



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

CONFIDENTIAL FAMILY BACKGROUND QUESTIONNAIRE

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 confidential file in our office. It will not be disclosed to anyone outside of our firm without your permission.

MARITAL HISTORY

	Husband/Father	Wife/Mother
Full Name and Address: Do you believe that disclosure of your address will result in harm to you or the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other names by which either party is or has been known: Wife's Maiden name: Does Wife wish to resume maiden name/prior name? If so, what name:	_____ _____	_____ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Telephone numbers - Home Work Mobile	_____ _____ _____	_____ _____ _____
Email Address:	_____	_____
Social Security No.	_____	_____
Driver's License Number	_____	_____
Presently living together: If not, date separated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date of Marriage City and County of Marriage Number of Marriage		
Is there a prenuptial agreement/separation agreement/custody agreement? If so, please state: Date of Agreement and Attorneys Involved [please provide a copy of the Agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does other party have attorney? If yes, please provide name and address.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Marriages? How Many? If prior marriages ended by divorce please provide date, state and court by which divorce was filed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth State of birth if not born in MI		
Eye Color		
Hair Color		
Height		
Weight		
Race		
Scars, Tattoos, etc.		

CHILDREN

	Husband/Father	Wife/Mother
If there are any children from prior marriages/relationships, state their name, sex, date of birth, and age.		
List the children from prior marriages/relationships that are currently in the custody of you or your spouse:		
Is there a Child Support Obligation? If yes, please state amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal Support Obligation? If yes, please state amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support Income? If yes, please state amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Children of this marriage:	Names: _____ _____ _____ _____ _____	Birth Date/Social Security No. _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____
Is Wife Pregnant at this time? If so, what is the approximate due date?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Addresses of children for past Five years, and who do they live with primarily?		
Custodial/Visitation Dispute Expected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each minor child involved in these proceedings, state:

1. Name and address of provider of childcare services, if applicable: _____

2. Average monthly cost of childcare: _____
3. Monthly health care insurance premiums: \$ _____
4. Name of Insurance Co.: _____
5. Policy/Certificate/Contract/Group no.: _____
6. Name and address of school(s): _____

7. Name and address of pediatrician and other health providers: _____

8. What is current custodial arrangement in place? _____

9. Do you have a proposed parenting time plan? If so, please provide:

10. Any special needs for gifted or challenged children: _____

11. Do any of the children have exception health needs? If yes, please give the name of the child and describe the need: _____

EMPLOYMENT INFORMATION

	Husband/Father	Wife/Mother
Present Occupation		
Present Employer's Name and Address (If unemployed, provide information from previous employer, including beginning and end dates of employment and reason for resignation or termination)		
Professional license, type, and no.		
Gross weekly income (before taxes)		
Hourly pay rate, Hours worked per week, and average overtime in past 12 months		
If self-employed, total owner's draws in past 12 months		
Highest Education level		
Employment Benefits (for example, retirement, car allowance, expense reimbursements, health/vision/dental/life insurance, or other)		

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: _____

INCOME SHEET

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/Father	Wife/Mother
Gross Monthly Income		
When payable (monthly, weekly, etc.)		
Commissions or Tips		
Bonuses		
Profit Sharing		
Interest		
Dividends		
Annuities		
Pensions/Longevity		
Deferred Comp/IRA		
Trust Funds		
Unemployment benefits		
Strike pay		
SUB pay		
Sick benefits		
Worker's compensation		
Social Security benefits / SSI		
VA benefits		
Disability benefits / insurance		
GI benefits		
National Guard / Reserve Drill		
Armed Services		
Allowance for Rent		
Rental Income		
Spousal Support		
F I P		
Other (if anyone pays living expenses on your behalf, please provide details)		
Total Monthly Income:		
<p>Attach 4 most recent paycheck stubs, or a statement of wages and deductions from your employer. Attach two most recent federal and state income tax returns including all schedules, W-2's, and 1099's. If self-employed, also attach three most recent business state and federal tax returns.</p>		

REAL ESTATE

Do you own real estate? If so, 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. Please provide the following information for each parcel you own (use separate sheets if necessary):

Names on Title:			
Address:			
Date of acquisition:		Purchase price:	\$
Estimated total value:	\$	State Equalized Value:	\$
Lender for mortgage or land contract:		Monthly payment:	\$
Balance:	\$	Includes taxes?	[Y / N]
		Includes insurance?	[Y / N]
Lender for equity loan or line of credit:		Monthly payment for equity loan or line of credit:	\$
Balance:	\$		
Primary residence?	[Y / N]	Primary land use:	
Cost of improvements:	\$	Other liens (specify type and balance):	\$
<p>Attach any mortgages, land contracts, or other loans. Attach most recent statement for mortgages, land contracts, or other loans. Attach most recent real estate tax bill for each parcel (can be acquired from your local assessor) Attach most recent appraisal. If income property, attach copies of leases and rental records.</p>			
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FINANCIAL ACCOUNTS

Include all bank, investment, credit union accounts (For example, checking, savings, certificates of deposit, stock funds, annuities):

Type of account:		Current balance (before taxes)	Balance 90 days before current bal.
Account no.:		\$ As of date:	\$
Name of Institution:			
Names on account:			
Attach copies of the last six (6) most recent statements.			
Type of account:		Current balance (before taxes)	Balance 90 days before current bal.
Account no.:		\$ As of date:	\$
Name of Institution:			
Names on account:			
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PENSIONS / DEFERRED COMPENSATION PLANS:

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

From the appropriate employer in each case, obtain and provide 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 or employer: _____

Name of plan: _____

Identification number: _____

Ownership: _____

Current Account Balance/Value: _____

Estimated monthly payment: \$ _____

Earliest date you are eligible to receive any benefit: _____

Administrators name and address: _____

LIFE INSURANCE

Furnish copies of the face sheets of all life insurance policies with statements of loans against them and provide the following information for each.

