



STINSON LASSWELL & WILSON

ATTORNEYS AT LAW

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DIVORCE INTERVIEW QUESTIONNAIRE

About Yourself

Full Legal Name: _____

Current Address: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

Date of Birth: _____ Social Security #: _____

Number of Marriages, including this Marriage: _____

Did your last marriage end in divorce? _____

If yes, when (year) and where (county and state) was this divorce? _____

What city and state were you born in? _____

What is your highest level of education? _____

High School _____

Degree(s) and/or Certification(s) _____

Race: _____

About Your Spouse

Full Legal Name: _____

Current Address: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

Date of Birth: _____ Social Security #: _____

Number of Marriages, including this Marriage: _____

Did their last marriage end in divorce? _____

If yes, when (year) and where (county and state) was this divorce? _____

What city and state were they born in? _____

What is their highest level of education? _____

High School _____

Degree(s) and/or Certification(s) _____

Race: _____

About Your Current Marriage

Date of Marriage: _____

City, County, and State of Marriage: _____

Years of Marriage: _____

Wife's Maiden Name: _____

Do you have a written Prenuptial or Postnuptial Agreement with your spouse?

Yes** No

***If yes, please attach a copy of the Agreement when returning this questionnaire to our offices.*

Children of this Marriage

Name of Child	Date of Birth	SSN (Last 4 only)	Age of Child
		XXX-XX- ____	
		XXX-XX- ____	
		XXX-XX- ____	
		XXX-XX- ____	

Address of minor child(ren) at present time: _____

City and state where minor children have resided during the past 5 years:

List all persons whom the minor child(ren) has/have lived with during the past 5 years:

Has any legal proceeding regarding the custody of the minor child(ren) of this marriage been filed? If so, when and where and what are the current orders?

Information about children over the age of majority:

Name of Child	Date of Birth	Whereabouts (college, married, etc.)

Previous Marriage or Relationships

Information about child(ren) of a previous marriage/relationship:

Name of Child	Age	SSN (Last 4 only)	Custodian	Support Payment	Paid or Received?
		XXX-XX- ____		\$	
		XXX-XX- ____		\$	
		XXX-XX- ____		\$	
		XXX-XX- ____		\$	

Employment Information

	You	Your Spouse
Name of Employer		
Address of Employer		
Phone Number of Employer		
Position		
Length of Employment		
Monthly Gross Pay		
Monthly Net Pay		
Benefits Paid by Employer		
Benefits Paid by Employee		

How often are you paid?

- Monthly
 Every 2 Weeks
 Twice a Month
 Other _____

How often is your spouse paid?

- Monthly
 Every 2 Weeks
 Twice a Month
 Other _____

Banking Information

Please list all accounts, whether they are in your name, your spouse's name, jointly held, or for the benefit of the child(ren).

Checking Account(s)

Name of Bank	Account Number	Current Balance	Name(s) on Account
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Savings Account(s)

Name of Bank	Account Number	Current Balance	Name(s) on Account
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Cash

Amount of Cash	Who has the Cash?
\$	
\$	

Accounts for the benefit of the child(ren) *(including, but not limited to, Section 529 Savings Plans or UTMA Accounts)*

Name of Bank	Account Number	Current Balance	Name(s) on Account
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Household Expenses

Expense	Monthly Expense	Annual Expense	Expense	Monthly Expense	Annual Expense
Home			Insurance		
Rent/Mortgage	\$	\$	Life Insurance	\$	\$
HOA Fees	\$	\$	Health	\$	\$
Home Equity Loan	\$	\$	Dental	\$	\$
Property Taxes	\$	\$	Vision	\$	\$
Phone/Cell Phones	\$	\$	Disability	\$	\$
Internet	\$	\$	Long-Term Care	\$	\$
Cable Subscriptions	\$	\$	Home	\$	\$
Home Security	\$	\$	Auto	\$	\$
Gas	\$	\$	Other (boat, college, etc.)	\$	\$
Electricity	\$	\$	TOTAL INSURANCE	\$	\$
Water	\$	\$			
Garbage	\$	\$	Transportation		
Landscaping	\$	\$	Auto Payment	\$	\$
Snow Removal	\$	\$	Fuel	\$	\$
Sprinkler Systems	\$	\$	Tags/Taxes	\$	\$
Exterminator	\$	\$	Repairs/Maint.	\$	\$
General Home Repairs	\$	\$	TOTAL TRANSP.	\$	\$
Home Upgrades	\$	\$			
Housecleaning	\$	\$	Miscellaneous		
Pool	\$	\$	Postage	\$	\$
Misc. Expenses	\$	\$	Gifts/Holidays	\$	\$
TOTAL HOME	\$	\$	Vitamins	\$	\$
			Toiletries	\$	\$
Food			Beauty Salon	\$	\$
Groceries	\$	\$	Pet Care/Vet	\$	\$
Dining Out	\$	\$	Books/Magazines	\$	\$
TOTAL FOOD	\$	\$	Donations	\$	\$
			Memberships/Clubs	\$	\$
Clothing			Miscellaneous	\$	\$
Clothing	\$	\$	Subscriptions	\$	\$
Laundry	\$	\$	TOTAL MISC.	\$	\$
Dry Cleaning	\$	\$			
TOTAL CLOTHING	\$	\$	Other Payments		
			Quarterly Taxes	\$	\$
Medical (after or not covered by insurance)			Spousal Support	\$	\$
<i>(excludes child(ren) related expenses)</i>			Child Support	\$	\$
Physicians	\$	\$	Eldercare	\$	\$
Dental/Orthodontics	\$	\$	Accountant Fees	\$	\$
Optometry/Glasses/Contacts	\$	\$	Financial Planning	\$	\$
Prescriptions	\$	\$	Legal	\$	\$
Psychologist/Therapy	\$	\$	Misc Prof Fees.	\$	\$
TOTAL MEDICAL	\$	\$	TOTAL OTHERS	\$	\$

