



To Our Clients:

Every family is unique. That is why it is so important for us to gather a variety of details about you and your family when we begin to work with you to resolve any type of domestic matter. It is only with this information that we can achieve a complete understanding of you, your current situation and your future goals. Please take a few minutes to fill out this Confidential Family Background Questionnaire. All of the information requested is important, and you may find that completing this form is helpful to your understanding of some of the pending issues that may need to be resolved. We will retain this document as part of your permanent file in our office, and you may be assured that all of the information you furnish is strictly confidential. It will not be disclosed to anyone outside of our firm without your permission. Kindly bring this form with you when you come to our office for your first appointment.

CONFIDENTIAL FAMILY BACKGROUND QUESTIONNAIRE

MARITAL HISTORY

Husband

Wife

1. Full Name:	_____	_____
2. Telephone numbers:	Hm: _____	Hm: _____
	Wk: _____	Wk: _____
	Other: _____	Other: _____
3. Address:	_____	_____
	_____	_____

Presently living with spouse? Yes No

MARITAL HISTORY

15. Prior marriages ended

by:

- Death
- Divorce
- Annulment

- Death
- Divorce
- Annulment

If divorce or annulment,

- Date: _____
- State: _____
- Which court: _____

16. Children of prior marriage(s)?

Names

Birth Date & Age

Who has custody of these minor children?

Is there:
Support Obligation?

- Yes No
- If yes, please state amount: _____

- Yes No
- If yes, please state amount: _____

College Obligation?

- Yes No
- If yes, please state amount: _____

- Yes No
- If yes, please state amount: _____

Alimony/maintenance?

- Yes No
- If yes, please state amount: _____

- Yes No
- If yes, please state amount: _____

Child Support Received?

- Yes No
- If yes, please state amount: _____

- Yes No
- If yes, please state amount: _____

17. Children of this marriage

Names

Birth Date & Age

Is Wife pregnant at this time?

- Yes No

MARITAL HISTORY

Addresses of children for
the past five years

Names

Addresses

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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Health Insurance
Coverage for children

Type of coverage/Policy Number/

Policy Holder?

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Custody/Visitation
dispute expected?

Yes No

Yes No

What custodial
arrangements are now in
place?
(formally or informally)?

Any special needs for
gifted or challenged
child?

Do any of your children
have exceptional health
needs? Please give the
name of the child and
describe the need.

MARITAL HISTORY

18. Any prior action for divorce from present spouse?

Yes No

Yes No

If so, please state:

- Date commenced:
- Court:
- Outcome:
- Date of Disposition:
- Attorney's Involved:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. Are you or your spouse involved in any other legal actions?

Yes No

Yes No

If yes, please describe: _____

20. Is there a prenuptial agreement?

Yes No

If so, please state:

- Date of Agreement: _____ (please attach)
- Attorneys involved:

_____	_____
_____	_____

21. Have you, your spouse or dependent children received benefits or public assistance from any state or county agency within the last five years?

Yes No

If so, please state

- The benefit you are receiving:
- The person receiving the benefit:
- Their relationship to you:
- Agency providing the benefit:

MARITAL HISTORY

22. Have any restraining orders to prevent domestic violence or abuse been issued against either party within the last 90 days? Yes No

If yes,
Name of restrained party: _____
Temporary or Permanent? _____
Subject matter or incident? _____

23. Are any aspects of any family member's medical history relevant to this case? Yes No Yes No

If yes, describe: _____ If yes, describe: _____

24. Have you had any major health problems during this marriage? Yes No Yes No

If yes, describe: _____ If yes, describe: _____

25. Has your spouse had any major health problems during this marriage? Yes No Yes No

If yes, describe: _____ If yes, describe: _____

26. Are you under any chronic illness or condition? Yes No Yes No

If yes, describe: _____ If yes, describe: _____

MARITAL HISTORY

27. Is your spouse under treatment for any chronic illness or condition?

Yes No

If yes, describe: _____

Yes No

If yes, describe: _____

28. Does your spouse have an attorney?

Yes No

If yes, please provide name and address: _____

Yes No

If yes, please provide name and address: _____

Please continue to next page...

FINANCIAL HISTORY OF YOUR MARRIAGE

Tax returns and wage statements will be helpful in completing this portion. (Please state your gross *monthly* income from salary and wages (including commissions, allowances, and overtime) and when payable (weekly, biweekly, monthly, bimonthly). *Note:* If paid weekly, calculate monthly income by multiplying weekly income by 4.2; biweekly income by 2.15.)

