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Divorce Questionnaire

Please complete the following questionnaire. The information is necessary for the attorney to provide you with accurate and helpful legal advice.

DATE: _____

I. CLIENT INFORMATION

Full Name: _____ Maiden Name _____

SS#: _____ - _____ - _____ Are you known by any other names? _____

Birth Date: _____ Place of Birth _____

Driver's Lic.#/State: _____

Home Tel.: (____) _____ - _____ Mobile #: (____) _____ - _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence : _____ Alternate Number: (____) _____ - _____

Mailing address if other than above:

EMPLOYMENT INFORMATION

Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Tel: (____) _____ - _____ Salary/Income _____

Hours _____ Education _____

II. SPOUSE INFORMATION

Full Name: _____ Maiden Name _____

SS#: _____ - _____ - _____ Is she/he known by any other names? _____

Birth Date: _____ Place of Birth _____

Driver's Lic.#/State: _____

Home Tel: (____) _____ - _____ Mobile #: (____) _____ - _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Alternate Number: (____) _____ - _____

Mailing address if other than above:

EMPLOYMENT INFORMATION

Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Tel: (____) _____ - _____ Salary/Income _____

Hours _____ Education _____

Spouse's yearly income: _____

Weekly income, if yearly income unknown: _____

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III. MARRIAGE INFORMATION

Date Married: ____/____/____ Place _____ (City, County, State) _____

Date Separated _____/_____/_____ Reason for Separation: _____

Has a dissolution of marriage already been filed? Yes No

If yes, in what county and state? _____

Have you been served with legal papers? Yes No

Do you have copies of the documents with you? Yes No

If you do not have the documents with you, do you have the case number? Yes No

If yes, please provide: _____

Have you had a prior attorney for this matter? Yes No

If yes, name: _____

Can we contact your prior attorney? Yes No

Address where your spouse can be served with legal papers: _____

Does your spouse have an attorney? Yes No Unknown

If known, attorney's name: _____

IV. CHILDREN'S NAMES & INFORMATION (Children Born or Adopted During This Marriage)

Name: _____

SS#: _____ - _____ - _____ Sex: Male Female

Currently Living With: Mother Father Other

If Other, With Whom: _____

Place of Birth: _____ Date of Birth: ____/____/____

Name: _____

SS#: _____ - _____ - _____ Sex: Male Female

Currently Living With: Mother Father Other
If Other, With Whom: _____

Place of Birth: _____ Date of Birth: ____/____/____

Name: _____

SS#: _____ - _____ - _____ Sex: Male Female

Currently Living With: Mother Father Other
If Other, With Whom: _____

Place of Birth: _____ Date of Birth: ____/____/____

Name: _____

SS#: _____ - _____ - _____ Sex: Male Female

Currently Living With: Mother Father Other
If Other, With Whom: _____

Place of Birth: _____ Date of Birth: ____/____/____

CHILDREN'S NAMES & INFORMATION (Children Born or Adopted FROM ANOTHER RELATIONSHIP)

Name: _____

SS#: _____ - _____ - _____ Sex: Male Female

Currently Living With: Mother Father Other
If Other, With Whom: _____

Place of Birth: _____ Date of Birth: ____/____/____

Name: _____

SS#: _____ - _____ - _____ Sex: Male Female

Currently Living With: Mother Father Other
If Other, With Whom: _____

Place of Birth: _____ Date of Birth: ____/____/____

CHILD SUPPORT:

Are you ordered/paying child support for children from another relationship? Yes No
If yes, how much per month? _____

Are you receiving child support for children from another relationship? Yes No
If yes, how much per month? _____

Are you participating in counseling? Yes No
If yes, with whom? _____

Do you have a drug or alcohol problem? Yes No
If yes, are you participating in Alcoholics Anonymous or Narcotic Anonymous? Yes No

Are your spouse and/or children (if applicable) participating in counseling? Yes No
If yes, with whom? _____

Does your spouse have a drug or alcohol problem? Yes No

If yes, is your spouse participating in Alcoholics Anonymous or Narcotic Anonymous? Yes No

