Date: _____
Referred By: _____

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information. The information you provide on this form provides us with necessary information so that we can do our best work for you. Your thoroughness will alert us to items we should review. We do not know the facts of your case as well as you do. Tell us as much as you know.

Please supply our office with the following:

- ***your most recent statement from bank accounts***
  include retirement accounts
- ***tax returns for the last 3 years***
- ***last 3 pay stubs if possible***
- ***copy of deeds to your real estate property***
- ***copies of vehicle titles***
- ***copies of life insurance statements***

Client	Spouse
Name:	Name:
_____	_____
First Last Maiden	First Last Maiden
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
DOB: _____	DOB: _____
Social Security No. _____	Social Security No. _____
Armed Forces Status: _____	Armed Forces Status: _____
	Social Networking Accounts:
	_____
	_____

Employment & Income

Client	Spouse
Employer: _____	Employer: _____
Address: _____	Address: _____
_____	_____
Date of Hire: _____	Date of Hire: _____
Pay Period: _____	Pay Period: _____
Gross Pay: _____	Gross Pay: _____
Net/Take Home: _____	Net/Take Home: _____
Gross Income Last Year: _____	Gross Income Last Year: _____

Other Income Sources: ***pension, retirement, public assistance, veteran's benefits, Social Security disability, annuity fund, etc.***

Recipient: _____ Type: _____ Amount: _____	Recipient: _____ Type: _____ Amount: _____

Education

Highest Degree Obtained: _____	Highest Degree Obtained: _____

Did either spouse contribute to the education of the other? Yes No

If Yes, please describe: _____

Marriage

Client	Spouse
Previous marriage? Yes No	Previous marriage? Yes No
Date of This Marriage: _____ Place of Marriage: _____	Date of Separation: _____

Has either spouse previously filed for divorce, custody, support, etc.?

Yes No

If yes, indicate when and where filed and case number: _____

Children of the Marriage		
Child Name	**Child DOB**	**Lives With**

Addresses for the Child(ren) for the past five (5) years:	

Custody & Parenting Time

Legal Custody: Joint or Sole | Physical Custody: Joint or Sole

Has the opposing party shown a willingness to agree, communicate, and cooperate in matters relating to the child(ren)? Yes No

What do you want the visitation schedule to look like?

- □ Every Other Week
- □ Every Other Weekend
- □ 2 weeks on/off
- □ 3-4-4-3 (*3 days with one parent, then 4 days with the other parent; then switches 4 days with one parent, 3 days with the other*)
- □ 5-2-2-5 (*child spends 2 days with each parent then 5 days with each parent)*
- □ 4-3 (*4 days with one parent and 3 days with the other*)

Drop Off: Where: _____

When: _____

Pick Up: Where: _____

When: _____

Summer Schedule Different than School Year Schedule? ☐ Yes ☐ No

If yes, how? _____

Temporary Changes to the Parenting Schedule:

No later than: ☐ 12 hours ☐ 24 hours ☐ 1 week ☐ 1 month ☐ Other:_____

The parent being asked for the change will reply by: ☐ in person/verbally ☐ text message ☐ OFW

Holiday	Even Years	Odd Years	Every Year
Martin Luther King Jr. Day			
President's Day			
Easter/Spring Break			
Memorial Day			
Juneteenth			
Fourth of July			
Labor Day			
Yom Kippur			
Rosh Hashanah			
Thanksgiving Eve			
Thanksgiving Day			
Thanksgiving Vacation/Fall Break			
Christmas Eve			
Christmas Day			
Christmas Vacation/Winter Break			
New Years Eve			
New Years Day			
Kwanzaa			
Child's Birthday			
Mother's Day and Birthday			Mother
Father's Day and Birthday			Father

Child Support

How much support has been paid since separation?