	Husband	Wife
Income		
When payable		
Pensions and Retirement		
Social Security		
Disability and unemployment insurance		
Public assistance (welfare, TANF payments.)		
Child support from any previous marriage		
Dividends and interest		
Rents (not after expenses)		
Bonuses (annual, semiannual or quarterly)		
Tips		
All other sources		
Total Monthly Income:		

Please continue to next page...

EXPENSE SHEET

This list will make you aware of the items to be addressed in your property settlement. You probably won't have all of these items. Fill in the blanks with your family's monthly expenses.

1. Rental/mortgage and household

- a. Rent/Mortgage \$ _____
- b. Insurance \$ _____
- c. Property taxes \$ _____
- d. Gardner \$ _____
- e. Pool Service \$ _____
- f. Water service \$ _____
- g. Other: \$ _____

Total: \$ _____

2. Food and supplies

- a. At home: \$ _____
- b. Eating out \$ _____
- c. Eating out with children \$ _____

Total: \$ _____

3. Clothes

- a. Client \$ _____
- b. Children \$ _____
- c. Shoes \$ _____
- d. Shoe repair \$ _____
- e. Alterations \$ _____
- f. Other \$ _____

Total: \$ _____

4. Transportation

- a. Car payments \$ _____
- b. Gas and oil \$ _____
- c. Repairs \$ _____
- d. License \$ _____
- e. Car Wash \$ _____
- f. Auto club \$ _____
- g. Parking \$ _____
- h. Public Transportation \$ _____
- i. Other \$ _____

Total: \$ _____

5. Medical (out of pocket)

- a. Doctor \$ _____
- b. Dentist \$ _____
- c. Optometrist \$ _____
- d. Glasses/contacts \$ _____
- e. Orthodontist \$ _____
- f. Prescriptions \$ _____
- g. Vitamins \$ _____
- h. Other \$ _____

Total \$ _____

6. Laundry

- a. Laundry, supplies/service: \$ _____
- b. Dry cleaning \$ _____

Total \$ _____

7. Utilities

- a. Telephone \$ _____
- b. Cellular phone \$ _____
- c. Gas \$ _____
- d. Electric \$ _____
- e. Water \$ _____
- f. Garbage collection \$ _____
- g. Cable television \$ _____
- h. On-line services \$ _____

Total \$ _____

8. Insurance

- a. Auto \$ _____
- b. Medical & Dental \$ _____
- c. Life \$ _____
- d. Homeowner \$ _____
- e. Disability \$ _____
- f. Personal property floater \$ _____
- g. Other \$ _____

Total \$ _____

9. Other

- a. Tax preparation \$ _____
- b. Travel \$ _____
- c. Entertainment \$ _____
- d. Nonreimbursed business expenses \$ _____
- e. Child support (from prior marriage) \$ _____
- f. Spousal support (from prior marriage) \$ _____
- g. Support of relative \$ _____
- h. Vacations \$ _____

Total \$ _____

10. Taxes

- a. Federal \$ _____
- b. State \$ _____
- c. Local \$ _____

Total \$ _____

Continued on next page...

EXPENSE SHEET

11. Incidentals

a. Cosmetics	\$ _____
b. Coffee, snacks, etc.	\$ _____
c. Hair/Nail care	\$ _____
d. Books magazines	\$ _____
e. Newspapers	\$ _____
f. Business dues	\$ _____
g. Memberships	\$ _____
h. Pets	\$ _____
i. Charity	\$ _____
j. Church / synagogue dues	\$ _____
k. Gifts	\$ _____
l. Film/Camera/Supplies	\$ _____
m. Greeting cards	\$ _____
n. Postage	\$ _____
o. Toiletries	\$ _____
p. Bank charges	\$ _____
q. House supplies	\$ _____
r. Hobbies	\$ _____
s. Jewelry	\$ _____
t. Stationery	\$ _____
u. CD's, video	\$ _____
v. Other	\$ _____
Total	\$ _____

12. Children

a. Allowance	\$ _____
b. School lunches	\$ _____
c. Summer camp	\$ _____
d. Private school	\$ _____
e. Nursery school	\$ _____
f. Child care	\$ _____
g. Lessons	\$ _____
h. Activities	\$ _____
i. Participatory sports	\$ _____
j. Tutors	\$ _____
k. School activities	\$ _____
l. School pictures	\$ _____
m. Yearbook	\$ _____
n. Other	\$ _____
Total	\$ _____

13. Debts

a. Installment debts:	\$ _____
b. Credit cards	\$ _____
c. Other	\$ _____
Total	\$ _____

Total Expenses: \$ _____

Please continue to next page...

