

*Law Office of
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800-809-9414

DIVORCE INTERVIEW

Please complete the following information. If there is information that you are unaware of, please leave it blank at this time. An attorney will assist you in completing any items that you are unsure of. THANK YOU.

Name: _____ **Date:** _____

Did anyone refer you to us? If the above answer was yes, would you please write the name of the person who referred you. _____

If you were not referred to us by someone, please state how you came to hear about us regarding your legal matter.

DIVORCE QUESTIONNAIRE

Plaintiff

Defendant

Name: _____ Name: _____

Soc. Sec. No.: _____ Soc. Sec. No.: _____

Driver Lic. #: _____ Driver Lic. #: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Preferred Method of Contact?

Preferred Method of Contact?

Employer: _____

Employer: _____

Address: _____

Address: _____

Hours per week: _____

Hours per week: _____

Gross: _____

Gross: _____

Net: _____

Net: _____

Paid how often? Circle one.

Weekly Bi-Weekly Monthly

Bi-Monthly Other

Any other income: _____

Paid how often? Circle one.

Weekly Bi-Weekly Monthly

Bi-Monthly Other

Any other income: _____

Birth Date: _____ Birth State: _____

Birth Date: _____ Birth Place: _____

Eye Color: _____ Hair Color: _____

Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____

Height: _____ Weight: _____

Race: _____ Scars, tattoos, etc. _____

Race: _____ Scars, tattoos, etc. _____

Last school grade completed: _____

Last school grade completed: _____

Number of Marriages: _____

Number of Marriages: _____

Divorce: _____ Death: _____

Divorce: _____ Death: _____

Maiden name: _____

Maiden name: _____

Date of marriage: _____

Place of marriage: _____

Date of separation: _____

Desire restoration of maiden name: _____

Who is currently residing in the marital home? _____

CHILDREN INFORMATION

Child's name

D/O/B

Living with

Soc. Sec. #

Child's name	D/O/B	Living with	Soc. Sec. #

Any other actions in regard to the children in this or any other state? If so, explain:

Present address
of children: _____

—
Address of children for the last five (5)
years: _____

Have you or your spouse previously filed for divorce during your marriage? If So:
County: _____ Case No.: _____

HEALTH CARE FOR MINOR CHILD(REN)

Name of policy holder	Name of insurance company	Policy no.
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Has you or your spouse applied for or receive public assistance? If yes, please
specify: _____

Wife's closest relative: address and phone:

Husband's closest relative: address and phone:

HEALTH

Have you or your spouse been diagnosed with any mental or physical health conditions? If yes, please
explain:

Hospitalization and dates:

Alcohol abuse by either you or your spouse? _____ -

Drug abuse by either you or your spouse?

PROPERTY

MARITAL HOME:

Year purchased: _____

Purchase price: _____

Land contract: _____

Mortgage Balance: _____

Payment: _____

Interest rate: _____

Payment made to: _____

Market value: _____

Owners: _____

Desire Marital Home? _____

OTHER PROPERTY: Do you or your spouse own any other real estate in MI or any other state? If the answer is yes, please list all other property owned by either you or your spouse whether together or separately.

FURNITURE, APPLIANCES AND VALUABLES

VEHICLES

YEAR	MAKE	MODEL	BUY/LEASE	OWNER
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AMOUNT OWED

STOCKS AND BONDS

PENSIONS, 401K, PROFIT SHARING and OTHER RETIREMENT ACCOUNTS

CHECKING AND SAVINGS ACCOUNTS

BANK	ACCOUNT NO.	NAME	VALUE
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CERTIFICATES OF DEPOSIT

LIABILITIES AND DEBTS

TYPE NAME?	ACCOUNT #	BALANCE	WHOSE
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Do you or your spouse jointly or separately have a safety deposit box? If so, where?

Please list any and all life insurance policies in either your name or your spouse's name: _____

Please list any and all assets of the marriage not previously mentioned before:

What would you, the Client, like to receive in the settlement?

Spouse to receive in settlement:
