



**DIVORCE QUESTIONNAIRE**

**Please complete this questionnaire. If you spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your case. All information will be held in strict confidence.**

1. Please give your full name, date and place of birth, and Social Security number.
  - a. Name: \_\_\_\_\_
  - b. Date of birth: \_\_\_\_\_
  - c. Place of birth: \_\_\_\_\_
  - d. Social Security number: \_\_\_\_\_
  - e. Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_
  - f. Race and Ethnicity: \_\_\_\_\_
  - g. E-mail address: \_\_\_\_\_

2. Where are you living now?
  - a. Address: \_\_\_\_\_
  - b. City, state, zip: \_\_\_\_\_

3. What are your telephone numbers?
 

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cellular: \_\_\_\_\_

Facsimile: \_\_\_\_\_

4. At what address do you wish to receive mail from this office?  
\_\_\_\_\_

5. Who referred you to this office:  
\_\_\_\_\_

6. Have you consulted or retained any other attorneys on this matter before coming to this office?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state who and when?

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7. Please complete the following information concerning your employment.

- a. Employer: \_\_\_\_\_
- b. Job title: \_\_\_\_\_
- c. Street address: \_\_\_\_\_
- d. City, state, zip: \_\_\_\_\_
- e. Telephone number: \_\_\_\_\_
- f. Gross salary per month or annually:  
\$ \_\_\_\_\_
- g. Length of employment: \_\_\_\_\_
- h. Education: \_\_\_\_\_

8. Please give your spouse's full name, date and place of birth, and Social Security number:

- a. Name: \_\_\_\_\_
- b. Date of birth: \_\_\_\_\_
- c. Place of birth: \_\_\_\_\_
- d. Social Security number: \_\_\_\_\_
- e. Driver's license number: \_\_\_\_\_
- f. Race and Ethnicity: \_\_\_\_\_

9. Where is your spouse living now and what is your spouse's telephone number?

- a. Address: \_\_\_\_\_
- b. City/State: \_\_\_\_\_
- c. Phone #: \_\_\_\_\_

10. Please complete the following information concerning your spouse's employment.

- a. Employer: \_\_\_\_\_
- b. Job title: \_\_\_\_\_
- c. Street address: \_\_\_\_\_
- d. City, state, zip: \_\_\_\_\_
- e. Telephone number: \_\_\_\_\_
- f. Gross salary per month or annually:  
\_\_\_\_\_
- g. Length of employment: \_\_\_\_\_
- h. Education: \_\_\_\_\_

11. Has your spouse ever served for the Armed Forces?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

12. Please give the date and place of your marriage:
- a. Date: \_\_\_\_\_
  - b. Place: \_\_\_\_\_

13. Please give the full name, date and place of birth, sex, and social security number of each child of this marriage:

- a. Name: \_\_\_\_\_
- b. Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. Driver's license number: \_\_\_\_\_
- g. Race and Ethnicity: \_\_\_\_\_

- a. Name: \_\_\_\_\_
- b. Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. Driver's license number: \_\_\_\_\_
- g. Race and Ethnicity: \_\_\_\_\_

- a. Name: \_\_\_\_\_
- b. Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. Driver's license number: \_\_\_\_\_
- g. Race and Ethnicity: \_\_\_\_\_

14. Please list the name, date, and relation to you of everyone that you currently reside with:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

15. Are you now separated from your spouse? \_\_\_\_\_  
If so, please state date of separation: \_\_\_\_\_

16. Have you seen a marriage counselor? \_\_\_\_\_  
If yes, please state the counselor's name: \_\_\_\_\_

17. What is your religious preference? \_\_\_\_\_  
What is your spouse's religious preference? \_\_\_\_\_

18. Check as appropriate if your marital difficulties involve any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Drugs / Alcohol       | <input type="checkbox"/> Physical violence |
| <input type="checkbox"/> Sexual disappointment | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Sexual infidelity     | <input type="checkbox"/> Incompatibility   |
| <input type="checkbox"/> Financial disputes    | <input type="checkbox"/> Other: _____      |

19. Will there be a dispute over the children? \_\_\_\_\_  
If not, custody will be with whom? \_\_\_\_\_  
What possession/visitation/access should the other parent have with the children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Where are the children living at this time and with whom?

\_\_\_\_\_  
\_\_\_\_\_

21. List all property (other than furniture and clothing) that is owned by the children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. How long have you lived in Texas? \_\_\_\_\_

23. What county do you reside in? \_\_\_\_\_

24. How long have you resided in that county? \_\_\_\_\_

25. Have you or your spouse ever filed for divorce? \_\_\_\_\_  
If yes, when and where? \_\_\_\_\_

26. Does your spouse now have an attorney? \_\_\_\_\_  
If yes, who? \_\_\_\_\_

27. Have you ever been married before? \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_

28. Do you have children by a previous relationship? \_\_\_\_\_  
If yes, please give the full name, date and place of birth, sex, and social security number of each child of your previous relationship(s).