INVENTORY: HOUSEHOLD CONTENTS

“Value” refers to fair market value: The price you would obtain through sale of the particular assets in the current market. Give your best estimate. This may not be the original purchase price or the replacement cost. For “ownership”, designate “H” for husband, “W” for wife, “J” for jointly owned, and “C” for children. Your room-by-room inventory (made for household insurance policies), as well as any photographs taken for insurance or other purposes, will be helpful in completing this section. You probably will need additional paper. If you have more than one residence, complete this schedule for each residence.

Item	Description:	Who owns:	Value:
Furniture:			
Furnishings:			
Books:			
Appliances:			
Computers:			
Electronic Equipment:			
Antiques:			

INVENTORY: HOUSEHOLD CONTENTS

Heirlooms			
China:			
Silverware:			
Jewelry:			
Furs:			
Art objects:			
Coin/stamp collections:			
Wine collection:			
Cameras:			
Other:			

INVENTORY: AUTOMOBILES, AIRPLANES AND BOATS

Provide the title certificate for each vehicle listed. If the title is not available, please provide a full description of each vehicle. Use additional pages if necessary.

Vehicle #1: _____

Year, Make and Model (2-door, 4-door, etc.): _____

Color: _____

Vehicle Identification Number (VIN): _____

License Plate State and Number: _____

Registration Number: _____

Date of Purchase: _____

Dealer: _____

Names on the Title: _____

Purchase Price: _____

Approximate Mileage: _____

Optional Equipment (*air conditioning, power equipment, stereo, etc.*)

INVENTORY: AUTOMOBILES, AIRPLANES AND BOATS

Provide the title certificate for each vehicle listed. If the title is not available, please provide a full description of each vehicle. Use additional pages if necessary.

Vehicle #2: _____

Year, Make and Model (2-door, 4-door, etc.): _____

Color: _____

Vehicle Identification Number (VIN): _____

License Plate State and Number: _____

Registration Number: _____

Date of Purchase: _____

Dealer: _____

Names on the Title: _____

Purchase Price: _____

Approximate Mileage: _____

Optional Equipment (*air conditioning, power equipment, stereo, etc.*)

INVENTORY: AUTOMOBILES, AIRPLANES AND BOATS

Provide the title certificate for each vehicle listed. If the title is not available, please provide a full description of each vehicle. Use additional pages if necessary.

Vehicle #3: _____

Year, Make and Model (2-door, 4-door, etc.): _____

Color: _____

Vehicle Identification Number (VIN): _____

License Plate State and Number: _____

Registration Number: _____

Date of Purchase: _____

Dealer: _____

Names on the Title: _____

Purchase Price: _____

Approximate Mileage: _____

Optional Equipment (*air conditioning, power equipment, stereo, etc.*)

Please continue to next page...

**BUSINESS INTERESTS, LIABILITIES,
CASH DEPOSIT ACCOUNTS and LIFE INSURANCE**

SECURITIES:

Indicate the number of stocks (_____) and bonds (_____) and provide the following information for each. Use additional pages if necessary.

STOCKS:

Par value: _____ Current market value: _____

Number of shares: _____ Name of company: _____

Common/preferred (series) _____ Cert. number _____

Exchange where listed: _____

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 of serial number: _____

Date of bond: _____ Due date: _____

Interest/last coupon due dates: _____

Ownership: _____

CASH AND DEPOSIT ACCOUNTS

If you cannot provide a copy of the passbook or statement, please provide the information outlined below.

Name of Institution	Account No.	Ownership	Current Balance

**BUSINESS INTERESTS, LIABILITIES,
CASH DEPOSIT ACCOUNTS and LIFE INSURANCE**

LIFE INSURANCE

Furnish copies 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: _____

Type of policy (whole life, term, annuity, other (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 PLANS

(Profit sharing, pensions plans, Keogh plans, IRAs, etc.)

