

CONFIDENTIAL INTERVIEW QUESTIONNAIRE

WARNING:

You must neither complete this questionnaire nor review it together with your spouse or with anyone else. Your failure to keep this questionnaire and your responses confidential will compromise your privacy and may possibly negatively effect the outcome of your case.

This questionnaire appears on our website for personal use only and is not an offer by our firm to represent you. You have to sign a retainer agreement hiring our firm and pay a retainer deposit along with it before our firm will agree to represent you.

I. GENERAL INFORMATION

A. WIFE:

1. Full Name: _____

2. Date of birth: _____

3. Place of birth: _____

4. Citizen of U.S.: _____ Other country: _____

If Wife is not a U.S. citizen then you must provide this office with copies of documents submitted to or received from the Federal government regarding citizenship.

5. Social Security No. _____ Driver's Licence No. _____

6. Maiden name: _____

7. Address: _____

8. How long at this address: _____

9. Previous two (2) residences and the dates you began residing there and when you left:

10. Telephone No.: (Home) _____; (Work) _____;

(Cell) _____; Email (confidential communications) _____.

11. Occupation, salary, and employer's name and address, and period of employment:

12. Previous two (2) occupations, salary, and employer's name/address, and period of employment:

13. Educational background: _____

14. Previous Marriages:

a. Name of former spouse: _____

b. When/how terminated: _____

c. Any children by former spouse: _____ If so,

<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Residence</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Details of child support: _____

e. Details of alimony payments: _____

f. Other payments made/received pursuant to divorce: _____

g. Does wife want former name restored? (Provide Name): _____

B. HUSBAND:

1. Full name: _____

2. Date of birth: _____

3. Place of birth: _____

4. Citizen of U.S.: _____ Other country: _____

If Husband is not a U.S. citizen then you must provide this office with copies of documents submitted to or received from the Federal government regarding citizenship.

5. Social Security No. _____ Driver's Licence No. _____

6. Address: _____

7. How long at this address: _____

8. Previous two residences and dates of residence: _____

9. Telephone No.: (Home) _____; (Work) _____;

(Cell) _____; Email (confidential communications) _____.

10. Occupation, salary and employer's name/address, and period of employment:

11. Previous two occupations, salary and employer's name/address, and period of employment:

12. Educational background: _____

13. Previous Marriages:

a. Name of former spouse: _____

b. When/how terminated: _____

c. Any children by former spouse: _____ If so,

Name DOB Age Residence

d. Details of child support: _____

e. Details of alimony payments: _____

f. Other payments made/received pursuant to divorce: _____

C. Date of present marriage: _____

D. Was this a civil or religious ceremony: _____

(Please provide copy of marriage certificate)

E. Place of this marriage: _____

(City)

(Country)

(State)

F. Date of this separation: _____

1. Who moved out of the marital residence: _____

2. Describe what happened on the date of separation providing all details and the name, address and telephone number of all witnesses: _____

3. Describe all prior separations if there were any: _____

4. Do you expect your spouse of committing adultery and on what basis: _____

5. Will your spouse accuse you of adultery, and why: _____

II. INFORMATION ABOUT CHILDREN

A. Full names, dates of birth, ages, and Social Security Nos.:

Name	Birth date	Age	Social Security No.

B. Custody arrangements: _____

C. Visitation (phone calls--days, times; holidays, summer vacation, transportation, who pays for related costs): _____

D. Any children with health, emotional and/or educational problems: _____

E. Any children have an Individualized Education Program (IEP) or a 504 Plan: _____

F. Any children receiving income from any source: _____

G. Are there any work-related day care expenses, before or after-school care expenses (describe them and provide the cost): _____

H. Are there any after school programs (e.g. sports, theater, ballet) expenses (describe them and provide the cost): _____

I. Is a child in private or specialized school: _____

1. Name and location of school: _____

2. Length of time at school: _____

3. Cost of tuition, books, and related: _____

4. Do parents agree on the private/specialized schooling and/or the school itself: _____

J. What financial arrangements, if any, are there regarding educational plans before or

during college: _____

K. Have any trusts been established for the children: _____

L. What is each child's current address: _____

M. What addresses has each child resided at within the last 5 years (provide beginning and

ending dates for all such periods): _____

N. Provide the names and present addresses of the persons with whom each child has lived

within the last 5 years (provide beginning and ending dates for all such periods): _____

O. Have you (or your spouse) participated as a party, witness, or in any other capacity in any

litigation concerning custody of the child(ren) identified above in Maryland or any other state (provide all details): _____

P. Do you have information about any custody proceeding concerning the child(ren) identified above, pending in a Maryland court or any other state's court (provide all details): _____

Q. Do you know of any person other than your spouse who has physical custody of a child identified above or who might claim to have custody or visitation rights with respect to said child (provide all details): _____

R. Are there any religious, or other, holidays that should be considered in setting up a visitation or custody schedule: _____

S. Provide a complete list of names for all people (actual/potential witnesses at hearings or trial) who have seen you, and/or your spouse, interact with your child(ren), provide their address and telephone numbers. For each person, describe what he/she will say about parenting skills and quality of relationship with your child(ren). Provide all such information on the reverse side of this page.

