

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.