

CONFIDENTIAL & FACTUAL INFORMATION FOR DIVORCE, ANNULMENT OR SEPARATION

YOU

1. Full Name _____ Age _____
Home Address _____ (county) _____
Home Phone Number _____ Cell Phone Number _____
Email Address _____ Date of Birth _____
Birthplace _____ Religion _____
Place of Employment _____
Occupation _____
Address of Employment _____
Work Phone Number _____ Hours of Employment _____
How Long Employed There _____ Badge No. _____
Social Security Number _____ Driver's License Number _____
Weekly Pay (Gross \$) _____ Net \$ _____
Hourly Rate: \$ _____
Part Time Employment _____
Other Sources of Income _____
Education _____
Eye Color _____ Hair Color _____ Height _____ Weight _____ Race _____
Scars/Tattoos _____
Applied for/receive public assistance? Yes _____ No _____ If yes, specify _____

YOUR SPOUSE

2. Full Name _____ Age _____
Home Address _____ (county) _____
Home Phone Number _____ Cell Phone Number _____
Email Address _____ Date of Birth _____
Birthplace _____ Religion _____
Place of Employment _____
Occupation _____
Address of Employment _____
Work Phone Number _____ Hours of Employment _____
How Long Employed There _____ Badge No. _____
Social Security Number _____ Driver's License Number _____
Weekly Pay (Gross \$) _____ Net \$ _____
Hourly Rate: \$ _____
Part Time Employment _____
Other Sources of Income _____
Education _____
Eye Color _____ Hair Color _____ Height _____ Weight _____ Race _____
Scars/Tattoos _____
Applied for/receive public assistance? Yes _____ No _____ If yes, specify _____

3. Date of Marriage _____
Place of Marriage (city) _____ (state) _____ (county) _____
Do you have a marriage certificate? Yes _____ No _____
Marriage performed by: Justice of the Peace _____ Clergy _____ Rabbi _____ Common law _____
Other _____

4. Name of wife before first married _____
Does wife wish to resume maiden or former name? Yes _____ No _____

5. Previous Divorces:
Plaintiff: Place _____ Date _____
Place _____ Date _____
Defendant: Place _____ Date _____
Place _____ Date _____

6. Any previous divorce suit started by either party? Yes _____ No _____
If so, give date, place, and by whom: _____
What disposition was made of the case: _____
Is a divorce currently filed? Yes _____ No _____ Where? _____

7. Residence of Parties:
Plaintiff: Years in Michigan _____ Years in Washtenaw Co. _____
Defendant: Years in Michigan _____ Years in Washtenaw Co. _____

8. Date of Separation _____ Reason: _____

Have you tried marriage counseling? Yes _____ No _____

If so, when _____ Name of Counselor _____

Address of Counselor _____

When did you last cohabit (have sexual relations) with Defendant? _____

9. Children of Parties:

Name _____ Age _____ Birth date _____ SSN _____ DL# _____

Any children born during the marriage NOT fathered by the husband? Yes _____ No _____

Address(es) of the minor children for the last five years:

Name(s) and present address(es) of custodians with whom the child(ren) has/have lived within the last five years:

Child Support Guideline Calculation (to be done by attorney):

Spousal Support Guideline Calculation (to be done by attorney):

10. Attitudes of Parties Toward Children:

Plaintiff: _____

Defendant: _____

Do you want custody of the children? Yes _____ No _____

Will there be a fight for custody? Yes _____ No _____

Who has been the primary caretaker? _____

Why is it in the children's best interest for you to have custody? _____

What allegations will your spouse make against you to claim you should not have custody of the children? _____

11. Is wife pregnant? Yes _____ No _____

12. Any Previous Criminal Record? Explain.

Plaintiff: _____

Defendant: _____

Any prior institutionalizations? Explain.

Plaintiff: _____

Defendant: _____

Any prior treatment for drug or alcohol abuse? Explain.

Plaintiff: _____

Defendant: _____

Any prior psychiatric or psychological treatment? Explain.

Plaintiff: _____

Defendant: _____

13. Fault for Divorce:

ADULTERY

Name of other party involved _____ Phone Number _____
Address _____
Circumstances _____

DESERTION

When and where occurred _____
Last known address of Defendant _____
Last contact with Defendant _____

CRUELTY

Defendant gambles? Yes _____ No _____
Defendant beats Plaintiff? Yes _____ No _____
Last occurrence _____ Location _____
Witnesses _____
Defendant has told Plaintiff he/she no longer loves Plaintiff? Yes _____ No _____
Defendant does not want Plaintiff as a spouse? Yes _____ No _____
Defendant associates with other men/women? Yes _____ No _____
If yes, name(s) and address(es) _____
Defendant stays out late and refuses to account for his/her absence? Yes _____ No _____