III. ASSETS OF WIFE, HUSBAND, AND/OR JOINT PARTIES

A. Real Property:

1. Address: _____

2. How titled: _____

3. Purchase price: _____

4. Amount of down payment: _____

a. Where did down payment funds come from: _____

5. Date purchased: _____

6. Present value: _____

7. Mortgage company: _____

8. Original mortgage amount: _____

9. Balance on mortgage: _____

10. Monthly payment: _____

11. Term of mortgage: _____

12. Lines of credit on the property and their balances: _____

13. Do you own any other real property: _____

14. Have you sold any real property in the past two years: _____

15. What is/was the parties' financial arrangement for paying the mortgage each month:

B. Automobile #1:

1. Make/model/year: _____

2. In whose possession: _____

3. How titled: _____

4. Loan balance: _____

5. Where did funds come from used as down payment: _____

6. Car traded in for this vehicle: _____

7. Monthly payment: _____

8. Present value (Per classified section of paper, blue book, or other verifiable source-attach copy): _____

9. Name of automobile insurance company (Describe: what other vehicles are covered by this policy, and who makes the payment, the amount of the payment , and how often it is made):

C. Automobile # 2:

1. Make/model/year: _____

2. In whose possession: _____

3. How titled: _____

4. Loan balance: _____

5. Where did funds come from used as down payment: _____

6. Car traded in for this vehicle: _____

7. Monthly payment: _____

8. Present value (Per classified section of paper, blue book, or other verifiable source-attach copy): _____

9. Name of automobile insurance company (Describe: what other vehicles are covered by this policy, and who makes the payment, the amount of the payment , and how often it is made):

D. Other Automobiles:

1. Make/model/year: _____

2. In whose possession: _____

3. How titled: _____

4. Loan balance: _____

5. Where did funds come from used as down payment: _____

6. Car traded in for this vehicle: _____

7. Monthly payment: _____

8. Present value (Per classified section of paper, blue book, or other verifiable source-attach copy): _____

9. Name of automobile insurance company (Describe: what other vehicles are covered by this policy, and who makes the payment, the amount of the payment , and how often it is made): _____

E. Retirement/Pension/IRA/401K(account number & balance, date account opened)

WIFE: _____

HUSBAND: _____

F. Federal Retirement Benefits & Social Security Benefits

1. [IMPORTANT] Do you have a current statement from the Social Security Administration showing what the amount of your monthly benefit will be when you begin to draw on it? **If you do not, you need to immediately request documentation of that amount.**
2. Have you ever served in the Armed Forces: _____
Have you ever been employed through Civil Service: _____
Has your spouse ever served in the Armed Forces: _____
Has your spouse ever been employed through Civil Service: _____

G. Bank Accounts (provide account numbers, bank name and regular/current balances)

1. Checking:

WIFE: _____

HUSBAND: _____

JOINT: _____

2. Savings:

WIFE: _____

HUSBAND: _____

JOINT: _____

H. Stocks/Bonds/CD's/Other Securities(provide name, amount of shares, purchase price and other detail to show current value and/or purchase price):

WIFE: _____

HUSBAND: _____

JOINT: _____

I. Commercial Investments:

WIFE: _____

HUSBAND: _____

JOINT: _____

J. Furniture/Furnishings(description, current estimated value and location):

WIFE: _____

HUSBAND: _____

JOINT: _____

K. Partnership Interests:

WIFE: _____

HUSBAND: _____

JOINT: _____

L. Business Interests:

WIFE: _____

HUSBAND: _____

JOINT: _____

M. Loans to Others:

WIFE: _____

HUSBAND: _____

JOINT: _____

N. Trusts:

WIFE: _____

HUSBAND: _____

JOINT: _____

O. Judgements against third party(ies):

WIFE: _____

HUSBAND: _____

JOINT: _____

P. Jewelry:

WIFE: _____

HUSBAND: _____

Q. Furs:

WIFE: _____

HUSBAND: _____

R. Art Objects:

WIFE: _____

HUSBAND: _____

JOINT: _____

S. Contents of Safe Deposit Boxes and their location:

WIFE: _____

HUSBAND: _____

JOINT: _____

T. Rental Deposit or Other Escrowed Funds:

WIFE: _____

HUSBAND: _____

JOINT: _____

U. Any Other Assets (e.g. collections, airplane, motorcycle, boat, jet ski, etc.):

WIFE: _____

HUSBAND: _____

JOINT: _____

V. Country Club or Other Similar Memberships: _____

IV. LIABILITIES OF WIFE, HUSBAND, AND/OR JOINT PARTIES

Client should obtain a current credit report (Equifax 1-800-685-1111, Experian 888-397-3742, Trans Union 800-916-8800).

