

PAUL SCOTT

ATTORNEY AT LAW

DIVORCE WITHOUT CHILDREN QUESTIONNAIRE

Name: _____ Email: _____

Phone: _____

HOW DID YOU HEAR ABOUT US? (CIRCLE ONE)

WEBSITE FACEBOOK GOOGLE REFERRAL _____ OTHER _____

HUSBAND INFORMATION

FullName(First/Middle/Last): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Gross Weekly Income: _____ Income reported on last year's taxes: _____

County Residing In: _____ Length of Residence in State: _____

Driver's License # _____ Date of Birth: _____

Place of Birth (City, State): _____

Number of Marriage (Circle One): FIRST SECOND THIRD FOURTH

Level of Education (Circle One): HS BA/BS MASTERS PhD/DOCTORATE

Social Security Number: _____

PLEASE LIST ANY:

Criminal Convictions: _____

Alcohol/Drug Abuse: _____

Domestic Violence: _____

Anything else we should know? Please describe: _____

WIFE INFORMATION

FullName(First/Middle/Last): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Gross Weekly Income: _____ Income reported on last year's taxes: _____

County Residing In: _____ Length of Residence in State: _____

Driver's License # _____ Date of Birth: _____

Place of Birth (City, State): _____

Number of Marriage (Circle One): FIRST SECOND THIRD FOURTH

Level of Education (Circle One): HS BA/BS MASTERS PhD/DOCTORATE

Social Security Number: _____ Maiden Name: _____

PLEASE LIST ANY:

Criminal Convictions: _____

Alcohol/Drug Abuse: _____

Domestic Violence: _____

Anything else we should know? Please describe: _____

GENERAL INFORMATION

Date of Marriage: _____ By Whom (Circle One): PRIEST MINISTER JUSTICE OF THE PEACE

Location of Marriage (City, County, State): _____

Date of Separation: _____

PREVIOUS DIVORCES OF EITHER PARTY:

Which party

Location, City & State

Date of Divorce

HUSBAND

WIFE

Eye color: _____

Hair color: _____

Height: _____

Weight: _____

Scars/Tattoos: _____

Race: _____

ASSETS, DEBTS, & EXPENSES

Marital Home Address: _____

Down Payment (Amount and By Whom): _____ Date Purchased: _____

Mortgage Balance Due: _____ Mortgage in Whose Name: _____

Present Value: _____ Title in Whose Name: _____

Other Real Estate Address: _____

Down Payment (Amount and By Whom): _____ Date Purchased: _____

Mortgage Balance Due: _____ Mortgage in Whose Name: _____

Present Value: _____ Title in Whose Name: _____

VEHICLES (LIST ALL: YEAR/MODEL/PRESENT VALUE/BALANCE DUE/USED BY WHOM)

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

OTHER ASSETS (DESCRIBE):

DEBTS (Include Credit Card Debt):

AMOUNT	TO WHOM	FOR WHAT	MONTHLY PAYMENT AMT.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK ACCOUNTS:

AMOUNT	TYPE OF ACCOUNT	BANK NAME	NAME ON ACCOUNT
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STOCKS:

COMPANY	NO.OF SHARES	VALUE TOTAL	WHOSE NAME
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BONDS:

TYPE	VALUE TOTAL	WHOSE NAME
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LIFE INSURANCE:

COMPANY	TYPE BENEFICIARY	FACE VALUE	CASH VALUE
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OTHER TYPES OF INSURANCE AN PREMIUMS PAID:

HAS EITHER PARTY APPLIED FOR OR ARE RECEIVING PUBLIC ASSISTANCE? IF YES:

WHO IS RECEIVING	TYPE OF ASSISTANCE (Bridge card, Medicaid, etc.)	CASE #
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RETIREMENT ACCOUNTS:

WHOSE NAME AMOUNT TODAY AMOUNT DATE OF MARRIAGE PENSION/401K/TYPE

IMPORTANT

IF YOU DO NOT WISH TO HAVE ANY MAIL SENT TO YOUR ADDRESS, SIGN HERE:

Signature: _____

Print Name: _____ **Date:** _____

IF SO, WE NEED AN ALTERNATE ADDRESS IN THE MEANTIME (I.E., FAMILY MEMBER, FRIEND, OR WORK). PLEASE PROVIDE:

Address: _____ **City:** _____

State: _____ **Zip:** _____

IF YOU PREFER COURT DOCUMENTS TO BE SENT BY EMAIL, PLEASE PROVIDE:

Email Address: _____