

**PRELIMINARY QUESTIONNAIRE**

**YOUR GENERAL INFORMATION**

1. Your Full Legal Name: \_\_\_\_\_

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

Where do you want mail delivered? \_\_\_\_\_

What county do you live in? \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Do you want this name restored? Yes\_\_\_No\_\_\_

Drivers License No.: \_\_\_\_\_

Number of this Marriage: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Have you been a resident of Iowa for at least one year? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name of Your Employer: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Your present position: \_\_\_\_\_ How long? \_\_\_\_\_

Current Gross Salary or Hourly Rate: \_\_\_\_\_

How often paid? (Circle which one applies.) Yearly, Monthly, Biweekly, Weekly

Hours of employment: \_\_\_\_\_

3. If in current job less than 3 years, list prior jobs for past 3 yrs.

	<u>Year</u>	<u>Company</u>	<u>Job Title</u>	<u>Salary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**SPOUSE'S GENERAL INFORMATION:**

1. Your spouse's Full Legal Name: \_\_\_\_\_

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

Spouse's Attorney (if known): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Do you want this name restored: Yes\_\_No\_\_

Drivers License No.: \_\_\_\_\_

Number of this Marriage: 1st\_\_\_\_ 2nd\_\_\_\_ 3rd\_\_\_\_

Has spouse been a resident of Iowa for at least one year? Yes \_\_\_\_ No \_\_\_\_

2. Name of Spouse's employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Spouse's present position: \_\_\_\_\_ How long? \_\_\_\_\_

Current Gross Salary or Hourly Rate (if known): \_\_\_\_\_

(Circle which one applies.) Paid Yearly, Monthly, Biweekly

Hours of employment: \_\_\_\_\_

3. If spouse in current job less than 3 years, list prior job for past three years:

Year                      Company                      Job Title                      Salary

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. Will your spouse come in to pick up papers? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, where can we serve papers on him/her? \_\_\_\_\_

**MARRIAGE INFORMATION**

1. Place of Marriage (City and State): \_\_\_\_\_

2. Date of Marriage: \_\_\_\_\_

3. Was a prenuptial agreement entered prior to the marriage? Yes \_\_\_\_ No \_\_\_\_

**CHILDREN**

1. Full names, birth dates and Social Security Numbers of children of this marriage or adopted:

<b>NAME</b>	<b>DOB</b>	<b>AGE</b>	<b>SSN</b>

2. Full names and birth dates, and Social Security Numbers of children born of previous marriage or adopted:

NAME	DOB	SSN	BORN TO	CHILD SUPPORT
			You _____ Spouse _____	Received ____ Paid _____ Amt _____
			You _____ Spouse _____	Received ____ Paid _____ Amt _____
			You _____ Spouse _____	Received ____ Paid _____ Amt _____

3. Are you separated from spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Date Separated: \_\_\_\_\_

4. Who is living in the marital home: I am \_\_\_\_\_ My Spouse \_\_\_\_\_

5. How are children currently being shared? \_\_\_\_\_

6. Do you pay union dues? Yes \_\_\_\_\_ No \_\_\_\_\_ Amt: \_\_\_\_\_

Does your spouse pay union dues? Yes \_\_\_\_\_ No \_\_\_\_\_ Amt: \_\_\_\_\_

7. Who carries health insurance on the children? \_\_\_\_\_

Amount paid per month: \$ \_\_\_\_\_

Additional cost per month to carry children on plan: \$ \_\_\_\_\_

**DOMESTIC ABUSE**

Has there been domestic violence at any time during your relationship? Physical? Emotional?

Both? Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

1. Any exceptional health or mental health needs of any of the parties? If so, explain?

SELF \_\_\_\_\_

SPOUSE \_\_\_\_\_

2. Any exceptional health or mental health need of any of the children? If so, what?

\_\_\_\_\_

**EDUCATION**

1. YOUR EDUCATION:

High School: Did you receive a diploma? \_\_\_\_\_ If so, what year? \_\_\_\_\_

College: Did you receive a degree? \_\_\_\_\_ If so, what course of study was it for?

\_\_\_\_\_ Did you attend college during this marriage? \_\_\_\_\_

If so, list dates and were attended \_\_\_\_\_

\_\_\_\_\_

Special Training (Explain): \_\_\_\_\_

2. YOUR SPOUSE'S EDUCATION:

High School: Did your spouse receive a diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what year? \_\_\_\_\_

College: Did your spouse receive a degree? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what course of study was it for? \_\_\_\_\_

Did you attend college during this marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list dates and were attended \_\_\_\_\_

\_\_\_\_\_

Special Training (Explain): \_\_\_\_\_

**FINANCIAL INFORMATION**

1. YOUR HOUSE - (If owned)

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

Market Value (if known): \_\_\_\_\_

Mortgage Payoff Amount: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Second Mortgage or Home Equity Payoff Amount: \$ \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Do you want to keep or sell? \_\_\_\_\_

2. YOUR CARS

<u>Title held by which spouse or jointly?</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Condition</u> (Excellent, good, fair, poor)	<u>Mileage</u>	<u>Loan Balance</u>

3. YOUR STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS:

<u>Type</u>	<u>Place Where Held</u>	<u>Amount</u>
1. _____		
2. _____		
3. _____		

4. DEBTS (Include credit cards, loans from parents or friends, all debts except house and car loans.)

	<b>Creditor</b>	<b>Amount Owed</b>	<b>In whose name is the debt?</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Any gambling problems or other personal use of money by you or your spouse during marriage?

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5. RETIREMENT (401k, IRA, Pension)

	<u>Earned during marriage?</u> (yes, no, part)	<u>Where Held</u>	<u>Type</u>	<u>Balance</u>	<u>Loan Against?</u>
YOURS	1.				
	2.				
SPOUSE	1.				
	2.				

6. Do you own any life insurance policies? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Term or Cash Value? \_\_\_\_\_

7. Bank Accounts (Checking and Savings)

	<b>Name on Account</b>	<b>Balance</b>	<b>Bank</b>
1.			
2.			
3.			
4.			
5.			

8. Any special household items you want to receive in divorce settlement?

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9. Other issues you want to discuss? \_\_\_\_\_

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**OTHER INFORMATION:**

1. Do you and/or spouse have a Will? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have a living Will or health care Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_