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DIVORCE QUESTIONNAIRE

Date: _____

Please complete this questionnaire as completely and accurately as you can. Where appropriate, provide documents, receipts, and other supporting information separately. **All information that you provide will be held in strict confidence.**

1.) **Personal Information:**

- a. Name: _____
- b. Date of Birth: _____
- c. Place of Birth: _____
- d. Social Security Number: _____
- e. Email Addresses: _____
- f. May we communicate with you via email? (Please be sure that your email is secure and protected from your spouse):

- g. How do you prefer that we communicate with you? _____

2.) **Where are you living now?**

- a. Address: _____
- b. City, State, Zip: _____
- c. May we send mail to you at this address? (Please ensure that your mail is secure and protected from your spouse):

3) **What are your telephone numbers?**

- a. Home: (____) ____ - ____ Ext: _____
- b. Cell: (____) ____ - ____ Ext: _____
- c. Work: (____) ____ - ____ Ext: _____
- d. Which number do you prefer that we to contact you? _____

IMPORTANT: How can we contact you at all times? (Relative or friend who can always locate you):

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

4.) Please complete the following concerning your Employment:

- a. Employer: _____
- b. Length of Employment: _____
- c. Job Title: _____
- d. Street Address: _____
- e. City, State, Zip: _____
- f. Telephone Number: _____
- g. Gross Salary per Month or Annually: _____

IMPORTANT: Please provide your last 3 paycheck stubs, most recent W-2 and tax return.

5.) Describe your education (schools attended, dates attended, degrees obtained):

6.) Please give your spouse's 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. Driver's License Number: _____

7.) Where is your Spouse presently living and what is your Spouse's telephone number:

- a. Address: _____
- b. City, State, Zip: _____
- c. Residence Telephone Number: _____

8.) Complete the following concerning your spouse's employment: (IF KNOWN):

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone Number: _____
- f. Spouse's gross salary per month or annually: \$ _____ Per _____
- g. Length of Spouse's employment: _____

9.) Describe your Spouse's Education (schools attended, dates attended, degrees obtained: (IF KNOWN):

10.) Please give the date and place of your marriage:

Date: _____

City, & State: _____

11.) Please give Full name, Date/Place of Birth, Social Security Number, and Sex of each child of this marriage:

A. Name: _____
Sex: _____
Birth Place: _____ Birth Date: _____
Last 4 Digits Social Security: _____

B. Name: _____
Sex: _____
Birth Place: _____ Birth Date: _____
Last 4 Digits Social Security: _____

C. Name: _____
Sex: _____
Birth Place: _____ Birth Date: _____
Last 4 Digits Social Security: _____

D. Name: _____
Sex: _____
Birth Place: _____ Birth Date: _____
Last 4 Digits Social Security: _____

E. Name: _____
Sex: _____
Birth Place: _____ Birth Date: _____
Last 4 Digits Social Security: _____

13.) Which spouse will live in the family home during the divorce: _____
Who will pay for the house?: _____

14.) Check as appropriate if your marital difficulties involve any of the following:

- Drug/alcohol
- Physical Violence
- Other

15.) Will there be a dispute over custody of the children?: Yes No

a. If Not, who will have primary Custody?: _____

b. Should there be a geographical restriction on where the children will live? If so, Please state the geographical area that the children's residence should be restricted to:

16.) Where are the children living at this time?:

17. List any property (other than furniture, clothing and toys) owned by the children:

18.) How long have you lived In California: _____

19.) What county do you reside in and how long there?: _____

20.) Does your spouse now have an attorney?: Yes No

If so, name and telephone number?: _____

21.) Do you have children by a previous marriage? _____

If so, give full name, date and place of birth, and sex of each child of your previous marriages.

A. Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____

B. Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____

C. Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____

D. Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____

22.) Do you pay/receive child support? Yes No

If so, how much? \$_____ Per Week Biweekly Monthly

23.) Does your spouse have children by a previous marriage? Yes No

If so, give full name, date and place of birth. and sex of each child of spouse's previous marriages:

A. Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____

Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____

B. Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____

D. Name: _____
Sex: _____
Birth Place: _____
Birth Date: _____
Last 4 Digits of Social Security Number: _____
With whom do these children reside?: _____

24.) **Does your Spouse Pay/Receive Child Support?** Yes No
If So, how much? \$ _____ Per Week Biweekly Monthly

25.) **If a divorce is granted, should the wife's maiden or prior name be restored?** _____ If so, what is the exact name to be used? _____

SUMMARY OF PROPERTY: (Please Provide a copy of any Deeds, Titles, Appraisals, Account or other Documents in your Possession Regarding your Property)

REAL ESTATE:

1. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____
Date purchased _____
Current mortgage balance: \$ _____
Monthly payments: \$ _____ Legal description
of the Property: _____

2. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____
Date purchased _____
Current mortgage balance: \$ _____
Monthly payments: \$ _____ Legal description
of the Property: _____

3. Address: _____
 Mortgage company: _____
 Estimated fair market value: \$ _____
 Date purchased _____
 Current mortgage balance: \$ _____
 Monthly payments: \$ _____ Legal description
 of the Property: _____

Attach additional sheets, if necessary

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, TRAILERS :

1.) Year: _____ Make: _____ Model: _____ Who drives?: -
 _____ Vehicle Identification No.: _____ Lien with?:
 _____ Account No#: _____ Amount owed:\$
 _____ Payment amount: \$ _____ Present market value:\$
 _____ How determined?: _____

2.) Year: _____ Make: _____ Model: _____ Who drives?: -
 _____ Vehicle Identification No.: _____ Lien with?:
 _____ Account No#: _____ Amount owed:\$
 _____ Payment amount: \$ _____ Present market value:\$
 _____ How determined?: _____