Historically, in what state have your children resided in the last six (6) months? _____
(Where do the children presently live?) _____

Are you expecting a child? Yes No
If yes, is the expected child from the marriage relationship? Yes No
If expected child is of a relationship outside this marriage, who is the other biological parent? (Required, if known) _____



V. ASSETS

REAL PROPERTY (Land, House, marital home)

Include: address, date purchased, purchase price, current fair market value, current mortgage/credit line balance(s), name(s) on the deed

Other Real Estate:

Include: address, date purchased, purchase price, current fair market value, current mortgage/credit line balance(s), name(s) on the deed

BUSINESS INTERESTS: (joint, sole proprietorship): _____

ACCOUNTS WITH FINANCIAL INSTITUTIONS: (i.e.; checking, savings, cd's, either joint or separate) and include cash on hand:

STOCKS AND BONDS, MONEY MARKETS:

INSURANCE POLICIES:

IRA'S & ANNUITIES:

MUTUAL FUNDS:

RETIREMENT/PENSION BENEFITS/PLANS: (i.e.; 401(k), 403(b), profit sharing, pensions, etc.)

TIME SHARES:

TRANSPORTATION (cars, trucks, RVs, motorcycles, boats, etc.) (Include Make, Model, Style, Year [i.e. 1990 Chevy S10], date of purchase, purchase price, current fair market value, current loan balance, name(s) on the title):

TRANSPORTATION: what vehicles do you do drive/own/use

Include: address, date purchased, purchase price, current fair market value, current mortgage/credit line balance(s), name(s) on the deed

TRANSPORTATION: what vehicles do your spouse drive/own/use

Include: address, date purchased, purchase price, current fair market value, current mortgage/credit line balance(s), name(s) on the deed

JEWELRY AND PERSONAL EFFECTS OF WIFE:

JEWELRY AND PERSONAL EFFECTS OF HUSBAND:

HOUSEHOLD FURNISHINGS/FIXTURES IN HUSBAND'S POSSESSION:

HOUSEHOLD FURNISHINGS/FIXTURES IN WIFE'S POSSESSION:

SEPARATE PROPERTY OF WIFE (NON-MARITAL) (item, value, circumstances):

SEPARATE PROPERTY OF HUSBAND (NON-MARITAL) (item, value, circumstances):

OTHER ITEMS OF SIGNIFICANT VALUE (Art, Tools, Collections, etc.)

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Do you fear your spouse will dispose or attempt to hide marital assets? Yes No

If yes, why: _____

Do you expect custody to be contested: Yes No

If yes, why: _____

Do you expect visitation to be a problem: Yes No

If yes, why: _____

Is your spouse violent to you or your children? Yes No

If yes, explain: _____

Have petition(s) for domestic violence been filed? Yes No

If yes, how many? _____

Have filed petition(s) been dismissed by a judge? Yes No

If yes, how many? _____

Are you currently covered by health insurance? Yes No

If so, through whose employment? (My employment) (My Spouse's employment)

Does this insurance cover the entire family? Yes No

Do you want your former name restored to you? Yes No

If yes, clearly print your full name (include middle name): _____

Have you ever filed bankruptcy? Yes No

Have you ever been convicted of a crime? Yes No

Type(s) of crime(s) (Circle Applicable): Felony Misdemeanor

Please explain: _____

Has your spouse ever been convicted of a crime? Yes No

Type(s) of crime(s) (Circle Applicable): Felony Misdemeanor

Please explain: _____



VI. DEBTS/LIABILITIES

(Identify the debt/liability [i.e., medical bills, credit cards, mortgages, credit lines, other debts])

MARITAL DEBTS (Debts during marriage):

SEPARATE LIABILITIES OF WIFE:

SEPARATE LIABILITIES OF HUSBAND:

WHAT ARE YOUR GOALS IN THIS ACTION (Please circle all that apply)

- | | | | |
|---------|------------------|------------------------------|------------------|
| Custody | visitation | Distribution of Assets | Payment of Debts |
| Alimony | Child Support | Obtain Education | Attorney Fees |
| Divorce | Legal Separation | Domestic Violence Injunction | |

OTHER GOALS:
