



A T T O R N E Y S & C O U N S E L O R S

To Our Clients:

Every family is unique. That is why it is so important for us to gather a variety of details about you and your family when we begin to work with you to resolve any type of domestic matter. It is only with this information that we can achieve a complete understanding of you, your current situation and your future goals. Please take a few minutes to fill out this Confidential Family Background Questionnaire. All of the information requested is important, and you may find that completing this form is helpful to your understanding of some of the pending issues that may need to be resolved. We will retain this document as part of your permanent file in our office, and you may be assured that all of the information you furnish is strictly confidential. It will not be disclosed to anyone outside of our firm without your permission. Kindly bring this form with you when you come to our office for your first appointment.

CONFIDENTIAL FAMILY BACKGROUND QUESTIONNAIRE

MARITAL HISTORY

	Husband/Father	Wife/Mother
Full Name		
Any other names by which mother is or has been known:		_____
Wife's Maiden name:		_____
Does Wife wish to resume maiden name/prior name? If so, what name:		• Yes • No
Telephone numbers - Home	_____	_____
Work	_____	_____
Mobile	_____	_____
Email Address:	_____	_____
Address		
Presently living together: If not, date separated:	• Yes • No	_____

Date of Marriage Place of Marriage Number of Marriage		
Is there a prenuptial agreement/separation agreement/custody agreement? If so, please state: Date of Agreement and Attorneys Involved	• Yes • No	• Yes • No
Does other party have attorney? If yes, please provide name and address.	• Yes • No	• Yes • No
Prior Marriages? If prior marriages ended by divorce please provide date, state and court by which divorce was filed:	• Yes • No	• Yes • No
Social Security Number		
Drivers License Number		
Date of Birth Place of Birth		
Eye Color		
Hair Color		
Height		
Weight		
Race		
Scars, Tattoos, etc.		

EMPLOYMENT INFORMATION

Present Occupation		
Present Employer (Name and Address)		
Type of working during most of working life, including business:		
Gross weekly income		
Highest Education level		

MISCELLANEOUS

Have you ever served in the military? If so, dates of service:	• Yes • No	• Yes • No
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Do you receive any state aid? If yes, please list type:	• Yes • No	• Yes • No
Are you or the other party involved in any other legal actions?	• Yes • No	• Yes • No
Any prior action for divorce from present spouse? If so, please state: <ul style="list-style-type: none"> • Date Commenced • Court • Outcome • Date of Disposition • Attorneys Involved 	• Yes • No	• Yes • No
Has a PPO been issued? If so, name of restrained party? Please provide a copy of the PPO.	• Yes • No	
Are any aspects of any family member's medical history relevant to this case? If yes, please describe:	• Yes • No	• Yes • No
Have you had any major health problems during this relationship? If yes, please describe.	• Yes • No	• Yes • No
Has the other party had any major health problems during this relationship? If yes, please describe.	• Yes • No	• Yes • No
Is the either party under treatment for any chronic illness or condition? If yes, please describe.	• Yes • No	• Yes • No

CHILDREN

Children of prior marriage(s)?	Names:	Birth Date and Age:
	_____	_____
	_____	_____
	_____	_____

Who has custody of these minor children:		
Is there a Support Obligation? If yes, please state amount	• Yes • No	• Yes • No
Alimony? If yes, please state amount	• Yes • No	• Yes • No
Child Support Received? If yes, please state amount	• Yes • No	• Yes • No
Children of this marriage:	Names: _____ _____ _____	Birth Date: _____ _____ _____
Is Wife Pregnant at this time?		• Yes • No
Addresses of children for past Five years:		
Health Insurance Coverage for Children: Policy Holder? Policy and Group No.	_____ _____ _____	_____ _____ _____
Custodial/Visitation Dispute Expected?	• Yes • No	
What custodial arrangements are now in place? (<i>formally or informally?</i>)		
Any special needs for gifted or challenged children?		
Do any of the children have exception health needs? Please give the name of the child and describe the need?		

FINANCIAL HISTORY OF YOUR MARRIAGE

Tax returns and wage statements will be helpful in completing this portion.
 (Please state your gross *monthly* income from salary and wages (including commissions, allowances, and overtime) and when payable (weekly, biweekly, monthly, bimonthly). *Note:* If paid weekly, calculate monthly income by multiplying weekly income by 4.2; biweekly income by 2.15.)