Name of company: _____

Policy number: _____ Policy type (whole life, term, annuity): _____

Name of insured: _____

Owner: _____ Beneficiary: _____

Death benefit: \$ _____ Taxable? [Y / N] Employer Provided? [Y / N]

Cash surrendervalue: \$ _____ as of date: _____

Premium: \$ _____ per _____ (week/month/year)

Outstanding policy loan: \$ _____ Interest accrued on loan: \$ _____

INVENTORY: AUTOMOBILES, BOATS, PLANES

List all motorized vehicles in which you own an interest (i.e., your name is on the title, or you co-signed for another person's purchase). Include automobiles, boats, snowmobiles, motorcycles, recreational vehicles, etc. Use additional pages if necessary.

Year, make and model:		Amount owed
Name on title:		\$
Lender:		
Estimated value:		
Attach Certificate of Title, if available.		
Year, make and model:		Amount owed
Name on title:		\$
Lender:		
Estimated value:		
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Year, make and model:		Amount owed
Name on title:		\$
Lender:		
Estimated value:		
Attach Certificate of Title, if available.		

INVENTORY: HOUSEHOLD CONTENTS

List all items of personal property such as furniture, jewelry, gold, silver, collectibles, artwork, guns, furs, tools, etc. Do not include items of minimal value such as clothing. 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 may need additional paper. If you have more than one residence, include the location of each item in the description.

“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.

Item Description:	Owner H/W/J/C:	Value:	Date acquired:

SECURITIES / STOCKS / BONDS

Provide the following information for each security, stock, and bond you own. 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: _____

MISCELLANEOUS

	Husband/Father	Wife/Mother
Do you have access to any safe deposit boxes? If so, describe the location and contents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any accounts, money, or assets being held for your benefit? If so, describe the location, value, and reason it is being held.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you holding any accounts, money, or assets for the benefit of someone else? If so, describe the location, value, and reason it is being held.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than what has already been discussed, do you have ownership interests in any type of business? If so, briefly describe the business and your ownership interest.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any assets or income to which you are entitled, or to which you believe you will become entitled? If so, describe the asset, its value, and the reason for entitlement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>MISC Contd.</u>	Husband/Father	Wife/Mother
Are there any debts that are owed to you? If so, describe the debtor, total balance, payment amount, frequency of payments, the purpose of the debt, the loan beginning date, and the loan end date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other court cases involving you, your spouse, or any other family members that may result in an award against you? If so, describe the case, where it is filed, and the possible award or liability.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed for bankruptcy? If so, provide the date, case number, and current status.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you claim that any assets or debts are separate property? If so, list each asset or debt and describe the reason you think it should not be divided at divorce.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the military? If so, dates of service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive any state aid or public assistance? If so, state what type and the case number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any prior action for divorce from present spouse? If so, please state: Date Commenced; Court; Outcome; Date of Disposition; Attorneys Involved	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a PPO been issued? If so, name of restrained party? Please attach a copy of the PPO	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any aspects of any family member's medical history relevant to this case? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has either party had any major health problems during this relationship? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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DEBTS

Credit cards, personal loans, student financial aid loans, etc.

List all loans that are for your benefit, or that you are a co-signer for another person. Include credit cards, personal loans, student financial aid loans, auto payments, charge accounts, notes, mortgage payments, lines of credit, and any bills that are not a monthly household expense.

Type of debt:		Current balance (before taxes)
Name of lender:		\$ As of date:
Account no.:		
Names on account:		
Attach copies of the last three (3) most recent statements.		
Type of debt:		Current balance (before taxes)
Name of lender:		\$ As of date:
Account no.:		
Names on account:		
Attach copies of the last three (3) most recent statements.		

Court ordered financial obligations

Provide the following information for all your court-ordered financial obligations including, but not limited to, child or spousal support in a different case, garnishment, civil judgment against you, and court-ordered fines, fees or restitution.

Type of obligation (child support, garnishment, etc.): _____
 Court: _____ Case No.: _____
 Payment amount: \$ _____ per _____ (week, month, year, etc.)
 Balance (if applicable): \$ _____
 Estimated end date (if applicable): _____

Type of obligation (child support, garnishment, etc.): _____
 Court: _____ Case No.: _____
 Payment amount: \$ _____ per _____ (week, month, year, etc.)
 Balance (if applicable): \$ _____
 Estimated end date (if applicable): _____

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): _____

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: _____