

CONFIDENTIAL & FACTUAL INFORMATION FOR DIVORCE, ANNULMENT OR SEPARATION

YOU

1. Full Name _____ Age _____
Home Address _____ (county) _____
Home Phone Number _____ Cell Phone Number _____
Email Address _____ Date of Birth _____
Birthplace _____ Religion _____
Social Security Number _____ Driver's License # & State _____
Place of Employment _____
Occupation _____
Address of Employment _____
Work Phone Number _____ Length of Employment _____
Hours/Days of Employment _____ Hours per Week _____
Weekly Pay: Gross \$ _____ Net \$ _____ Hourly Rate _____
Part Time Employment _____
Other Sources of Income _____
Education _____
Occupational license number, type, issuing state, & date _____

Eye Color _____ Hair Color _____ Height _____ Weight _____ Race _____
Scars/Tattoos _____
Applied for/receive public assistance? Yes _____ No _____ If yes, specify _____
Name before married _____
Do you wish to resume maiden or former name? Yes _____ No _____

YOUR SPOUSE

2. Full Name _____ Age _____
Home Address _____ (county) _____
Home Phone Number _____ Cell Phone Number _____
Email Address _____ Date of Birth _____
Birthplace _____ Religion _____
Social Security Number _____ Driver's License Number _____
Place of Employment _____
Occupation _____
Address of Employment _____
Work Phone Number _____ Length of Employment _____
Hours/Days of Employment _____ Hours per Week _____
Weekly Pay: Gross \$ _____ Net \$ _____ Hourly Rate _____
Part Time Employment _____
Other Sources of Income _____
Education _____
Occupational license number, type, issuing state, & date _____

Eye Color _____ Hair Color _____ Height _____ Weight _____ Race _____
Scars/Tattoos _____
Applied for/receive public assistance? Yes _____ No _____ If yes, specify _____
Name before married _____
Do you wish to resume maiden or former name? Yes _____ No _____

3. Date of Marriage _____
Place of Marriage (city) _____ (state) _____ (county) _____

Do you have a marriage certificate? Yes _____ No _____
 Marriage performed by: Justice of the Peace _____ Clergy _____ Rabbi _____ Common law _____
 Other _____

4. Previous Marriages:

Number of this marriage for: You _____ Your Spouse _____
 You: Place _____ End Date _____
 Place _____ Date _____
 Your Spouse Place _____ Date _____
 Place _____ Date _____

5. Any previous divorce suit started by either party? Yes _____ No _____

If so, give date, place, and by whom: _____
 What disposition was made of the case: _____
 Is a divorce currently filed? Yes _____ No _____ Where? _____

6. Residence of Parties:

You: Years in Michigan _____ Years in Washtenaw Co. _____
 Your spouse: Years in Michigan _____ Years in Washtenaw Co. _____

7. Date of Separation _____ Reason: _____

Have you tried marriage counseling? Yes _____ No _____
 If so, when _____ Name of Counselor _____
 Address of Counselor _____
 When did you last cohabit (have sexual relations) with your spouse? _____

8. Are you or your spouse pregnant? Yes _____ No _____

9. Children of the parties born or adopted during this marriage:

Full Name	Gender	Birth Date	Age	SSN	Grade

10. Any children of either party born outside of this marriage? Yes _____ No _____

Full Name	Gender	Birth Date	Age	Parents

11. Address(es) of the minor child(ren) for the last five years:

12. Name(s) and present address(es) of custodians with whom the child(ren) has/have lived within the last five years:

13. Attitudes of Parties Towards Children:

You: _____
 Your Spouse _____
 Do you want custody of the children? Yes _____ No _____
 Will there be a fight for custody? Yes _____ No _____
 Who has been the primary caretaker? _____
 Why is it in the children's best interest for you to have custody? _____

What allegations will your spouse make against you to claim you should not have custody of the children? _____

14. List any known pending or resolved family division cases involving the parties and/or minor children, including personal protection orders, divorce, custody, paternity, child support, juvenile delinquency, and child protective proceedings:

Case Name	Court / County	Case number Or type	Judge	Pending or Resolved	Are Orders in place? Custody? Support? Parenting Time?

15. Any Previous Criminal Record? Explain.

You: _____
 Your Spouse: _____

Any prior institutionalizations? Explain.

You: _____
 Your Spouse: _____

Any prior treatment for drug or alcohol abuse? Explain.

You: _____
 Your Spouse: _____

Any prior psychiatric or psychological treatment? Explain.

You: _____
 Your Spouse: _____

16. Grounds for Divorce:

ADULTERY

Name of other party involved _____ Phone Number _____
 Address _____
 Circumstances _____

DESERTION

When and where occurred _____
 Last known address of your spouse _____
 Last contact with your spouse _____

ABUSE/DISSIPATION OF MARITAL ASSETS

Your spouse gambles? Yes _____ No _____

Your spouse physically, emotionally or financially abuses you? Yes _____ No _____

Last occurrence _____ Location _____

Witnesses _____

Your spouse has told you they no longer love you? Yes _____ No _____

Your spouse does not want you as a spouse? Yes _____ No _____

Your spouse associates with other men/women? Yes _____ No _____

If yes, name(s) and address(es) _____

Your spouse stays out late and refuses to account for his/her absence? Yes _____ No _____

PHYSICAL INCOMPETENCY

IMPRISONMENT

Your spouse has been sentenced to imprisonment for _____ years or more in _____

DRUNKENNESS

Your spouse drinks in excess in public _____

And/or private places _____

DRUG ABUSE

Your spouse misuses drugs/uses illegal drugs _____

DIVORCE OUTSIDE OF MICHIGAN

Your spouse had obtained a divorce in the State of _____

FAILURE TO SUPPORT SPOUSE AND/OR CHILDREN

Your spouse, being of sufficient ability to provide a suitable maintenance for you and/or children has refused or neglected to do so. Explain: _____

