

23. Do you believe that your marriage relationship is over and cannot be reconciled?
_____.
24. Amount of money received from spouse since separation: _____
25. Have you or your spouse started a divorce action before? _____
If yes, where and when: _____
Was it dismissed? _____ If yes, when: _____
If yes, bring in or mail copies of all legal papers from prior action(s). State the name, Address, and telephone number of the attorney(s) who represented either of you:

26. Has your spouse ever physically abused you? _____
If yes, how often has this happened? _____
If yes, did you try to get an order for protection (restraining order)? _____
If so, bring in or mail the legal papers from the order for protection (restraining order).
If yes, have you seen a personal injury attorney about a law suit for your injuries? _____
If so, who was it, and what was the outcome? _____
27. Do you think you need an order for protection (restraining order)? _____
28. Do you or your spouse have an alcohol or drug problem? _____ If yes, describe any evaluation or treatment undergone for this problem:

29. Have you or your spouse sought marriage counseling? _____ If yes, briefly describe the length, frequency and results of the counseling: _____

III. FAMILY INFORMATION

30. Children of this marriage under 18 or still in high school:

Name (first, middle, last)	Age	Date of Birth	Now lives with
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

31. If any children were born prior to the marriage, did your spouse admit paternity? _____
If so, bring in or mail affidavit of paternity or declaration of parentage or court order for these children.
32. Describe any health or emotional difficulties of the children: _____

33. Are any of these children under the jurisdiction of a Juvenile Court? _____ If yes, where? _____. **Bring copies of the Juvenile Court papers.**
34. Are any of these children adopted? _____
35. Are you pregnant now? _____ If yes, due date: _____ Is your spouse the father? _____
If not, father's name: _____
36. Which children do you want custody of? _____
37. Do you expect your spouse to make an issue over who should have custody? _____
If yes, explain: _____
38. If you want custody, do you want any restrictions on visitation by your spouse? _____
If yes, explain: _____

State briefly when, where and how often you wish to have your spouse visit the children:

39. If either you or your spouse have minor children NOT OF THIS MARRIAGE, please list their names, birth dates, with whom they are living and where:

Your children: _____

Your spouse's children: _____

40. Do you pay or receive child support for any of these children? _____ If yes, amount of support **received** is \$_____/month. Amount **paid** is \$_____/month.
41. Does your spouse pay or receive child support for any of these children? _____
If yes, amount of support **received** is \$_____/month. Amount **paid** is \$_____/month.
42. Health Insurance:
Check any of the following which are presently in effect:
Medical _____ Major Medical _____ Dental _____ Hospitalization _____
Provided by your employer or union? _____ Cost to you? _____ per _____
Provided by spouse's employer or union? _____ Cost to spouse? _____ per _____
If any of the above insurance does not cover the entire family, explain: _____

43. Uninsured Medical Bills for Children:
Who should be responsible?
You? _____ Your spouse? _____ You and your spouse split the cost? _____

III. INCOME INFORMATION

44. Do you receive welfare benefits? _____ If yes, how much per month? _____
From which county? _____
Who is your social worker? _____ Phone Number: _____
45. Are you currently employed? _____ If yes, complete **Employment Data** section on page 6 for yourself.
46. If you are unemployed, do you collect Workers Compensation, Unemployment Compensation, Disability, or Veteran's Benefits? _____ If so, please fill in amount under Other Income section on page 7.
47. Last grade you completed in high school, college, or vocational training: _____
48. Your job skills and experience: _____

49. As to Spousal Maintenance (Alimony): Do you wish to Waive (give up permanently), Ask For or Reserve (keep the option open for a later date)? _____
50. Is your spouse physically capable of earning child support? _____ If no, explain: _____

51. Is your spouse employed? _____ If yes, complete **Employment Data** section on page 7 for him/her.
52. If your spouse is unemployed, does he/she collect Workers Compensation, Unemployment Compensation, Disability or Veteran's Benefits? _____ If so, please fill in amount under Other Income section on page 8.
53. Last grade completed in high school, college or vocational training by your spouse: _____

54. Your spouse's job skills and experience: _____

V. EMPLOYMENT DATA

You:

55. Your employer's name and address: _____

56. Type of work you do: _____

57. Income: Gross per _____: \$ _____
(2 weeks, twice a month, once a month, etc)

Please bring your last 3 pay stubs to your appointment.

