**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***

**Social Security Number Privacy Policy**

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary, in limited use during the course of your case.

_____ Date: _____
Signature

| 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**: |
| | _____ |
| | _____ |

**Education/Training**:

- ☐ High School
- ☐ GED
- ☐ Trade School
- ☐ College
- ☐ Graduate

**Preferred Method of Contact:**

_____ Mail _____ Email _____ Text

**Education/Training**:

- ☐ High School
- ☐ GED
- ☐ Trade School
- ☐ College
- ☐ Graduate

**Are they represented by counsel?** ☐ Yes ☐ No

**If yes, please provide the name:**

_____

## Employment & Income

| Client | Opposing Party |
|---|---|
| **Employer**: _____ | **Employer**: _____ |
| **Address**: _____ | **Address**: _____ |
| _____ | _____ |
| **If self-employed, state the type of entity, ownership percentage, and name of other owners:** | **If self-employed, state the type of entity, ownership percentage, and name of other owners:** |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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: _____ | Date of **This** Separation: _____ |
| Place of Marriage: _____ | |

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

Yes No

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

## Health Insurance

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

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

| Client | Spouse |
|---|---|
| Premarital? Yes No | Premarital? Yes No |
| If yes, approx.. how much? _____ | If yes, approx.. how much? _____ |
| Employer Plan is with: _____ | Employer Plan is with: _____ |
| Name & Type of Plan: | Name & Type of Plan: |
| _____ | _____ |
| _____ | _____ |
| Value: _____ | Value: _____ |
| Vested? Yes No | 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: | Financial Institution: |
| _____ | _____ |
| In whose name? | In whose name? |
| _____ | _____ |
| Premarital? Yes No | Premarital? Yes No |
| Balance/Value? $_____ | Balance/Value? $_____ |

## Bank Accounts or Credit Union Accounts

| Name of Bank | Name(s) on Account | Acct. No. & Type | Current Balance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Any accounts for the children? Yes No

If yes: Location of accounts: _____

Names on accounts: _____

## Business Interests

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

## Business Debts

| Client | Spouse |
|---|---|
| What kind? _____<br>Balance: _____<br>Current? Yes No<br>Who is on the debt?<br>_____ | What kind? _____<br>Balance: _____<br>Current? Yes No<br>Who is on the debt?<br>_____ |

## Life Insurance

| Person Insured | Term, Whole or Universal | Death Benefit | If Term, Length: | If Whole/Universal, Cash Value: | If Whole/Universal Loan against policy? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Misc. Assets

Jewelry:

_____

_____

Value: _____

Art Work:

_____

_____

Value: _____

Antiques:

_____

_____

Value: _____

Gun, Coin, etc. Collections:

_____

_____

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:

_____

_____

_____

## Liabilities/Debts

| Creditor | Balance Owed | Which Spouse is liable? | Purpose | Monthly Payment Amount | Secured by | Marital or Non-Marital |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

******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:

_____

_____

_____

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 $161.50
- □ Per Additional Count for Divorce $_____
- □ If Custody Count in Divorce $_____
- □ 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:**

_____

_____

_____