

CONFIDENTIAL DIVORCE QUESTIONNAIRE

Please complete this questionnaire and return it to the office. If you will spend the time to complete all items, you will give us the necessary background information to begin to understand the complexity of the personal aspects of your marriage. All information will be held in strict confidence.

1. Please give us your full name, date and place of birth, and social security number.
 - a. Name:
 - b. Date of birth:
 - c. Place of birth:
 - d. Social security number:.....
 - e. Highest degree of education:
 - Portion completed before marriage:.....
 - f. Email:

2. Where are you now living and what is your telephone number?
 - a. Street address:
 - b. City, state, and zip code:
 - c. Home telephone number:
 - d. How long have you lived in Florida?
 - e. Other residences during the last five years:
 -

3. If you are not now living with your spouse, give an approximate date of separation.
Have there been prior separations? How many?
- Approximately when and for how long?

4. Please give the date and place of your marriage.
Date: Place:

5. Please complete the following concerning your employment and income.
 - a. Employer:
 - b. Street address:
 - c. City, state, and zip code:
 - d. Telephone number:
 - e. Job title:
 - f. Gross salary: \$.....
 - g. Other sources of income (describe):
 - h. Average monthly income from all sources: \$.....

6. Please provide the following information about your spouse.
 - a. Name:
 - b. Date of birth:
 - c. Place of birth:
 - d. Social security number:

- e. Highest degree of education:
 Portion completed before marriage:
7. Where is your spouse now living?
 a. Street address:
 b. City, state, and zip code:
 c. Home telephone number:
 d. How long has your spouse resided in Florida?
8. Please complete the following regarding your spouse's employment.
 a. Employer:
 b. Street address:
 c. City, state, and zip code:
 d. Telephone number:
 e. Job title:
 f. Gross salary: \$.....
 g. Other sources of income (describe):
 h. Average monthly income from all sources: \$.....
9. Have there been prior court proceedings between you and your spouse? If so, please provide copies of all related documents. Who was your previous attorney?
10. Are there any children? If so, please provide the following information. If a child is adopted, please indicate. If a child is from a previous marriage, please indicate.

Name	Sex	Date and place of birth
.....
.....
.....

11. Where are the children living at this time?

List all of the addresses for the children during the last five years. If any child lived with anyone other than you and your spouse, give the name and address of the custodian and the dates the child resided with that person.

Child	Custodian/Address	Dates
.....
.....
.....
.....
.....

12. List all property, if any, owned by the children.
13. How long have you and your spouse been having marital difficulties?

Has there been domestic violence?
 If so, date of most recent incident.
 Were the police called? Did either spouse receive medical attention?
 Names, addresses, and phone numbers of any witnesses to incidents of domestic violence. ...

14. Have you and your spouse tried counseling?
 If so, with whom and for how long?

15. Do you want counseling for yourself? Your spouse?
 Both you and your spouse? Your children?

16. Do you see divorce as the only solution?

17. Is your spouse in favor of this divorce?

18. Do you want a reconciliation?

19. Do you want a maiden or prior name to be restored?
 If yes, please give the name.

20. What is the condition of your mental and physical health?

21. Indicate your priorities on the following issues by assigning numbers, with one being the highest priority:

- | | |
|----------------------------------|-----------------------------|
| Visitation | Child custody |
| Child support | Property distribution |
| Alimony | Attorneys' fees |
| Restraining abusive spouse | |
| Other (specify): | |

22. While married, have you ever lived in Nevada, New Mexico, Arizona, Washington, Louisiana, Texas, Idaho, Wisconsin, or California? If so, circle the appropriate state(s).

23. List all real estate owned, indicating ownership and approximate value:

Street Address	Value	Ownership: Husband/Wife/Joint
.....
.....
.....

24. List all present bank, savings, money market, and credit union accounts:

Bank	Account No.	Balance	Husband/Wife/Joint
.....
.....
.....

25. Describe any special contributions you feel you have made to your spouse's career, education, or assets.

26. Were you referred to our office by someone? If so, please indicate the name of the referring party.

27. Fill out the attached financial affidavit, using your current financial situation. This will be used at your temporary support hearing.

28. Attach a copy of your current driver's license.

29. Identify any matters you believe require emergency or immediate attention.

I represent that the foregoing information is true and correct to the best of my knowledge.

Signature: /s/

Date:.....

PLEASE BE ADVISED THAT filling out this form and returning it to the office **does not** create attorney-client relationship. Attorney-client relationship is created upon execution of a Representation Agreement with Songur & Associates.