- a. Name: \_\_\_\_\_  
b. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. With whom does this child reside? \_\_\_\_\_

- a. Name: \_\_\_\_\_
- b. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. With whom does this child reside? \_\_\_\_\_

- a. Name: \_\_\_\_\_
- b. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. With whom does this child reside: \_\_\_\_\_

29. Do you pay/receive child support? \_\_\_\_\_ If so, how much? \$\_\_\_\_\_ per \_\_\_\_\_.

30. Has your spouse been married before? \_\_\_\_\_ If so, how many times? \_\_\_\_\_ Does your spouse have children by a previous relationship? \_\_\_\_\_ If so, give full name, date and place of birth, and sex of each child of spouse's previous relationship(s).

- a. Name: \_\_\_\_\_
- b. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. With whom does this child reside? \_\_\_\_\_

- a. Name: \_\_\_\_\_
- b. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. With whom does this child reside? \_\_\_\_\_

- a. Name: \_\_\_\_\_
- b. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Place of birth: \_\_\_\_\_
- e. Social Security number: \_\_\_\_\_
- f. With whom does this child reside: \_\_\_\_\_

31. Does your spouse pay/receive child support? \_\_\_\_\_ If so, how much? \$\_\_\_\_\_

per \_\_\_\_\_.

32. If a divorce is granted, should the wife's maiden or prior name be restored? \_\_\_\_\_  
If so, what name should be used? \_\_\_\_\_

### SUMMARY OF PROPERTY

#### Real Estate

1. Address: \_\_\_\_\_  
Name of mortgage company: \_\_\_\_\_  
Estimated fair market value: \_\_\_\_\_  
Year purchased: \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
Mortgage debt balance: \$ \_\_\_\_\_ as of \_\_\_\_\_
  
2. Address: \_\_\_\_\_  
Name of mortgage company: \_\_\_\_\_  
Estimated fair market value: \_\_\_\_\_  
Year purchased: \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
Mortgage debt balance: \$ \_\_\_\_\_ as of \_\_\_\_\_
  
3. Address: \_\_\_\_\_  
Name of mortgage company: \_\_\_\_\_  
Estimated fair market value: \_\_\_\_\_  
Year purchased: \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
Mortgage debt balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

#### Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
Payments made to: \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_  
VIN # \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Who drives: \_\_\_\_\_  
Name(s) of party who is currently on the title/financing for this vehicle: \_\_\_\_\_
  
2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_  
Payments made to: \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_  
VIN # \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Who drives: \_\_\_\_\_  
Name(s) of party who is currently on the title/financing for this vehicle: \_\_\_\_\_
  
3. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_ Monthly payments: \_\_\_\_\_

-ANDERSON LEGAL GROUP, P.C.-

Payments made to: \_\_\_\_\_  
VIN # \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_  
Who drives: \_\_\_\_\_  
Name(s) of party who is currently on the title/financing for this vehicle: \_\_\_\_\_

4. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_ Monthly payments: \_\_\_\_\_  
Payments made to: \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_  
VIN # \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Who drives: \_\_\_\_\_  
Name(s) of party who is currently on the title/financing for this vehicle: \_\_\_\_\_

5. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Balance owed: \$ \_\_\_\_\_ Monthly payments: \_\_\_\_\_  
Payments made to: \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_  
VIN # \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Who drives: \_\_\_\_\_  
Name(s) of party who is currently on the title/financing for this vehicle: \_\_\_\_\_

**Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:**

1. Name of bank: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Amount on deposit: \_\_\_\_\_  
Names on withdrawal cards: \_\_\_\_\_  
Account number: \_\_\_\_\_

2. Name of bank: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Amount on deposit: \_\_\_\_\_  
Names on withdrawal cards: \_\_\_\_\_  
Account number: \_\_\_\_\_

3. Name of bank: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Amount on deposit: \_\_\_\_\_  
Names on withdrawal cards: \_\_\_\_\_  
Account number: \_\_\_\_\_

4. Name of bank: \_\_\_\_\_  
Type of account: \_\_\_\_\_

Amount on deposit: \_\_\_\_\_  
Names on withdrawal cards: \_\_\_\_\_  
Account number: \_\_\_\_\_

5. Name of bank: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Amount on deposit: \_\_\_\_\_  
Names on withdrawal cards: \_\_\_\_\_  
Account number: \_\_\_\_\_

### **Life Insurance**

1. Name of company: \_\_\_\_\_  
Insuring life of: \_\_\_\_\_  
Cash value: \_\_\_\_\_  
Policy number: \_\_\_\_\_
2. Name of company: \_\_\_\_\_  
Insuring life of: \_\_\_\_\_  
Cash value: \_\_\_\_\_  
Policy number: \_\_\_\_\_
3. Name of company: \_\_\_\_\_  
Insuring life of: \_\_\_\_\_  
Cash value: \_\_\_\_\_  
Policy number: \_\_\_\_\_

