

DOMESTIC QUESTIONNAIRE

Date: _____

- No Children, No Real Estate
- No Children, Real Estate
- Children, No Real Estate
- Children, Real Estate

How did you hear about this law office? _____

WIFE or MOTHER:

First _____ Middle _____ Last _____ Maiden _____

Does Wife wish for her maiden name back? _____

Social Security Number: _____ Race: _____

Current Residence: (No. And Street) _____ Zip _____

County: _____ City: _____ State: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Email address _____

Length of residence in Tennessee _____

Date of Birth: _____ Place of Birth: _____ City _____ State.

Number of Previous Marriages: _____

If previously married, last marriage ended by: _____ Divorce or Annulment _____ Death

Currently a Member of Armed Services: _____ Yes _____ No

Current Employer: _____

Highest Education Level: _____

HUSBAND or FATHER:

First: _____ Middle _____ Last _____

Social Security No. _____ Race: _____

Current Residence: (No. And Street) _____ Zip _____

County: _____ City: _____ State: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Email address _____

Length of residence in Tennessee: _____

Date of Birth: _____ Place of Birth: _____ City _____ State

Number of previous marriages: _____

If previously married, last marriage ended by: _____ Divorce or Annulment _____ Death

Currently a Member of Armed Services: _____ Yes _____ No

Current Employer: _____

Highest Education Level: _____

Date of this marriage: _____

Place of Marriage: _____ County _____ State

Date of separation: (left marital home or ceased having marital relations) ____/____/____

Residence of parties at time of separation: _____ City _____ State

Full Name of minor children born of this marriage:

_____ d/o/b _____ SS # _____ Place of Birth _____

_____ d/o/b _____ SS # _____ Place of Birth _____

_____ d/o/b _____ SS # _____ Place of Birth _____

_____ d/o/b _____ SS # _____ Place of Birth _____

Last five years addresses for the minor children:

Street	City, State	Date Moved In	Date Moved Out
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Is there an Order of Protection? _____ Yes _____ No Which Court issued? _____

Do you want _____ sole custody or _____ joint custody

How much does your Husband/Wife make? \$ _____ per _____ Hour/Week/Month/ Year

How much do you make? \$ _____ per _____ Hour/Week/Month/Year

Do you have health insurance coverage? _____ (Yes/No)

If so, are you and your spouse on the same insurance plan? _____ (Yes/No)

If so, which Insurance Company? _____

Cost of cobra insurance coverage (for your spouse) \$_____ per _____

How do you want your child support paid? _____payable through Clerk _____ directly to you

Who provides health insurance coverage for your children? _____You _____Your Husband/Wife

Insurance Company? _____

Cost of insurance coverage (child's share only) \$_____ per _____

Who gets income tax deduction for minor child/ren? _____ You _____Your Husband/Wife

What type visitation do you want your spouse to have?

_____Standard (Every other weekend, alternate holidays)

_____Reasonable(when you and your spouse agree)

How do you wish to exchange the children between yourself and other party? (Is there a friend or relative who would be willing to be involved, or do you get along well enough to exchange the children yourselves?)

Do you own a home? ___ Yes ___ No Do you want to keep the home? ___ Yes ___ No

If so, where is the home located (address)? _____

Property titled in the name of: _____ HUSBAND _____ WIFE _____ BOTH

What did you pay for the home? \$_____ What is the balance owed? \$_____

How much did you put down on the home? \$_____ What is the monthly payment? \$_____

Where did the money for the down payment come from? _____

Vehicles:

_____ Year _____ Make _____ Model _____ Titled under Wife/Husband/Both VIN #

____ Year _____ Make _____ Model - Titled under Wife Husband Both

Which vehicle do you want? _____

Recreational Vehicles: _____ RVs _____ Motorcycles _____ Campers _____ Airplanes
_____ 4-wheelers

Has Personal Property (furniture, household goods, personal items) been divided: ___ Yes ___ No

Are there any Joint Debts? _____ Yes _____ No - - If yes, please list below:

Name of Creditor	Account No.	Approximate Balance	Husband/Wife/Both
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have joint bank accounts? _____ Checking _____ Savings _____ Other (If yes, please list below)

Name of Banking Institution	Account No.	Approximate Balance
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_____	_____	_____
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Do you or your spouse have any credit card debt? If so, please list below:

Name of Credit Card	Account No.	Approximate Balance
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_____	_____	_____
_____	_____	_____

Do you or your spouse have interest in a retirement plan, profit sharing plan, 401K, etc? (If yes, please list employer or bank) _____

Husband _____ Wife _____

Has either party filed a Joint or Individual Chapter 7 or Chapter 13? _____

If so, which party and the type and date: _____

If Joint give the type and date: _____

Has party or parties been discharged: _____ Date: _____

Who will pay Attorney Fees? _____ Husband _____ Wife _____ Split equally

Who will pay Court Costs? _____ Husband _____ Wife _____ Split equally

What Grounds for Divorce will you rely on? Briefly explain:

- A. Irreconcilable Differences: _____
- B. Cruel and Inhuman Treatment: _____
- C. Inappropriate Marital Conduct: _____
- D. Indignities: _____
- E. Habitual Drunkenness/Drug Abuse: _____
- F. Attempt on Life of Spouse: _____
- G. Adultery: _____
- H. Two Years Separation (no children) _____

Do you wish to have a Restraining Order Issued by the Judge? _____ Yes _____ No

If so, why do you need a Restraining Order? _____

Do you have a MySpace.com or Facebook account, or any social networking site? ___ Yes ___ No

Does your spouse have a MySpace.com or Facebook account, or any social networking site?

___ Yes ___ No.