

**Law Office of
Milton S. Savage, Jr., Esquire**

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Divorce Questionnaire

I am pleased that you have chosen me to represent you in your divorce proceeding. This questionnaire will benefit our working relationship by helping me to collect information. Please know that I am committed to working with you to obtain the best possible result in your case. If you have any questions about this questionnaire, then please do not hesitate to call.

Very truly yours,

MILTON S. SAVAGE, JR., ESQUIRE

A Description of Your Spouse

When and where should we serve the divorce papers on your spouse?

Address: _____ Time: _____
Other residents at this
address: _____

Address: _____ Time: _____ Other residents
at this
address: _____

Workplace: _____ Address: _____

Background Information

	Husband	Wife
1. Full name	_____	_____
Maiden name		_____
2. Telephone - work	_____	_____
- home	_____	_____
3. Residence	_____	_____
Street	_____	_____
City	_____	_____
County	_____	_____
State & Zip Code	_____	_____
Length of residency in the city or county	_____	_____
Are you now living with your spouse? Yes _____ No _____		
4. Social Security No.	_____	_____
5. Current Occupation	_____	_____
6. Current Employer	_____	_____
7. Type of Work during most of working life, including business	_____	_____
8. Date of birth	_____	_____
9. Place of birth including county	_____	_____
10. Were you or your Spouse ever a member of the armed services	_____	_____

11. Date and place of
Marriage _____

Do you have the marriage certificate Yes _____ No _____

12. Date of Separation _____

Have you discussed reconciliation with your spouse or a counselor? Yes _____ No _____

Is there any chance of reconciliation? _____

13. Have you or your spouse started a divorce action in the past?

Yes _____ No _____. If yes, then where? _____.

Do you have the case number of the prior divorce action?

What was the outcome of this action? _____

What attorneys were involved in this prior divorce case? _____

14. Number of previous
marriages _____

15. How did the prior
marriage(s) end?
(Death, divorce,
or annulment) _____

16. Children

Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the residences for the child(ren) for the last 5 years?

17. Who is the
custodial parent _____

18. Special needs for the child(ren)?

19. Medical history of the child(ren)?

Your Health

- 1. Do you have any health problems? **Please do not describe.**

- 2. Does your spouse have any health problems? **Please do not describe**

- 3. Please provide a person and their telephone number to reach in the event of an emergency.

Income Information

- 1. Gross Monthly Income from Salary and Wages _____
- 2. Pensions and Other Retirement Funds _____
- 3. Social Security _____
- 4. Disability _____
- 5. Unemployment _____
- 6. Public Assistance _____
- 7. Child Support _____
- 8. Dividends and Interest _____
- 9. Rents (before expenses) _____
- 10. Bonuses (Annual, semi-annual, or quarterly) _____
- 11. Tips _____

- 12. All other sources (Please specify) _____

- Total Monthly Income _____

Inventory: Household Contents

	<u>Description</u>	<u>Ownership</u>	<u>Value</u>
Furniture	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Furnishings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Family Heirlooms	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Automobiles and Other Vehicles

Please provide the title certificate for each vehicle listed. If title is not available, then please provide a full description of each vehicle.

Date purchased _____

Dealer _____

Name(s) on title _____

Purchase Price _____

Approximate mileage _____

Year and Make _____ Model _____ Color _____

Securities

Please indicate the number of stocks () and bonds () and provide the following information for each.

Stocks

Par value _____ Current market value _____

No. of Shares _____

Name of Company _____

Common/preferred (series) _____

Certificate No. _____

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 or serial no. _____

Date of bond _____ Due date _____

Interest/last coupon due dates _____

Ownership _____

Cash and Deposit Accounts

<u>Name of Institution</u>	<u>Account Number</u>	<u>Ownership</u>	<u>Current Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance

Please furnish photocopies 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(ies) _____

Type of policies (whole life, term, annuity, other, please 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 / Retirement Plans

From the appropriate employer for each plan, obtain a copy of statements and summary plan descriptions for any deferred compensation plans, such as profit sharing, investment, or pension plans (401K) in which you or your spouse may be involved through employment. By law this information must be provided to you on request.

Name of Company _____

Name of plan _____

Identification No. _____

Ownership _____

Value _____

Plan's Administrator and
Address _____

Name of Company _____

Name of plan _____

Identification No. _____

Ownership _____

Value _____

Plan's Administrator 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, mortgagee, and title insurance. Request a copy of those documents from you lending institution. If income property, then provide copies of leases.

Provide documents concerning any mortgage or contract for loans on your home and any other real estate. Bring the last monthly payment statement if you have one. Please provide any real estate appraisals that you may have.

Street address _____

City, County, State _____

Total Cost of Improvements _____

Current Market Value _____

First Mortgage balance _____

Other Liens _____

Monthly Payment_____

Annual Taxes_____

Date of acquisition_____

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

Type of property (single home, duplex, etc.) _____

Institution that holds the mortgage_____

Exact Name(s) on deed_____

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 company_____

Persons covered_____

Type of insurance_____

Type of policy: individual_____group_____

Coverage_____

Policy or group no./individual subscriber number

Coverage through employment? Yes_____No_____

Business Interests

Please provide statements (balance sheets, profit and loss statements) for the past three years for each business. Also, please answer the questions below. Use a separate sheet of paper if necessary:

Name of accountant_____

Name of business_____Type of business_____

Value of business_____

Type of interest (i.e. sole proprietorship, partner) _____

Ownership of the business _____

Any limited partnership interests? Yes _____ No _____. If yes, then please describe:

Liabilities
Outstanding Debts and Obligations

Include auto payments, charge accounts, personal loans, notes, mortgage payments, and any bills not included as a monthly expense. Indicate whether husband or wife is solely liable or jointly liable by inserting H, W, or J (joint) after the monthly payment. Please use separate pages if necessary.

Name of Creditor _____

Present Balance _____

Monthly Payment _____

Whose obligation _____

Total debts and obligations _____

Potential Liabilities

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

Please now state any additional information that you believe is useful:

Milton S. Savage, Jr., Esquire

Thank you for taking time to complete this questionnaire.