Statutory Deductions:

Federal Income Tax	\$ _____
State Withholding	\$ _____
Social Security (FICA)	\$ _____
Pension Deduction	\$ _____
Union Dues	\$ _____
Dependent Health/ Hospitalization Coverage	\$ _____
Dental Coverage	\$ _____
Subtotal of Stat. Deductions	\$ _____
Net Income (line 1-line 3)	\$ _____
Other Paycheck Deductions	
Specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal: Other Deductions	\$ _____
Net Take Home Pay (line 4-line6)	\$ _____

What is your tax withholding status (example, S-1, M, etc) _____

58. How long have you worked at this job? _____

59. How many hours per week do you work? _____

60. What is your hourly wage? _____

61. List the other jobs you have had: _____

62. Do you have a pension, IRA or other retirement or savings plan at work? _____.
If yes, please bring any written information you have regarding the pension, IRA,
retirement plan or savings plan.

63. Do you have any other income? _____ If yes, please list source and amount:

_____ \$ _____

_____ \$ _____

Your Spouse:

64. Spouse's employer's name and address: _____

65. Type of work spouse does: _____

66. Income: Gross per: _____ \$ _____
(2 weeks, twice a month, once a month, etc.)

Statutory Deductions:

Federal Income Tax \$ _____

State Withholding \$ _____

Social Security (FICA) \$ _____

Pension Deduction \$ _____

Union Dues \$ _____

Dependent Health/

Hospitalization Coverage \$ _____

Dental Coverage \$ _____

Subtotal of Stat. Deductions \$ _____

Net Income (line 1-line 3) \$ _____

Other Paycheck Deductions

Specify: _____ \$ _____

_____ \$ _____

_____ \$ _____

Subtotal: Other Deductions \$ _____

Net Take Home Pay (line 4-line6) \$ _____

What is your spouse's tax withholding status (example S-1, M, etc.)? _____

67. How long has he/she worked at this job? _____

68. How many hours per week does he/she work? _____

69. What is his/her hourly wage? _____

70. Please list your spouse's other employment history since your marriage, starting with the most recent:

Employer	Work Type	Dates: From/To	Wage	Hrs per Week	Why Left
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

71. Does your spouse have a pension, IRA, retirement plan or savings plan at work? _____
If yes, please bring any written information you have regarding the pension, IRA,
retirement plan or savings plan.

72. Does spouse have any other income? _____ If yes, please list source and amount:

_____ \$ _____

_____ \$ _____

73. IF YOU ARE RECEIVING AFDC:

For what months have you received AFDC? _____ Is there a
child support order in place? _____

If there **is** a child support order in place, what is the amount ordered? \$_____.
Have you been regularly receiving the \$50.00 pass-through? _____ If not, why not?
_____. Have you received statements from the County, detailing the support
collected? _____. If so, how often have you received the statements? _____
Can you understand the statements? _____.

If there **is no** child support order in place, do you know if the other party is working
_____. If so, have you told your worker about it? _____.

74. IF YOU ARE NOT RECEIVING AFDC:

Have you ever received AFDC? _____ When? _____ Is there a child
support order in place? If so, for what amount? \$_____ Have you been regularly
receiving the amount ordered? _____ If not, what amount have you received, and
how often? _____. Is there an arrearage (overdue support) due
you? _____ How much? _____

Have you requested help from the County's IV-D (Support and Collections) unit in
collecting current support? _____ In collecting arrearages? _____ Were
you helped, or turned away? _____ If you were not helped, what reasons were
you given? _____ If you were helped, what was done to help you? _____

Have you asked the County for assistance in modifying an order for either child support
or spousal maintenance? _____ What help did you receive? _____

VI. PROPERTY INFORMATION

75. Do you and your spouse have the furniture, household goods and personal property
divided to your satisfaction? _____

76. Is there personal property in the possession of your spouse that you want? _____
If yes, describe and list in detail: _____
_____.
77. Do you or your spouse own any real property? _____ If yes, state whether it is a
homestead, mobile/trailer home, mobile home lot, or other: _____
_____.
78. Please answer the following questions for each piece of real property owned by you
and/or your spouse (use additional page if necessary):
- a. Address of property: _____

 - b. Who is living in the homestead/mobile home now? _____
 - c. Legal description. Bring deed or other document containing legal description
to your interview.
 - d. Date of purchase: _____ for \$ _____
 - e. Title is in whose name(s): _____
 - f. Is property abstract or Torrens (Certificate of Title)? _____
 - g. Mortgage or contract for deed: _____
 - h. Financing Institution: _____
 - i. Mortgage or contract for deed balance: _____
 - j. Monthly payments: \$ _____ Are you behind on payments? _____
If yes, how many months and amount: _____
 - k. What do you think this property would sell for now? _____
79. Are you currently in any subsidized housing (subsidized apartment, public housing house
or apartment, Section 8 Certificate of Section 8 Voucher) program? _____
- If you **are** in a subsidized housing program: What kind of program is it? _____
What is the name of the apartment building/development/project? _____
What agency (MPHA, MHRA, HUD, MHFA, etc.) pays your subsidy? _____
If there are any other people listed on your lease, name them: _____
If you are on any waiting lists for other subsidized housing, which lists are you on?