_____

If you and your spouse have agreed on child support, how much? _____

If yes, how much per week? _____

Are you paying or receiving support for other children? Yes No

If yes, how much: _____

No. of Children: _____

Child Care Expenses

How many weeks per year? _____

Costs per week:

- During School: $_____
- During Summer: $ _____

Paid by whom? _____

Health Insurance

Provider for Client: _____

Provider for Children: _____

Provider for Spouse: _____

Medical Dental Vision

Paid by whom & cost? _____

_____

Assets

Marital Residence

Address: _____

_____

Mortgage Payments: _____

Names on Mortgage:

_____

Approx. Yearly Taxes _____

Year Purchased: _____

Price Paid: _____

Approx. present value: _____

Mortgage Balance _____

Has an appraisal been done? Yes No

If yes, when? _____

Equity Calculation: _____

Title in whose name(s)? _____

Are payments current? Yes No

If yes, how much? $_____

Who pays? _____

Which party intends to keep? _____

Is there a home equity loan? Yes No

If yes, what is the name of the lender, who's name is it in, and what is the balance?

_____

_____

****If you have any other real property, kindly let us know so that we can provide an additional sheet.*

Vehicles

Client	Spouse
Year/Make/Model: _____ Who has possession? _____ Who holds lien? _____ Payments per month? _____ Who makes the payments? _____ Approx. Present Value: _____ Which party (Wife/Husband) intends to keep? _____	Year/Make/Model: _____ Who has possession? _____ Who holds lien? _____ Payments per month? _____ Who makes the payments? _____ Approx. Present Value: _____ Which party (Wife/Husband) intends to keep? _____

Retirement Plans, Pensions, 401(k) Plans, etc.

Client	Spouse
Premarital? Yes No If yes, approx.. how much? _____ Employer Plan is with: _____ Name & Type of Plan: _____ _____ Value: _____ Vested? Yes No	Premarital? Yes No If yes, approx.. how much? _____ Employer Plan is with: _____ Name & Type of Plan: _____ _____ Value: _____ Vested? Yes No

******If you have any other plans, kindly let us know so that we can provide an additional sheet.***

Corporate Stocks, Bonds, Notes, Securities, Bills, Brokerage Accounts

Amount, type, company: _____ Location: _____
Named Owner: _____ Value as of _____ $ _____

Amount, type, company: _____ Location: _____
Named Owner: _____ Value as of _____ $ _____

Amount, type, company: _____ Location: _____
Named Owner: _____ Value as of _____ $ _____

Individual Retirement Accounts (IRAs)

Financial Institution: _____ In whose name? _____ Premarital? Yes No Balance/Value? $_____	Financial Institution: _____ In whose name? _____ Premarital? Yes No Balance/Value? $_____

Bank Accounts or Credit Union Accounts

Name of Bank: _____ Type of Account? Savings, Checking, Money Market _____ Who is on the account? _____ Source of Monies: _____ Balance/Value? $_____	Name of Bank: _____ Type of Account? Savings, Checking, Money Market _____ Who is on the account? _____ Source of Monies: _____ Balance/Value? $_____

Any accounts for the children? Yes No

If yes: Location of accounts: _____

Names on accounts: _____

Business Interests

Client	Spouse
Name & Type of Business: _____ Ownership Interest: _____ Value of Interest: _____ Premarital Interest: _____ Does a Business Appraisal need to be done? Yes No	Name & Type of Business: _____ Ownership Interest: _____ Value of Interest: _____ Premarital Interest: _____ Does a Business Appraisal need to be done? Yes No

Business Debts

Client	Spouse
What kind? _____	What kind? _____
Balance: _____	Balance: _____
Current? Yes No	Current? Yes No
Who is on the debt?	Who is on the debt?
_____	_____

Life Insurance

Client	Spouse
Insurance Co.: _____	Insurance Co.: _____
Beneficiary: _____	Beneficiary: _____
Policy Amount: _____	Policy Amount: _____
Term or Whole? _____	Term or Whole? _____
Cash Surrender Value: _____	Cash Surrender Value: _____
Loans Against Policy: _____	Loans Against Policy: _____

Any polices on Children? _____

Misc. Assets

Jewelry:	Antiques:
_____	_____
_____	_____
Value: _____	Value: _____
Art Work:	Gun, Coin, etc. Collections:
_____	_____
_____	_____
Value: _____	Value: _____

Other Assets of Significant Value:

_____

_____

_____

Gifts

Have you or your spouse made any substantial gifts in the past or placed property in join names with anyone other than the spouse? Yes No

If yes, please provide details:

_____

_____

_____

Probate Estate Beneficiaries/Trusts

Are you or your spouse the beneficiary under any pending probate estates or under any trust?