	Husband	Wife
Income		
When payable		
Pensions and Retirement		
Social Security		
Disability and unemployment insurance		
Public assistance (welfare, TANF payments.)		
Child support from any previous marriage		
Dividends and interest		
Rents (not after expenses)		
Bonuses (annual, semiannual or quarterly)		
Tips		
All other sources		
<i>Total Monthly Income:</i>		

EXPENSE SHEET

This list will make you aware of the items to be addressed in your property settlement. You probably won't have all of these items. Fill in the blanks with your family's monthly expenses.

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1. Rental/mortgage and household

- a. Rent/Mortgage \$ _____
- b. Insurance \$ _____
- c. Property taxes \$ _____
- d. Gardner \$ _____
- e. Pool Service \$ _____
- f. Water service \$ _____
- g. Other: \$ _____

Total: \$ _____

2. Food and supplies

- a. At home: \$ _____
- b. Eating out \$ _____
- c. Eating out w/ children \$ _____

Total: \$ _____

3. Clothes

- a. Client \$ _____
- b. Children \$ _____
- c. Shoes \$ _____
- d. Other \$ _____

Total: \$ _____

4. Transportation

- a. Car payments \$ _____
- b. Gas and oil \$ _____
- c. Repairs \$ _____
- d. License \$ _____
- e. Car Wash \$ _____
- f. Auto club \$ _____
- g. Parking \$ _____
- h. Other \$ _____

Total: \$ _____

5. Medical (out of pocket)

- a. Doctor \$ _____
- b. Dentist \$ _____
- c. Optometrist \$ _____
- d. Glasses/contacts \$ _____
- e. Orthodontist \$ _____
- f. Prescriptions \$ _____
- g. Vitamins \$ _____
- h. Other \$ _____

Total \$ _____

6. Laundry

- a. Laundry, supplies \$ _____
- b. Dry cleaning \$ _____

Total \$ _____

7. Utilities

- a. Phone/Internet \$ _____
- b. Cellular phone \$ _____
- c. Gas \$ _____
- d. Electric \$ _____
- e. Water \$ _____
- f. Garbage collection \$ _____
- g. Cable television \$ _____
- h. On-line services \$ _____

Total \$ _____

8. Insurance

- a. Auto \$ _____
- b. Medical & Dental \$ _____
- c. Life \$ _____
- d. Homeowner \$ _____
- e. Disability \$ _____
- f. Personal property \$ _____
- g. Other \$ _____

Total
\$ _____

9. Other

- a. Tax preparation \$ _____
- b. Travel \$ _____
- c. Entertainment \$ _____
- d. Nonreimbursed business expenses \$ _____
- e. Child support (from prior marriage) \$ _____
- f. Spousal support (from prior marriage) \$ _____
- g. Support of relative \$ _____
- h. Vacations \$ _____

Total \$ _____

10. Taxes

- a. Federal \$ _____
- b. State \$ _____
- c. Local \$ _____

Total \$ _____

11. Incidentals

- a. Cosmetics \$ _____
- b. Coffee, snacks, etc \$ _____
- c. Hair/Nail care \$ _____
- d. Books magazines \$ _____
- e. Newspapers \$ _____
- f. Business dues \$ _____
- g. Memberships \$ _____
- h. Pets \$ _____
- i. Charity \$ _____
- j. Church / synagogue dues \$ _____
- k. Gifts \$ _____
- l. Greeting cards \$ _____

- m. Postage \$ _____
- n. Toiletries \$ _____
- o. Bank charges \$ _____
- p. House supplies \$ _____
- q. Hobbies \$ _____
- r. Jewelry \$ _____
- s. Stationery \$ _____
- t. CD's, video \$ _____
- u. Other \$ _____

Total \$ _____

12. Children

- a. Allowance \$ _____
- b. School lunches \$ _____
- c. Summer camp \$ _____
- d. Private school \$ _____
- e. Nursery school \$ _____
- f. Child care \$ _____
- g. Lessons \$ _____
- h. Activities \$ _____
- i. Participatory sports \$ _____
- j. Tutors \$ _____
- k. School activities \$ _____
- l. School pictures \$ _____
- m. Yearbook \$ _____
- n. Other \$ _____

Total \$ _____

13. Debts

- a. Installment debts: \$ _____
- b. Credit cards \$ _____
- c. Other \$ _____

Total \$ _____

TOTAL EXPENSES: \$ _____

INVENTORY: HOUSEHOLD CONTENTS

“Value” refers to fair market value: The price you would obtain through sale of the particular assets in the current market. Give your best estimate. This may not be the original purchase price or the replacement cost. For “ownership”, designate “H” for husband, “W” for wife, “J” for jointly owned, and “C” for children. Your room-by-room inventory (made for household insurance policies), as well as any photographs taken for insurance or other purposes, will be helpful in completing this section. You probably will need additional paper. If you have more than one residence, complete this schedule for each residence.

