

**DIVORCE QUESTIONNAIRE**

Client's Name (First, Middle, Maiden, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Approx. Income \_\_\_\_\_ Length of Employment \_\_\_\_\_

Number of Years in Illinois \_\_\_\_\_ Number of Years in School \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Current Age \_\_\_\_\_

Military Service \_\_\_\_\_ Branch \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name (First, Middle, Maiden, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Approx. Income \_\_\_\_\_ Length of Employment \_\_\_\_\_

Number of Years in Illinois \_\_\_\_\_ Number of Years in School \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Current Age \_\_\_\_\_

Military Service \_\_\_\_\_ Branch \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Date and Place Last Lived Together \_\_\_\_\_

Name(s) of Child(ren) Born To or Adopted By the Parties/Birthdate(s)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is maintenance desired?  Yes  No If so, how much? \$ \_\_\_\_\_

Your Prior Marriage(s)/Type or Termination Date(s)

\_\_\_\_\_  
\_\_\_\_\_

Your Spouse's Prior Marriage(s)/Type or Termination Date(s)

\_\_\_\_\_  
\_\_\_\_\_

Grounds

- Mental Cruelty       Irreconcilable Differences       Adultery  
 Impotency       Bigamy       Desertion (1 year plus)  
 Conviction of Felony       Suicide Attempt       Venereal Disease  
 Habitual Drunkenness

Describe grounds. \_\_\_\_\_  
\_\_\_\_\_

Do you fear for your safety?  Yes  No

REAL ESTATE PROPERTY OWNED BY PARTIES

Address	Purchase Price	Current Value	Jointly Owned?
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL PROPERTY OWNED BY PARTIES

Automobile	Purchase Price	Current Value	Name(s) on Title
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

OTHER PERSONAL PROPERTY OWNED BY PARTIES

Property	Purchase Price	Current Value	Name(s) on Title
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

DEBTS

Creditor	Amount	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

NON-MARITAL PROPERTY

Creditor	Amount	Monthly Payment
	\$	\$
	\$	\$
	\$	\$