- If you **are not** currently receiving a housing subsidy, have you applied? _____
Where and when did you apply? _____ Are you on any subsidized
housing waiting lists? _____ If you are, which lists and for how long? _____

80. WHETHER OR NOT YOU LIVE IN SUBSIDIZED HOUSING: Are there repair problems in your building? _____ Has an inspector ordered repairs? _____ Have you asked the owner to repair? _____ If so, what has been the owner's response? _____

VII. ASSETS

81. Give the following information for each automobile, truck, van, motorcycle, camper, boat, trailer, or other vehicle that you and/or your spouse have:

Make/Year/Type	Title Holder	Possessed by	\$ Value	\$ owed and to whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

82. Do you or your spouse have any savings accounts? _____ If yes, please list:

83. Do you or your spouse own any stocks or bonds? _____ If yes, please list:

84. Are you expediting any tax refunds for the current year? _____ If yes, were the tax returns filed jointly or singly? _____

Federal refund expected \$ _____ Date received/expected: _____
State refund expected \$ _____ Date received/expected: _____

85. Are you expecting any homeowner or renter property tax refund for the current year? _____. If yes, was it filed jointly or singly? _____ Property tax refund expected \$ _____ Date received/expected: _____

86. Have you or your spouse received any inheritance, large gift, or recovered damages from any lawsuits? _____ If yes, please describe: _____

87. Have you and/or your spouse ever filed bankruptcy? _____ If yes, who, when, and where? _____

88. Do you have Life Insurance on your life? _____ If yes, state:

Type (term, whole life?): _____
Company: _____ Policy Number: _____
Beneficiary: _____ Face amt. of policy: _____

Present cash value: \$ _____ Amt. for premium: \$ _____
Per: _____ Who pays premium: _____

Policy Loans:

Date of loan: _____ Amount: \$ _____ Purpose: _____

89. Do you have Life Insurance on your spouse's life? _____ If yes, state:

Type (term, whole life?): _____

Company: _____ Policy Number: _____

Beneficiary: _____ Face amt. of policy: _____

Present cash value: \$ _____ Amt. for premium: \$ _____

Per: _____ Who pays premium: _____

Policy Loans:

Date of loan: _____ Amount: \$ _____ Purpose: _____

90. Do you have Life Insurance on your children's life? _____ If yes, state:

Company: _____ Policy Number: _____

Beneficiary: _____ Face amt. of policy: _____

Present cash value: \$ _____ Amt. for premium: \$ _____

Per: _____ Who pays premium: _____

Policy Loans:

Date of loan: _____ Amount: \$ _____ Purpose: _____

If you have more than one answer to numbers 88, 89, or 90 above, please furnish the additional information in the space below, or on a separate sheet of paper.

VIII. DEBTS

Please list the following information for all unpaid debts or bills:

Name of Creditor	Purpose	Monthly Payment	Balance	Whose Obligation	Who Pays
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Other information which may be helpful:

IX. YOUR EXPENSES

- A. Rent _____
- B. Mortgage Payment _____
- C. Contract for Deed Payment _____
- D. Homeowner's Insurance _____
- E. Real Estate Taxes _____
- F. Utilities (Lights/Phone, etc.) _____
- G. Heat _____
- H. Food _____
- I. Clothing _____
- J. Laundry and Dry Cleaning _____
- K. Medical and Dental _____
- L. Transportation _____
- M. Car Insurance _____
- N. Recreation, Entertainment, Travel _____
- O. Newspapers and Magazines _____
- P. Social and Church Obligations _____
- Q. Personal Allowances and Incidentals _____
- R. Babysitting and Day Care _____
- S. Home Maintenance _____
- T. Children's School Needs/Allowances _____
- U. _____
- V. _____
- W. _____
- X. _____
- Y. _____
- Z. _____

TOTAL: _____