3.) Year: _____ Make: _____ Model: _____
 Who drives?: _____ Vehicle Identification No.: _____
 Lien with?: _____ Account No#: _____
 Amount owed:\$ _____ Payment amount: \$ _____ Present market value:\$ _____ How determined?: _____

4.) Year: _____ Make: _____ Model: _____
 Who drives?: _____ Vehicle Identification No.: _____
 Lien with?: _____ Account No#: _____
 Amount owed:\$ _____ Payment amount: \$ _____ Present market value:\$ _____ How determined?: _____

5.) Year: _____ Make: _____ Model: _____
 Who drives?: _____ Vehicle Identification No.: _____
 Lien with?: _____ Account No#: _____
 Amount owed:\$ _____ Payment amount: \$ _____ Present market value:\$ _____ How determined?: _____

Attached Additional Sheets, if Necessary

BANK ACCOUNTS, SAVINGS ACCOUNTS, C.D.'S, CREDIT UNIONS, SAVINGS BONDS:

1) Name of Institution: _____

Type of Account (bank, savings, etc): _____

Account Name: _____ Last 4 Digits of Account No: _____

Amount currently in Account:\$ _____

Names on the Account: _____

2) Name of Institution: _____

Type of Account (bank, savings, etc): _____

Account Name: _____ Last 4 Digits of Account No: _____

Amount currently in Account:\$ _____

Names on the Account: _____

3) Name of Institution: _____

Type of Account (bank, savings, etc): _____

Account Name: _____ Last 4 Digits of Account No: _____

Amount currently in Account:\$ _____

Names on the Account: _____

4) Name of Institution: _____

Type of Account (bank, savings, etc): _____

Account Name: _____ Last 4 Digits of Account No: _____

Amount currently in Account:\$ _____

Names on the Account: _____

5) Name of Institution: _____

Type of Account (bank, savings, etc): _____

Account Name: _____ Last 4 Digits of Account No: _____

Amount currently in Account:\$ _____

Names on the Account: _____

6) Name of Institution: _____

Type of Account (bank, savings, etc): _____

Account Name: _____ Last 4 Digits of Account No: _____

Amount currently in Account:\$ _____

Names on the Account: _____

LIFE INSURANCE:

1.) Name of Company: _____

Insuring Life of: _____

Type of Policy (term, whole, life etc.): _____ Cash value: _____

2.) Name of Company: _____

Insuring Life of: _____

Type of Policy (term, whole, life etc.): _____ Cash value: _____

3.) Name of Company: _____
Insuring Life of: _____
Type of Policy (term, whole, life etc.): _____ Cash value: _____

Stocks. Mutual Funds. Bonds. Securities:

1. Name of investment: _____
Number of shares owned· Present value: \$ _____

2. Name of investment: _____
Number of shares owned· Present value: \$ _____

3. Name of investment: _____
Number of shares owned· Present value: \$ _____

4. Name of investment: _____
Number of shares owned· Present value: \$ _____

5. Name of investment: _____
Number of shares owned· Present value: \$ _____

6. Name of investment: _____
Number of shares owned· Present value: \$ _____

*** ATTACHED ADDITIONAL SHEETS, IF NECESSARY ***

Retirement. Pensions. Other Company Benefits:

1. Do you participate In any retirement plan? _____
Name of the plan: _____
Address of plan: _____
Last 4 digits of account No: _____ Beneficiary: _____
Current value of retirement account: \$ _____
Is any portion of the plan your separate property?: _____ *Date plan started:* _____

2.) Do you participate In any retirement plan? _____
Name of the plan: _____
Address of plan: _____
Last 4 digits of account No: _____ Beneficiary: _____
Current value of retirement account: \$ _____
Is any portion of the plan your separate property?: _____ *Date plan started:* _____

OTHER:

1.) Does anyone owe you or your spouse any money?: _____
If so, how much: \$ _____
Owed by whom? _____

2.) Are you or your spouse Involved in any lawsuits?: _____

If so, describe: _____

3.) Do you own any livestock or mineral interests?: _____

If so, describe _____

4.) Do you belong to any clubs with an equity Interest? _____

If so, describe: _____

Debts (Other than house and/or automobiles. For example, credit card debt or personal loans)

1.) Name of creditor: _____

Last 4 Digits of Account No: _____ Amount owed: \$ _____ Min. payment: \$ _____

2.) Name of creditor: _____

Last 4 Digits of Account No: _____ Amount owed: \$ _____ Min. payment: \$ _____

3.) Name of creditor: _____

Last 4 Digits of Account No: _____ Amount owed: \$ _____ Min. payment: \$ _____

4.) Name of creditor: _____

Last 4 Digits of Account No: _____ Amount owed: \$ _____ Min. payment: \$ _____

5.) Name of creditor: _____

Last 4 Digits of Account No: _____ Amount owed: \$ _____ Min. payment: \$ _____

Income Tax:

Have you filed for all previous years?: _____ Joint or separate?: _____

Prepared by whom? _____

Refund received/expected? _____ If so, how much? \$, _____

Separate Property:

Do you own any separate property (owned before marriage or received during marriage by gift or inheritance)? if so, detail your separate property:

1.) Description: _____

a.) How acquired?: _____ b. Date acquired?: _____

2.) Description: _____

a.) How acquired?: _____ b. Date acquired?: _____

3.) Description: _____

a.) How acquired?: _____ b. Date acquired?: _____

Last Will and Testament:

1.) Do you have a will? _____ 2.) Date prepared?: _____ If so, please provide us with a copy.

2.) Does your spouse have a will? 2 Date prepared? _____

Is there anything else that you would like to discuss or that you believe we should know about you or your case?:

DATED: _____

SIGNATURE

CONFIDENTIAL