A. Car Loan(Bank name and current balance from statement):

WIFE: _____

HUSBAND: _____

JOINT: _____

B. Credit Cards(Bank name, card number and balance):

WIFE: _____

HUSBAND: _____

JOINT: _____

C. Bank Loans(Bank name, amount borrowed, balance, and purpose of loan):

WIFE: _____

HUSBAND: _____

JOINT: _____

D. Personal Notes/Loans(From friends, family, or other):

WIFE: _____

HUSBAND: _____

JOINT: _____

E. Other Liabilities:

WIFE: _____

HUSBAND: _____

JOINT: _____

V. ANY PRE/POST-NUPTIAL AGREEMENTS: _____

VI. PROPERTY ACQUIRED PRIOR TO MARRIAGE

WIFE: _____

HUSBAND: _____

VII. PROPERTY ACQUIRED DURING MARRIAGE BY GIFT, INHERITANCE DURING OR EXCLUDED BY AGREEMENT FROM BEING A "MARITAL ASSET" DURING MARRIAGE:

WIFE: _____

HUSBAND: _____

VIII. INSURANCE

A. Which Party Provides Health Insurance:

1. Details of Benefits: _____

2. How much is the monthly expense for the party(ies): _____

3. How much is the monthly expense to cover the minor child(ren), if that cost can readily be broken out: _____

B. Any Life Insurance Policies (amount of cash value if any): _____

C. Any Disability Insurance Policies: _____

IX. MEDICAL HISTORY

1. Wife's physician name: _____

2. Husband's physician name: _____

3. Do you or your spouse have any serious medical problems: _____

If so, describe: _____

4. Do you or your spouse have any mental health problems: _____

If so, describe the treatment, diagnosis, medications taken, and health care providers:

5. Describe circumstances and information concerning hospitalization of either party:

X. MISCELLANEOUS

A. Spouse's attorney: _____

B. Name(s) of any prior attorney(ies): _____

C. Names(s) of accountant(s): _____

D. Do you have a Last Will & Testament and/or Living Will and Advance Directive: _____

If any, list and provide location _____

*Since client pursuing divorce estate documents should be revised to remove spouse as legatee, personal representative, guardian, trustee, etcetera immediately or as client deems appropriate.

E. Does your spouse have a Last Will & Testament and/or Living Will and Advance Directive:

If any, list and provide location: _____

F. Has there been a previous litigation between you and your spouse: _____
If so, details: _____

G. Are you or your spouse either a guardian or trustee of any person or property: _____
If so, details: _____

H. Have you or your spouse been given any powers of attorney: _____
If so, details: _____

I. Have you or your spouse given any powers of attorney: _____
If so, details: _____

J. Is a religious divorce of any kind going to be necessary: _____

K. If you are going to ask the court to restore the name you used prior to your marriage,
please write out the full name you wish to have restored to you: _____

XI: INCOME TAXES:

A. Have you and your spouse ever filed joint returns: _____

B. Are there any income tax issues (past/present) that may need, or do need, to be addressed: _____

C. Do you expect to owe taxed for any year(s) or to receive a refund for any year(s): _____

XII: HISTORY AND STATUS OF MARRIAGE: (Use the reverse side of this page if necessary)

XIII: DESCRIBE, IN DETAIL, ANY CONDUCT BY YOU OR YOUR SPOUSE SINCE THE MARRIAGE WHICH MAY BE CONSTRUED AS DOMESTIC VIOLENCE AGAINST THE OTHER PARTY OR MINOR CHILD OF THE MARRIAGE: (Use the reverse side of this page if necessary)

XIV. LIST ALL PEOPLE THAT HAVE INTERACTED WITH YOU, YOUR SPOUSE, OR YOUR FAMILY, WHO ARE ABLE TO TESTIFY ABOUT YOUR MARRIAGE, THE TYPE OF PARENT OR SPOUSE YOU HAVE BEEN, THE TYPE OF PARENT OR SPOUSE YOUR SPOUSE HAS BEEN, THE ACCUMULATION OR VALUE OF MARITAL ASSETS, YOU OR YOUR SPOUSES CREDIBILITY, YOUR OR YOUR SPOUSES CONTRIBUTIONS TO YOUR FAMILY WHETHER MONETARY OR NON-MONETARY, OR ABOUT ANY ISSUE YOU WOULD LIKE A COURT TO HEAR ABOUT IF YOUR CASE GOES TO TRIAL. PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF ALL SUCH PEOPLE AND GIVE A BRIEF DESCRIPTION OF WHAT THEY MAY BE ABLE TO TESTIFY ABOUT: (Use the reverse side of this page if necessary)

XV. WHY CLIENT MEETING ATTORNEY/WHAT CLIENT DESIRES: (Use the reverse side of this page if necessary)