From the appropriate employer in each case, obtain a copy of statements and summary plan descriptions for any deferred compensation plans, such as profit sharing, ESOP, investment, or pension plans, in which you or your spouse may be involved through employment. For each such plan, indicate the following:

Name of company: _____

Name of plan: _____

Identification number: _____

Ownership: _____

Value: _____

Administrators name and address: _____

**BUSINESS INTERESTS, LIABILITIES,
CASH DEPOSIT ACCOUNTS and LIFE INSURANCE**

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 insurance company: _____

Persons covered: _____

Type of insurance: _____

Type of policy: ____ Individual ____ Group

Coverage: _____

Policy or group number/individual subscriber number: _____

Indicate whether through employment (name employer): _____

BUSINESS INTERESTS

Provide annual statements (balance sheets, profit-and-loss statements) for the past three years in lieu of the following. These should be prepared by your accountant. Also provide business tax returns for the past three years. This section does not apply to limited partnerships, oil and gas partnerships and the like. (See below.)

Name of accountant: _____

Name of business: _____

Value: _____

Type of interest: ____ sole proprietor ____ joint venture ____ partnership ____ corporation ____
limited liability company ____

Type of business: _____

Ownership and percent of ownership: _____

LIMITED PARTNERSHIP INTERESTS

Provide a year-end prospectus or statement for each oil and gas or real estate limited partnership in which you, your spouse, or both of you participated as a limited partner. A statement should be provided for each year of participation. If you cannot provide such a statement or prospectus, provide the following for each partnership.

Partnership name: _____

Business address: _____

Name of general partner: _____

Date of investment: _____ Amt. of original investment: _____

If subsequent investment: _____ Date: _____ Amount: _____

Percentage of ownership interest held by you, your spouse, or you and your spouse: _____

**BUSINESS INTERESTS, LIABILITIES,
CASH DEPOSIT ACCOUNTS and LIFE INSURANCE**

LIABILITIES

Outstanding Debts and Obligations

Include auto payments, charge accounts, personal loans, notes, mortgage payments, and any bills that are not a monthly household expense. Indicate whether husband or wife is solely liable or jointly liable by inserting H, W or J after monthly payment.

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

Name of creditor: _____

Purpose or for whom: _____

Present balance: _____ Monthly payment: _____

Whose obligation (H, W or J) _____

**BUSINESS INTERESTS, LIABILITIES,
CASH DEPOSIT ACCOUNTS and LIFE INSURANCE**

POTENTIAL LIABILITY

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

Please continue to next page...

DESCRIPTION OF YOUR SPOUSE

Please give an accurate and detailed description of your spouse, so that we may arrange service of any necessary papers. Also attach a photo of your spouse if you have one.

Height: _____ Weight: _____ Eye color: _____

Hair length/color: _____ Complexion: _____

Distinguishing features: _____

Your spouses car (year) _____ make: _____

Model: _____ Color: _____ License plate #: _____

Best time/place for service: _____

Please continue to next page...

INFORMATION RELEASES

AUTHORIZATION FOR MEDICAL AND MENTAL HEALTH INFORMATION

To: _____
RE: _____ (name of patient)

THIS is to authorize you to furnish the law firm of DRESSER, DRESSER, HAAS & CAYWOOD, P.C., or anyone designated in writing by it, with any and all information and opinions that it may request regarding my condition and treatment rendered, and allow it to obtain copies of all records, reports, opinions, or any other information or documents as it may request regarding my condition and treatment.

In addition, you are authorized to discuss with any of the firm's attorneys or their agents, any aspect of my treatment, including, but not limited to, diagnosis, examination, and prognosis.

This authorization is valid until: _____ specifically revoked in writing
Date: _____

Date: _____
Client/patient

AUTHORIZATION FOR WAGE AND EMPLOYMENT INFORMATION

To: _____
Re: _____ (Name of client)

This is to authorize you to furnish the law firm of DRESSER, DRESSER, HAAS & CAYWOOD, P.C., or anyone designated in writing by it, with any and all information that it may request, including, but not limited to, wage and employment records, performance evaluations, personnel notes, and all other information of file concerning my employment with you. You are further authorized to discuss any aspect of my employment with these attorneys or their agents.

Date: _____
Client/patient

Social security number
(Optional)

Subscribed and sworn before me this ____ day of _____, _____.

Your signature: _____