Item	Description:	Who owns:	Value:
Furniture:			
Furnishings:			
Books:			
Appliances:			
Computers:			
Electronic Equipment:			
Antiques:			

Heirlooms			
China:			
Silverware:			
Jewelry:			
Furs:			
Art objects:			
Coin/stamp collections:			
Wine collection:			
Cameras:			
Other:			

INVENTORY: AUTOMOBILES, BOATS, PLANES

Provide the title certificate for each vehicle listed. If the title is not available, please provide a full description of each vehicle. Use additional pages if necessary.

Vehicle #1: _____

Year, Make and Model (2-door, 4-door, etc.): _____

Color: _____

Vehicle Identification Number (VIN): _____

License Plate State and Number: _____

Registration Number: _____

Date of Purchase: _____

Dealer: _____

Names on the Title: _____

Purchase Price: _____

Approximate Mileage: _____

Optional Equipment (*air conditioning, power equipment, stereo, etc.*)

Provide the title certificate for each vehicle listed. If the title is not available, please provide a full description of each vehicle. Use additional pages if necessary.

Vehicle #2: _____

Year, Make and Model (2-door, 4-door, etc.): _____

Color: _____

Vehicle Identification Number (VIN): _____

License Plate State and Number: _____

Registration Number: _____

Date of Purchase: _____

Dealer: _____

Names on the Title: _____

Purchase Price: _____

Approximate Mileage: _____

Optional Equipment (*air conditioning, power equipment, stereo, etc.*)

Provide the title certificate for each vehicle listed. If the title is not available, please provide a full description of each vehicle. Use additional pages if necessary.

Vehicle #3: _____

Year, Make and Model (2-door, 4-door, etc.): _____

Color: _____

Vehicle Identification Number (VIN): _____

License Plate State and Number: _____

Registration Number: _____

Date of Purchase: _____

Dealer: _____

Names on the Title: _____

Purchase Price: _____

Approximate Mileage: _____

Optional Equipment (*air conditioning, power equipment, stereo, etc.*)

**BUSINESS INTEREST, LIABILITIES, CASH DEPOSIT ACCOUNTS
AND LIFE INSURANCE**

SECURITIES:

Indicate the number of stocks (_____) and bonds (_____) and provide the following information for each. Use additional pages if necessary.

STOCKS:

Par value: _____ Current market value: _____
Number of shares: _____ Name of company: _____
Common/preferred (series) _____ Cert. number _____
Exchange where listed: _____
Dividend declared but not paid: _____
Indicate if closely held corporation: _____ Ownership: _____

BONDS

Face value: _____ Current market value: _____
Interest rate: _____ Name of insurer: _____
Type of bond: _____
Certificate of serial number: _____
Date of bond: _____ Due date: _____
Interest/last coupon due dates: _____
Ownership: _____

If you cannot provide a copy of the passbook or statement, please provide the information outlined below.

Name of Institution	Account No.	Ownership	Current Balance

LIFE INSURANCE

Furnish copies of the face sheets of all life insurance policies with statements of loans against them.

Indicate the number of policies (____) and provide the following information for each.

Name of company: _____

Policy number: _____

Face amount: _____ Cash surrender value: _____

Name of insured: _____

Owner: _____ Beneficiary: _____

Type of policy (whole life, term, annuity, other (describe): _____

Indicate whether insurance is obtained through employer: _____

Surrender value of dividends, credits, and accumulations: _____

Value of termination, dividends, or other surrender values: _____

Outstanding policy loan: _____ Interest accrued on loan: _____

DEFERRED COMPENSATION PLANS

(Profit sharing, pensions plans, Keogh plans, IRAs, etc.)

From the appropriate employer in each case, obtain a copy of statements and summary plan descriptions for any deferred compensation plans, such as profit sharing, ESOP, investment, or pension plans, in which you or your spouse may be involved through employment. For each such plan, indicate the following:

Name of company: _____

Name of plan: _____

Identification number: _____

Ownership: _____

Value: _____

Administrators name and address: _____

REAL ESTATE

For each parcel of real estate, list the address and secure a copy of the legal description, which appears on the deed, mortgage, and title insurance. You may request a copy of those documents from your lending institution. If income property, provide copies of leases and rental records.