17. What accusations will your spouse make against you as grounds for divorce or unfitness as a parent, whether allegations are true or false? _____

18. Financial circumstances of Parties:

Spouse's average weekly income for past 6 months from all sources:

Gross _____ Net _____

Spouse's net income last year from all sources: _____

Are you now receiving public assistance? Yes _____ No _____

Is your spouse on probation for non-support? Yes _____ No _____

Your credit status: _____ Spouse's credit status _____

Has either party filed for bankruptcy? Yes _____ No _____ If yes, when? _____

19. REAL ESTATE

Description _____

Date Purchased _____ Total Purchase Price _____

Location _____

Present market value of real estate _____ Improved Value _____

In whose name(s) is the property? _____

Purchased by: Land Contract _____ Mortgage _____ Other _____

Balance owed _____ Monthly payment _____

To Whom (name/address) _____

Description _____

Date Purchased _____ Total Purchase Price _____

Location _____

Present market value of real estate _____ Improved Value _____

In whose name(s) is the property? _____

Purchased by: Land Contract _____ Mortgage _____ Other _____

Balance owed _____ Monthly payment _____

To Whom (name/address) _____

20. BUSINESS

Date acquired _____ Nature of Business _____

Name/address of business _____

Original purchase price _____ Present Value _____

Balance Due _____

Kind of ownership: Personal _____ Partnership _____ Corporation _____ Other _____

Type of interest of parties _____

21. YOUR PREMARITAL/SEPARATE PERSONAL PROPERTY

Item _____ Fair Market Value _____

Item _____ Fair Market Value _____

Item _____ Fair Market Value _____

Item _____ Fair Market Value _____

22. HOUSEHOLD GOODS, FURNISHINGS, AND EQUIPMENT

Original purchase price _____ Present Value _____

Balance owing _____ Monthly payments _____

Owed to whom/address _____

In whose name(s) _____

23. AUTOMOBILES

Year/Make _____ License Plate No. _____

Original purchase price _____ Present value _____

Amount owed _____ Monthly payment _____

Name(s) on title _____

Year/Make _____ License Plate No. _____

Original purchase price _____ Present value _____

Amount owed _____ Monthly payment _____

Name(s) on title _____

24. OTHER RECREATIONAL VEHICLES/BOATS/PWCs/MOTORCYCLES, ETC...

Type/Year/Make _____ License Plate No. _____

Original purchase price _____ Present value _____

Amount owed _____ Monthly payment _____

Name(s) on title _____

Type/Year/Make _____ License Plate No. _____

Original purchase price _____ Present value _____

Amount owed _____ Monthly payment _____

Name(s) on title _____

25. BANK ACCOUNTS

Type: Saving _____ Checking _____ Avg Daily Balance _____ Which Bank _____

Present amount in account _____ Name(s) on account _____

Type: Saving ___ Checking ___ Avg Daily Balance _____ Which Bank _____
Present amount in account _____ Name(s) on account _____

Type: Saving ___ Checking ___ Avg Daily Balance _____ Which Bank _____
Present amount in account _____ Name(s) on account _____

26. BONDS

Original purchase price _____ Present Value _____
Kind _____ In whose name(s) _____

27. STOCKS

Original purchase price _____ Present Value _____
Kind _____ In whose name(s) _____

27. MEDICAL AND HOSPITALIZATION INSURANCE POLICIES

Name/address of company _____
In whose name _____
Who is covered? You ___ Your spouse ___ Children ___

Health care coverage for each minor child:

Name of covered minor child	Policy Holder Name	Name of insurance company/HMO	Policy/Certificate/Contract/Group number	Type: medical, dental, optical, other

29. LIFE INSURANCE POLICIES

Name/address of company _____
In whose name(s) _____
Face Value _____ Cash surrender value _____
Beneficiary _____ Kind: Term ___ Straight Life ___

30. PENSIONS AND RETIREMENT ACCOUNTS

You ___ Your spouse ___ Type of Plan _____
Name/address of trustee _____
When started _____ Current Value _____

You ___ Your spouse ___ Type of Plan _____
Name/address of trustee _____
When started _____ Current Value _____

31. HEALTH OF PARTIES AND CHILDREN

You: Good ___ Fair ___ Poor ___ If fair or poor, explain: _____

Your Spouse: Good ___ Fair ___ Poor ___ If fair or poor, explain: _____

Child(ren): Good ___ Fair ___ Poor ___ If fair or poor, explain: _____

32. What client wants and expects to obtain with respect to:

Spousal support: Temporary: _____ per week
Permanent: _____ per week
Child support: Temporary: _____ per week

Permanent: _____ per week

Custody _____

Parenting time _____

Property settlement _____

33. Necessity for immediate protective restraining orders:

To protect you from injury _____

To protect children from injury _____

To protect real/personal assets _____

34. Do you have a will? Yes _____ No _____ Beneficiary _____

35. Does your spouse have a will? Yes _____ No _____ Beneficiary _____

36. Debts (other than those previously mentioned)

Creditors	In whose name(s)	What purchased	Monthly payment	Balance

37. Were you referred to our office? Yes _____ No _____ If so, who referred you? _____
If not, how did you hear about us? _____

38. Your nearest living relative:

Name _____ Relation _____

Address _____

39. Your spouse's nearest living relative:

Name _____ Relation _____

Address _____

Client

Date of interview _____ Interviewed by _____