### **Stocks and Mutual Funds**

1. Name of stock: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ As of: \_\_\_\_\_  
Certificate number: \_\_\_\_\_
2. Name of stock: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ As of: \_\_\_\_\_  
Certificate number: \_\_\_\_\_
3. Name of stock: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ As of: \_\_\_\_\_  
Certificate number: \_\_\_\_\_
4. Name of stock: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ As of: \_\_\_\_\_  
Certificate number: \_\_\_\_\_
5. Name of stock: \_\_\_\_\_  
Estimated value: \_\_\_\_\_ As of: \_\_\_\_\_  
Certificate number: \_\_\_\_\_



**Retirement, Pensions, and Other Company Benefits**

1. Type of account: \_\_\_\_\_  
Whose name is account in: \_\_\_\_\_  
Estimated value of account: \_\_\_\_\_  
Account number: \_\_\_\_\_
2. Type of account: \_\_\_\_\_  
Whose name is account in: \_\_\_\_\_  
Estimated value of account: \_\_\_\_\_  
Account number: \_\_\_\_\_
3. Type of account: \_\_\_\_\_  
Whose name is account in: \_\_\_\_\_  
Estimated value of account: \_\_\_\_\_  
Account number: \_\_\_\_\_
4. Type of account: \_\_\_\_\_  
Whose name is account in: \_\_\_\_\_  
Estimated value of account: \_\_\_\_\_  
Account number: \_\_\_\_\_

**Last Will and Testament**

1. Do you have a Will? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who prepared your Will? \_\_\_\_\_
2. Does your spouse have a Will? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who prepared your spouse's Will? \_\_\_\_\_

**Debts (other than house and/or automobile):**

1. Amount owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
To whom: \_\_\_\_\_  
Account number: \_\_\_\_\_
2. Amount owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
To whom: \_\_\_\_\_  
Account number: \_\_\_\_\_
3. Amount owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
To whom: \_\_\_\_\_  
Account number: \_\_\_\_\_
4. Amount owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_

To whom: \_\_\_\_\_  
Account number: \_\_\_\_\_

5. Amount owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
To whom: \_\_\_\_\_  
Account number: \_\_\_\_\_

6. Amount owed: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_  
To whom: \_\_\_\_\_  
Account number: \_\_\_\_\_

**Income Tax:**

1. Have you filed for all of previous year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how much is owed? \_\_\_\_\_  
If so, is a refund due? \_\_\_\_\_ How much? \_\_\_\_\_  
Who prepares your returns? \_\_\_\_\_

**Miscellaneous**

1. Does anyone owe you or your spouse money? Yes \_\_\_ No \_\_\_  
If yes, please state who: \_\_\_\_\_  
If yes, please state how much is owed? \_\_\_\_\_

2. Are you or your spouse involved in any lawsuit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you or your spouse ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the cause number: \_\_\_\_\_  
If yes, what is the attorney's name? \_\_\_\_\_  
If yes, are you filing under chapter 7 or chapter 13? \_\_\_\_\_  
If yes, when will or did the bankruptcy proceeding end? \_\_\_\_\_

4. Do you own any livestock or mineral interests? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you belong to any club with an equity interest? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where? \_\_\_\_\_

**Separate Property:**

1. Do you own any separate property (property owned before the marriage or property received during the marriage by gift or inheritance)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list your separate property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Does your spouse own any separate property (property owned before the marriage or property received during the marriage by gift or inheritance)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list their separate property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skeletons in the Closet and Sensitive Topics:**

It is imperative that you be open and honest in answering the following questions. Any discussion relating to any of these topics between you and your attorney will be protected by the attorney/client privilege. If you fail to be honest in answering these questions, it could be disastrous to your case.

If an answer to one of the questions below is “yes”, please describe the situation in detail.

1. Have you or your spouse or ex-spouse:

YOU	OTHER PARTY	
_____	_____	committed a felony?
_____	_____	been arrested?
_____	_____	been in jail or prison?
_____	_____	used illegal drugs?
_____	_____	abused alcohol?
_____	_____	prescription drugs?
_____	_____	been arrested for or convicted of driving while under the influence of alcohol?
_____	_____	engaged in gambling activities (legal or illegal)?
_____	_____	engaged in illegal activities?
_____	_____	attempted suicide?
_____	_____	been hospitalized for an emotional or psychiatric disorder?
_____	_____	suffered from or received treatment for an emotional or psychiatric condition?
_____	_____	abused your spouse?
_____	_____	abused your children?
_____	_____	had a sexual relationship during the marriage with another?

\_\_\_\_\_

had a sexual relationship (during or not during the marriage) with someone other than your spouse of which the children were aware?

If yes, please describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

had a homosexual relationship?  
engaged in unusual sexual preferences?  
had a pregnancy outside of marriage?  
had a venereal disease?  
drank socially?

If yes, what do you drink and with what frequency?

\_\_\_\_\_

2. If you answered yes to any of the above questions, please describe in further detail to help us prepare for your case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_