Provide documents concerning any mortgage or contract for loans on your home and any other real estate, bring the last monthly mortgage payment statement if you have one.

Furnish a copy of the last real estate tax bill for each parcel. This may be obtained through your local assessor. If any property has been appraised for any reason (i.e., insurance, mortgage loans, contemplation of sale), provide copies of each appraisal.

Indicate the number of parcels of real estate (____) and provide the following information for each:

Street address: _____

City, county, state: _____

Cost of improvements \$ _____ Other liens: \$ _____
(mortgages, taxes, please specify)

Total cost basis \$ _____ Equity: \$ _____
(cost + improvements) (market value less mortgage and other liens)

Current market value \$ _____ Monthly payment \$ _____

Assessed valuation \$ _____ Annual taxes \$ _____

First mortgage balance \$ _____ Date of acquisition: _____

Individual contributions to purchase price (by whom and how much): _____

Type of property (home, farm, duplex, condominium): _____

Institutions holding mortgage(s): _____

Exact name(s) on deed: _____

Please continue to next page...

MEDICAL AND OTHER INSURANCE

Obtain a statement from the insurance company as to coverage for spouse and children and what provision, if any, the policy has concerning conversion after divorce.

Name and address of insurance company: _____

Persons covered: _____

Type of insurance: _____

Type of policy: _____ Individual _____ Group

Coverage: _____

Policy or group number/individual subscriber number: _____

Indicate whether through employment (name employer): _____

BUSINESS INTERESTS

Provide annual statements (balance sheets, profit-and-loss statements) for the past three years in lieu of the following. These should be prepared by your accountant. Also provide business tax returns for the past three years. This section does not apply to limited partnerships, oil and gas partnerships and the like. (See below.)

Name of accountant: _____
Name of business: _____
Value: _____
Type of interest: _____ sole proprietor _____ joint venture _____ partnership _____ corporation _____
limited liability company _____
Type of business: _____
Ownership and percent of ownership: _____

LIMITED PARTNERSHIP INTERESTS

Provide a year-end prospectus or statement for each oil and gas or real estate limited partnership in which you, your spouse, or both of you participated as a limited partner. A statement should be provided for each year of participation. If you cannot provide such a statement or prospectus, provide the following for each partnership.

Partnership name: _____
Business address: _____
Name of general partner: _____
Date of investment: _____ Amt. of original investment: _____
If subsequent investment: _____ Date: _____ Amount: _____
Percentage of ownership interest held by you, your spouse, or you and your spouse: _____

LIABILITIES

Outstanding Debts and Obligations

Include auto payments, charge accounts, personal loans, notes, mortgage payments, and any bills that are not a monthly household expense. Indicate whether husband or wife is solely liable or jointly liable by inserting H, W or J after monthly payment.

Name of creditor: _____
Purpose or for whom: _____
Present balance: _____ Monthly payment: _____
Whose obligation (H, W or J) _____

Name of creditor: _____
Purpose or for whom: _____
Present balance: _____ Monthly payment: _____
Whose obligation (H, W or J) _____

Name of creditor: _____
Purpose or for whom: _____
Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom:

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom:

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom:

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom:

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom:

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

POTENTIAL LIABILITY

Include cosigned or guaranteed payments. Insert amount of liability and specify nature of liability.

INFORMATION RELEASES

AUTHORIZATION FOR MEDICAL AND MENTAL HEALTH INFORMATION

To: _____

RE: _____ (name of patient)

THIS is to authorize you to furnish the law firm of HaasCaywood PC., or anyone designated in writing by it, with any and all information and opinions that it may request regarding my condition and treatment rendered, and allow it to obtain copies of all records, reports, opinions, or any other information or documents as it may request regarding my condition and treatment.

In addition, you are authorized to discuss with any of the firm's attorneys or their agents, any aspect of my treatment, including, but not limited to, diagnosis, examination, and prognosis.

This authorization is valid until: _____ specifically revoked in writing

_____ Date: _____

Date: _____

Client/patient

AUTHORIZATION FOR WAGE AND EMPLOYMENT INFORMATION

To: _____

Re: _____ (Name of client)

This is to authorize you to furnish the law firm of HaasCaywood PC., or anyone designated in writing by it, with any and all information that it may request, including, but not limited to, wage and employment records, performance evaluations, personnel notes, and all other information of file concerning my employment with you. You are further authorized to discuss any aspect of my employment with these attorneys or their agents.

Date: _____

Client/patient

Social security number

Subscribed and worn before me this ____ day of _____, _____.

Your signature: _____