

**MICHAEL L. HAWKINS & ASSOCIATES, P.L.L.C.**  
**DIVORCE/CUSTODY QUESTIONNAIRE**

NAME OF CLIENT: \_\_\_\_\_.  
COURT: \_\_\_\_\_.  
CASE NUMBER: \_\_\_\_\_.  
DATE: \_\_\_\_\_.

**I. GENERAL INSTRUCTIONS:**

The answers you give on this form are for our use only in the preparation and evaluation of your divorce case. All answers are confidential; no information will be released to any unauthorized person without your consent. If you so desire, at the conclusion of your divorce, this interview questionnaire will be returned to you.

Please be candid in answering all questions. Although some questions may ask for personal information, all questions have a legitimate purpose. These questions are aimed at getting the information necessary to prepare your divorce case adequately and professionally. In order to adequately represent your interest, we must know a great deal of information about you, because we cannot afford to be surprised at any stage of the proceedings. Furthermore, we are not the only ones who need to be prepared. You must also be prepared for investigation, discovery, settlement and perhaps even trial. If we have the information we need, we can help prepare you as well.

Although this questionnaire appears to be long and may seem complicated, the questions it asks and answers you will supply are important to your divorce case. Therefore, answer each question as fully and accurately as possible. It is very important that you immediately, upon receipt, take time to complete this questionnaire. Our ability to efficiently process your claim depends upon the information that you supply. If you have any questions, or if anything is unclear or hard to understand, please let us know and we will do our best to assist you. Finally, please type or print legibly.

**II. CLIENT=S GENERAL BACKGROUND INFORMATION:**

Client's Name: \_\_\_\_\_ If wife, Maiden Name: \_\_\_\_\_  
Marital Address: \_\_\_\_\_ Length: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Length: \_\_\_\_\_  
Resident of Kentucky Since: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ County/State: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Many Time Married Including this Marriage: \_\_\_\_\_  
County of Prior Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_  
County of Prior Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_

**III. CLIENT=S EMPLOYMENT INFORMATION:**

1. Current Employer: \_\_\_\_\_  
Employer=s Address: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per Year  
Other Forms of Compensation: (including bonuses, tips, fringe benefits)  
\_\_\_\_\_  
\_\_\_\_\_

Usual Occupation: \_\_\_\_\_  
If Homemaker, Work Experience During or Preceding Marriage:  
\_\_\_\_\_  
\_\_\_\_\_

2. Any Part-Time Employment or Self Employment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Past Employer: \_\_\_\_\_  
Employer=s Address: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per Year  
Other Forms of Compensation: (including bonuses, tips, fringe benefits, Social Security, Interest, Dividends: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**IV. CLIENT=S HEALTH CONDITION:**

Any Health Conditions: \_\_\_\_\_

How Does Physical Condition Effect Ability to Work: \_\_\_\_\_

Current Treating Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Length of Treatment: \_\_\_\_\_

**V. OPPOSING PARTY (SPOUSE):**

**Name:** \_\_\_\_\_ If wife, Maiden Name: \_\_\_\_\_

Marital Address: \_\_\_\_\_ Length: \_\_\_\_\_

Current Address: \_\_\_\_\_ Length: \_\_\_\_\_

Resident of Kentucky Since: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

How Many Time Married Including This Marriage: \_\_\_\_\_

County of Prior Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_

County of Prior Divorce: \_\_\_\_\_ When Filed: \_\_\_\_\_

**VI. SPOUSE=S EMPLOYMENT INFORMATION:**

1. Current Employer: \_\_\_\_\_

Employer=s Address: \_\_\_\_\_

How Long Employed: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per Year

Other Forms of Compensation: (including bonuses, tips, fringe benefits)

\_\_\_\_\_

\_\_\_\_\_

Usual Occupation: \_\_\_\_\_

If Homemaker, Work Experience During or Preceding Marriage:

\_\_\_\_\_

\_\_\_\_\_

2. Any Part-Time Employment or Self Employment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Past Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How long employed: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Per Hour; \_\_\_\_\_ Per Month; \_\_\_\_\_ Per Year

Other Forms of Compensation: (including bonuses, tips, fringe benefits, Social Security, Interest, Dividends): \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**VII. SPOUSE'S HEALTH CONDITION:**

Any health conditions: \_\_\_\_\_  
How Does Physical Condition Effect Ability to Work: \_\_\_\_\_  
Current Treating Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Length of Treatment: \_\_\_\_\_

**VIII. MARRIAGE OF THE PARTIES:**

Date of Marriage: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Separation or Last Conjugal Relations: \_\_\_\_\_  
Marital Cohabitation in Last Sixty Days: \_\_\_\_\_ Yes; \_\_\_\_\_ No  
Previous Separations, If Any: \_\_\_\_\_  
Marriage Counseling (Name): \_\_\_\_\_ When: \_\_\_\_\_  
Address of Counselor: \_\_\_\_\_  
Any Prospect of Conciliation: \_\_\_\_\_