Yes No

If yes, please provide details:

_____

_____

_____

Significant Pre-Marital Assets

_____

_____

_____

_____

_____

Liabilities/Debts

Creditor: _____

Type of Indebtedness (Credit Card, etc.):

_____

In whose name(s)?

_____

Marital or Individual?

Who should be responsible for this debt?

_____

Is the account current? Yes No

How much past due? _____

Present Balance Due: _____

Monthly Payment: _____

Creditor: _____

Type of Indebtedness (Credit Card, etc.):

_____

In whose name(s)?

_____

Marital or Individual?

Who should be responsible for this debt?

_____

Is the account current? Yes No

How much past due? _____

Present Balance Due: _____

Monthly Payment: _____

******If you have any other debts, kindly let us know so that we can provide an additional sheet.***

Other Obligations (Spousal Support to Former Spouse, etc.)

_____

_____

_____

_____

_____

Are you aware of assets being given away, sold or hidden from you?

Yes No

If yes, please provide details:

_____

_____

_____

Monthly Expenses

Some of this information may be repetitive, but please fill out completely as this is very important information for your case. Please mark an "X" on any line that doesn't apply to you.

X		***Monthly Total***	*Remarks*
	Mortgage		
	Principal		
	Interest		
	Real Estate Taxes		
	Special Assessments		
	Apartment/Rent		
	Rent		
	Fees/Other		
	Utilities		
	Electricity		
	Gas-Household		
	Water		
	Telephone		
	Cable/Internet		
	Allowance for Major Household Repairs and Maintenance		
	Allowance for Repair and Replacement for Household Furnishings		
	Domestic Help		
	Maid		
	Handyman		
	Other:		
	Dry Cleaning/Laundry		
	Grounds Maintenance		
	Lawn Mowing		
	Landscaping		
	Supplies and Equipment		

X		***Monthly Total***	*Remarks*
	Snow Removal		
	Trash & Recycling Removal		
	Other		
	Food & Household Supplies		
	Insurance (not including car)		
	Homeowners		
	Medical		
	Life		
	Disability		
	Other		
	Medical Expenses (not covered by insurance)		
	General Practitioner		
	Psychiatrist/Psychologist		
	Gynecologist		
	Dentist		
	Eye Doctor		
	Pediatrician		
	Other:		
	Transportation		
	Automobile Operation		
	Loan Payment		
	Insurance		
	Registration and License		
	AAA Dues		
	Gas		
	Oil Changes		
	Repair Allowance		
	Other Transportation Expenses:		
	Clothing		
	You		

X		***Monthly Total***	*Remarks*
	Spouse		
	Child(ren)		
	Personal Maintenance		
	Barber, Hair Stylist		
	You		
	Spouse		
	Children		
	Childcare		
	Education		
	Tuition		
	Room & Board		
	Transportation		
	Books & Records		
	Activities Fees		
	Supplies		
	Lunches		
	Misc.		
	Summer Camp (including transportation and equipment)		
	Lessons for Children (including sports, music, arts, dance, practical skills)		
	Entertainment and Recreation		
	Vacations		
	Membership Dues		

X		***Monthly Total***	*Remarks*
	Country Club		
	Health Club, YMCA or Gym		
	Other		
	Misc.		
	Household Pets		
	Newspapers/Magazines		
	Professional Books/Periodicals		

OFFICE USE ONLY

Client ID Obtained? ☐

Phone Call Policy? ☐

Credit Card Authorization? ☐

FEE ARRANGEMENT

$_____ Retainer No. of Hours Covered by Retainer _____
$_____ Hourly

Filing Fees:

- ☐ Divorce Complaint $190.75
- ☐ Per Additional Count for Divorce $260.75
- ☐ If Custody Count in Divorce $162.00
- ☐ Praecipe to Transmit the Record $20.00
- ☐ Service $85.00 (Allegheny County ONLY)
- ☐ First Filing on Case as Defendant: $35.00

Outside Allegheny County Additional Fees:

County: _____

Fees:

_____

_____

_____