY DIVISION AND SUPPORT

10. REAL ESTATE: (Answer the following for each parcel, use a separate sheet if needed.)

PARCEL ONE

A. Address or common description \_\_\_\_\_

B. Market value (or purchase price)

\_\_\_\_\_

C. Ownership (joint or individual) \_\_\_\_\_

D. Who contributed funds? \_\_\_\_\_

E. Balance owing: Amount \_\_\_\_\_ To whom \_\_\_\_\_

F. Expenses: Payments \_\_\_\_\_ / mo. Insurance \_\_\_\_\_ Taxes \_\_\_\_\_

G. Legal description (Please furnish a copy of a deed or a deed of trust pertaining to each parcel.) \_\_\_\_\_

\_\_\_\_\_

PARCEL TWO

A. Address or common description \_\_\_\_\_

B. Market value (or purchase price)

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C. Ownership (joint or individual) \_\_\_\_\_

D. Who contributed funds? \_\_\_\_\_

E. Balance owing: Amount \_\_\_\_\_ To whom \_\_\_\_\_

F. Expenses: Payments \_\_\_\_\_ / mo. Insurance \_\_\_\_\_ Taxes \_\_\_\_\_

G. Legal description (Please furnish a copy of a deed or a deed of trust pertaining to each parcel.) \_\_\_\_\_

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PARCEL THREE

A. Address or common description \_\_\_\_\_

B. Market value (or purchase price)

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C. Ownership (joint or individual) \_\_\_\_\_

D. Who contributed funds? \_\_\_\_\_

E. Balance owing: Amount \_\_\_\_\_ To whom \_\_\_\_\_

F. Expenses: Payments \_\_\_\_\_ / mo. Insurance \_\_\_\_\_ Taxes \_\_\_\_\_

G. Legal description (Please furnish a copy of a deed or a deed of trust pertaining to each parcel.) \_\_\_\_\_

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PARCEL FOUR

A. Address or common description \_\_\_\_\_

B. Market value (or purchase price)

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C. Ownership (joint or individual) \_\_\_\_\_

D. Who contributed funds? \_\_\_\_\_

E. Balance owing: Amount \_\_\_\_\_ To whom \_\_\_\_\_

F. Expenses: Payments \_\_\_\_\_ / mo. Insurance \_\_\_\_\_ Taxes \_\_\_\_\_

G. Legal description (Please furnish a copy of a deed or a deed of trust pertaining to each parcel.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. PERSONAL PROPERTY: (Put ordinary household items into a lump sum, it is not necessary to list personal clothing and belongings unless of unusual value, such as jewelry or a coin collection; major items such as a stereo, television, automobiles, boats, bank accounts, stocks and bonds, and articles having a lien against them and/or which are unpaid should be listed separately; attach separate sheets if necessary.)

A. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

B. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

C. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

D. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

E. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

F. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

G. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

H. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

I. (1). Description \_\_\_\_\_

(2). Value \_\_\_\_\_

(3). Ownership (joint or individual) \_\_\_\_\_

(4). Who Contributed funds? \_\_\_\_\_

(5). Balance due \_\_\_\_\_ Payments \_\_\_\_\_ /mo. To whom \_\_\_\_\_

12. LIFE AND HEALTH INSURANCE - For any health insurance policy and any life insurance (not including term insurance with no cash value) please provide the following:

A. (1). Type of policy \_\_\_\_\_

(2). Company and policy number \_\_\_\_\_

(3). Beneficiaries or persons covered \_\_\_\_\_

(4). Coverage \_\_\_\_\_

(5). Premium payments \_\_\_\_\_ Cash value (if any) \_\_\_\_\_

B. (1). Type of policy

\_\_\_\_\_

(2). Company and policy number \_\_\_\_\_

(3). Beneficiaries or persons covered \_\_\_\_\_

(4). Coverage \_\_\_\_\_

(5). Premium payments \_\_\_\_\_ Cash value (if any) \_\_\_\_\_

C. (1). Type of policy \_\_\_\_\_

(2). Company and policy number \_\_\_\_\_

(3). Beneficiaries or persons covered \_\_\_\_\_

(4). Coverage \_\_\_\_\_

(5). Premium payments \_\_\_\_\_ Cash value (if any) \_\_\_\_\_

13. BANK ACCOUNTS. To the best of your ability, please list all bank accounts you have had during the marriage.

A. (1). Financial Institution and account no. \_\_\_\_\_

\_\_\_\_\_

(2). Type of account (joint, individual, saving, checking, etc. \_\_\_\_\_

\_\_\_\_\_

(3). Approximate date when account was opened \_\_\_\_\_

Is account still active? \_\_\_\_ If no, when was it closed? \_\_\_\_\_

B. (1). Financial Institution and account no. \_\_\_\_\_

\_\_\_\_\_

(2). Type of account (joint, individual, saving, checking, etc. \_\_\_\_\_

\_\_\_\_\_

(3). Approximate date when account was opened \_\_\_\_\_

Is account still active? \_\_\_\_ If no, when was it closed? \_\_\_\_\_

C. (1). Financial Institution and account no. \_\_\_\_\_

\_\_\_\_\_

(2). Type of account (joint, individual, saving, checking, etc. \_\_\_\_\_

\_\_\_\_\_

(3). Approximate date when account was opened \_\_\_\_\_

Is account still active? \_\_\_\_ If no, when was it closed? \_\_\_\_\_

D. (1). Financial Institution and account no. \_\_\_\_\_

\_\_\_\_\_

(2). Type of account (joint, individual, saving, checking, etc. \_\_\_\_\_  
\_\_\_\_\_

(3). Approximate date when account was opened \_\_\_\_\_

Is account still active? \_\_\_\_ If no, when was it closed? \_\_\_\_\_

E. (1). Financial Institution and account no. \_\_\_\_\_  
\_\_\_\_\_

(2). Type of account (joint, individual, saving, checking, etc. \_\_\_\_\_  
\_\_\_\_\_

(3). Approximate date when account was opened \_\_\_\_\_

Is account still active? \_\_\_\_ If no, when was it closed? \_\_\_\_\_

F. (1). Financial Institution and account no. \_\_\_\_\_  
\_\_\_\_\_

(2). Type of account (joint, individual, saving, checking, etc. \_\_\_\_\_  
\_\_\_\_\_

(3). Approximate date when account was opened \_\_\_\_\_

Is account still active? \_\_\_\_ If no, when was it closed? \_\_\_\_\_

FINALLY, please fill out the Financial Declaration and, if there are children, the Child Support Guidelines Affidavit annexed hereto.