**IX. CHILDREN OF PARTIES:**

1. Full Legal Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_  
Any Special Health or School Considerations: \_\_\_\_\_  
Present Residence: \_\_\_\_\_  
Desired Custody Arrangement: (sole custody/joint custody/split or shared custody): \_\_\_\_\_

2. Full Legal Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_  
Any Special Health or School Considerations: \_\_\_\_\_

Present Residence: \_\_\_\_\_  
Desired Custody Arrangement: (sole custody/joint custody/split or shared custody):

3. Full Legal Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_  
Any Special Health or School Considerations:

Present Residence: \_\_\_\_\_  
Desired Custody Arrangement: (sole custody/joint custody/split or shared custody):

4. Full Legal Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_  
Any Special Health or School Considerations:

Present Residence: \_\_\_\_\_  
Desired Custody Arrangement: (sole custody/joint custody/split or shared custody):

**X. CONTESTED CUSTODY:**

Any past or present drug/alcohol problems/treatment for either party (please describe):

Any Issues which are relevant to custody determination or for court=s consideration:

**XI. CLIENT=S LIVING EXPENSES:( per month)**

DESCRIPTION OF EXPENSE	AMOUNT
Housing: _____ Rent _____ Mortgage _____	

Food	
Gas/Electric	
Water	
Telephone	
Clothes/Shoes/Uniforms	
School Related Expenses	
Health Insurance	
Child Care (Including babysitting) NAME: _____	
Auto Insurance	
Life Insurance	
Car Payment	
Entertainment	
Miscellaneous	

**XII. DEBTS OF PARTIES:(SPECIFY WHETHER MARITAL OR NONMARITAL)**

DESCRIPTION	MONTHLY PAYMENT	MARITAL/NON-MARITAL	TOTAL OWED

**PRINCIPAL RESIDENCE:** \_\_\_\_\_ (Address)

First Mortgage: \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

Second Mortgage: \_\_\_\_\_

Name of Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

**CARS/TRUCKS/BOATS/MOTORCYCLES/ETC...**

Client=s Automobile: \_\_\_\_\_ Make of Car;

Year \_\_\_\_\_ Auto Loan: \_\_\_\_\_

Name of Finance Company: \_\_\_\_\_

Address: \_\_\_\_\_



How is title held: \_\_\_\_\_  
 Purchase Price: \_\_\_\_\_ Current FMV \_\_\_\_\_  
 Current Mortgage Balance: \_\_\_\_\_  
 Current Second Mortgage Balance: \_\_\_\_\_

2. Other Real Estate:

Street Address: \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_  
 If Acquired Before Marriage, Equity before Marriage: \_\_\_\_\_  
 Any Equity Traceable to Non-Marital Assets: \_\_\_\_\_  
 How is Title Held: \_\_\_\_\_  
 Purchase Price: \_\_\_\_\_ Current FMV \_\_\_\_\_  
 Current Mortgage Balance: \_\_\_\_\_  
 Current Second Mortgage Balance: \_\_\_\_\_

Street Address: \_\_\_\_\_  
 Date Acquired: \_\_\_\_\_  
 If Acquired Before Marriage, Equity before Marriage: \_\_\_\_\_  
 Any Equity Traceable to Non-Marital Assets: \_\_\_\_\_  
 How is title held: \_\_\_\_\_  
 Purchase Price: \_\_\_\_\_ Current FMV \_\_\_\_\_  
 Current Mortgage Balance: \_\_\_\_\_  
 Current Second Mortgage Balance: \_\_\_\_\_

**PROPERTY OWNED BEFORE MARRIAGE OR GIVEN BY GIFT TO EITHER PARTY:**

**ITEM DESCRIPTION**

**WHO OWNS PROPERTY**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MARITAL PROPERTY AND PROPOSED DIVISION:**

**ITEM DESCRIPTION**

**WHO WILL RETAIN POSSESSION**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**BANK ACCOUNTS/CDS/OTHER ACCOUNTS:**

NAME OF BANK & OWNERSHIP	ACCT. TYPE/ACCT. NUMBER	AMOUNT

**RETIREMENT ACCOUNTS:**

NAME	TYPE AND NUMBER	AMOUNT

**XII. ANY OTHER MISCELLANEOUS ITEMS TO BE RESOLVED BY DIVORCE PROCEEDINGS:**

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Please insure that all questions are answered truthfully and completely to the best of your knowledge and belief. When Completing this Questionnaire, please be aware that we will need copies of all documents or information which was used to prepare these answers. Again, thank you for your time and cooperation in completing this questionnaire. Once completed, please bring it by our office or mail it to:

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 P.O. Box 595

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