Real Estate and Mortgage Information

First Mortgage Information

Street Address of Property: _____

City, County, & State of Property: _____

Date Property was Acquired: _____ Is this your primary residence? _____

Purchase Price: \$ _____ Fair Market Value: \$ _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Company Who Owns Mortgage: _____

Name of Who Owns Mortgage (you, you and your spouse, etc.) and relationship, if not spouse:

Second Mortgage Information

Street Address of Property: _____

City, County, & State of Property: _____

Date Property was Acquired: _____ Is this your primary residence? _____

Purchase Price: \$ _____ Fair Market Value: \$ _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Company Who Owns Mortgage: _____

Name of Who Owns Mortgage (you, you and your spouse, etc.) and relationship, if not spouse:

Third Mortgage Information

Street Address of Property: _____

City, County, & State of Property: _____

Date Property was Acquired: _____ Is this your primary residence? _____

Purchase Price: \$ _____ Fair Market Value: \$ _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Company Who Owns Mortgage: _____

Name of Who Owns Mortgage (you, you and your spouse, etc.) and relationship, if not spouse:

Fourth Mortgage Information

Street Address of Property: _____

City, County, & State of Property: _____

Date Property was Acquired: _____ Is this your primary residence? _____

Purchase Price: \$ _____ Fair Market Value: \$ _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Company Who Owns Mortgage: _____

Name of Who Owns Mortgage (you, you and your spouse, etc.) and relationship, if not spouse:

Reproductive Technologies

Have you or your partner ever been involved with any assisted reproductive technologies (had sperm or embryos stored)?

Yes. *

No.

* If yes, was it you or your spouse? When? What is the status of the assisted reproductive technologies (i.e., undergone treatment in the past, currently undergoing treatment, sperm or embryos are being held in storage and could be accessed at a later date, etc.)? If at a storage facility, do you have a contract with the storage facility? If yes, please provide a copy of the Agreement when returning this questionnaire to our offices.

Name of Storage Facility: _____

Address of Storage Facility: _____

Phone Number of Storage Facility: _____

Miscellaneous Information Requested

Who pays for family health care coverage? _____

What is the monthly premium cost of family coverage? _____

What is the monthly premium cost for only minor children of the marriage? _____

Have you and/or your spouse undergone any type of counseling? If so, which of you have attended, who have you seen, and when?

In general words, give your reason for filing for a domestic action.

Do you have a particular amount of money in mind needed in terms of spousal support or child support to meet your monthly obligations?

Have you and your spouse previously discussed a division of property and assets? If so, please give particulars. Attach extra pages, if needed.

Please check all items below that apply to your concerns or desires.

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Divorce		Restraining Order	
Separate Maintenance		Costs	
Annulment		Restoration of Maiden Name	
Residence		Spousal Maintenance	
Child Support		Attorney Fees to be paid by other party	
Primary Custody		Personal Property to be awarded to you	
Joint Custody		Personal Property to be awarded to spouse	

Your Spouse's "Hidden" Assets

In helping you to prepare for your property division settlement or trial, we try not to overlook anything. Please take a moment to help us complete a list of "hidden" assets (or easily overlooked ones) so that we don't miss anything. Attach notes or comments for items checked.

<input checked="" type="checkbox"/>	Type of Asset
<input type="checkbox"/>	Frequent Flyer Mileage
<input type="checkbox"/>	Security Deposits
<input type="checkbox"/>	Timeshare Property
<input type="checkbox"/>	Leased Vehicles, Cell Phones, etc.
<input type="checkbox"/>	Stock Options
<input type="checkbox"/>	Memberships (i.e. country club)
<input type="checkbox"/>	Bond or Deposit for Country Club
<input type="checkbox"/>	Unused vacation or sick leave
<input type="checkbox"/>	Patents, copyrights, royalties
<input type="checkbox"/>	Income tax returns/refunds
<input type="checkbox"/>	Income tax capital loss carry-forwards
<input type="checkbox"/>	Income tax charitable contribution carry-forwards
<input type="checkbox"/>	Marketable government licenses (radio licenses, commercial fishing quotas)
<input type="checkbox"/>	Special retirement benefits
<input type="checkbox"/>	Retirement – life insurance benefits, annuities
<input type="checkbox"/>	Retirement – medical benefits
<input type="checkbox"/>	Retirement – survivor benefits
<input type="checkbox"/>	Hobby or other collections
<input type="checkbox"/>	Contract rights from marital employment (i.e., insurance renewal payments for agent)
<input type="checkbox"/>	Affiliation "rewards" programs (i.e. points for use)
<input type="checkbox"/>	Entertainment tickets or season tickets
<input type="checkbox"/>	Hangar lease for aircraft
<input type="checkbox"/>	Hotel or credit card points
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Small business retained earnings
<input type="checkbox"/>	US Savings Bonds, or other securities
<input type="checkbox"/>	"Hidden Value" items – rare items of personal property (i.e., antiques), rare pets, collectables
<input type="checkbox"/>	Options to purchase property
<input type="checkbox"/>	Unpaid commissions on deals set to close
<input type="checkbox"/>	Referral fees (i.e. for personal injury lawyers)
<input type="checkbox"/>	Security or performance bonds posted
<input type="checkbox"/>	Car insurance paid
<input type="checkbox"/>	Taxes prepaid