PHYSICAL INCOMPETENCY

IMPRISONMENT

The Defendant has been sentenced to imprisonment for three years or more in _____

DRUNKENNESS

Defendant drinks in excess in public _____
And/or private places _____

DRUG ABUSE

Defendant misuses drugs/uses illegal drugs _____

DIVORCE IN A FOREIGN STATE

Defendant had obtained a divorce in the State of _____

FAILURE TO SUPPORT WIFE AND/OR CHILDREN

The Defendant (husband), being of sufficient ability to provide a suitable maintenance for Plaintiff (wife) and/or children has refused or neglected to do so. Explain. _____

14. What accusations will your spouse make against you as grounds for divorce or unfitness as a parent, whether allegations are true or false? _____

15. Financial circumstances of Parties:

Husband's average weekly income for past 6 months from all sources:
Gross _____ Net _____
Husband's net income last year from all sources: _____
Are you now receiving public assistance? Yes _____ No _____
Is your husband on probation for non-support? Yes _____ No _____
Husband's credit status: _____ Wife's credit status _____
Has either party filed for bankruptcy? Yes _____ No _____ If yes, when? _____

16. REAL ESTATE

Description _____
Date Purchased _____ Total Purchase Price _____
Location _____
Present market value of real estate _____ Improved Value _____
In whose name(s) is the property? _____
Purchased by: Land Contract _____ Mortgage _____ Other _____
Balance owed _____ Monthly payment _____
To Whom (name/address) _____

BUSINESS

Date acquired _____ Nature of Business _____
Name/address of business _____
Original purchase price _____ Present Value _____
Balance Due _____
Kind of ownership: Personal _____ Partnership _____ Corporation _____ Other _____
Type of interest of parties _____

PERSONAL PROPERTY ACQUIRED DURING MARRIAGE

Fair market value _____ Amount owed _____

HOUSEHOLD GOODS, FURNISHINGS, AND EQUIPMENT

Original purchase price _____ Present value _____
Balance owing _____ Monthly payments _____
Owed to whom/address _____
In whose name(s) _____

AUTOMOBILES

Year/Make _____ License Plate No. _____
Original purchase price _____ Present value _____
Amount owed _____ Monthly payment _____
Name(s) on title _____

Year/Make _____ License Plate No. _____
Original purchase price _____ Present value _____
Amount owed _____ Monthly payment _____
Name(s) on title _____

BANK ACCOUNTS

Type: Saving _____ Checking _____ Avg Daily Balance _____ Which Bank _____
Present amount in account _____ Name(s) on account _____

Type: Saving _____ Checking _____ Avg Daily Balance _____ Which Bank _____
Present amount in account _____ Name(s) on account _____

BONDS

Original purchase price _____ Present Value _____
Kind _____ In whose name(s) _____

STOCKS

Original purchase date/price _____ Present Value _____
Kind _____ In whose name(s) _____

MEDICAL AND HOSPITALIZATION INSURANCE POLICIES

Name/address of company _____
In whose name _____
Who is covered? You _____ Defendant _____ Children _____

LIFE INSURANCE POLICIES

Name/address of company _____
In whose name(s) _____
Face Value _____ Cash surrender value _____
Beneficiary _____ Kind: Term _____ Straight Life _____

PENSIONS AND RETIREMENT ACCOUNTS

Plaintiff _____ Defendant _____ Type of Plan _____
Name/address of trustee _____
When started _____ Current Value _____

Plaintiff _____ Defendant _____ Type of Plan _____
Name/address of trustee _____
When started _____ Current Value _____

HEALTH OF PARTIES AND CHILDREN

Plaintiff: Good _____ Fair _____ Poor _____ If fair or poor, explain: _____
Defendant: Good _____ Fair _____ Poor _____ If fair or poor, explain: _____
Child(ren): Good _____ Fair _____ Poor _____ If fair or poor, explain: _____

17. What client wants and expects to obtain with respect to:

Spousal support: Temporary: _____ per week

Permanent: _____ per week

Child support: Temporary: _____ per week

Permanent _____ per week

Custody _____

Parenting time _____

Property settlement _____

18. Necessity for immediate protective restraining orders:

To protect Plaintiff from injury _____

To protect children from injury _____

To protect real/personal assets _____

19. Do you have a will? Yes _____ No _____ Beneficiary _____

20. Does your spouse have a will? Yes _____ No _____ Beneficiary _____

21. Debts (other than those previously mentioned)

Creditors	In whose name(s)	What purchased	monthly payment	balance

22. Were you referred to our office? Yes _____ No _____ If so, who referred you? _____

23. Your nearest living relative

Name _____ Relation _____

Address _____

24. Your spouse's nearest living relative

Name _____ Relation _____

Address _____

Client _____

Date of interview _____ Interviewed by _____