

Michael A. Love, Sr.
Love-Law
600 Broadway, Suite 250
PO Box 410324
Kansas City, MO 64141-0324
816-471-4000
Fax: 816-221-7722
Email: mike@love-law.com
Website: love-law.com

FAMILY LAW QUESTIONNAIRE-DIVORCE

CLIENT'S INFORMATION

1. Your Name: _____
2. Address: _____
3. Home Telephone #: _____ Work Telephone #: _____
4. Cell Telephone #: _____ Pager Telephone #: _____
5. Social Security # _____ Date of Birth: _____
6. Place of Employment: _____
7. Address of Employer: _____
8. Your gross monthly income: _____
9. If Female, list your Maiden Name: _____
10. Birth Place (State or Foreign Country): _____
11. Number of this Marriage (1st, 2nd, etc...): _____
12. Education (specify highest grade completed): _____
13. City and State of Marriage: _____
14. County of Marriage: _____
15. Date of Marriage: _____
16. Date of Separation: _____

CHILDREN BORN TO THE MARRIAGE/RELATIONSHIP

17. Children born to the marriage or relationship:

Name	SSN	Date of Birth	Reside with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS MARIAGES

18. Previous Marriages:

Name of Spouse	Divorce Date	State & County	Court	Case #	Monthly Maintenance

CHILDREN BORN TO PREVIOUS MARRIAGE/RELATIONSHIP

19. Children born to Previous Marriages or Relationships:

Name	SSN	Date of Birth	Court	Monthly Child Support	Reside With

SPOUSE'S INFORMATION

- 20. Spouse's Name: _____
- 21. Address: _____
- 22. Home Telephone #: _____ Work Telephone #: _____
- 23. Cell Telephone #: _____ Pager Telephone #: _____
- 24. Social Security # _____ Date of Birth: _____
- 25. Place of Employment: _____
- 26. Address of Employer: _____
- 27. Spouse's gross monthly income: _____
- 28. If spouse is a female, list her Maiden Name: _____
- 29. Birth Place (State or Foreign Country): _____
- 30. Number of this Marriage (1st, 2nd, etc...): _____
- 31. Education (specify highest grade completed): _____

SPOUSE'S PREVIOUS MARIAGES

32. Spouse's Previous Marriages:

Name of Spouse's Spouse	Divorce Date	State & County	Court	Case #	Monthly Maintenance

CHILDREN BORN TO SPOUSE'S PREVIOUS MARRIAGE/RELATIONSHIP

33. Children born to Spouse's Previous Marriages or Relationships:

Name	SSN	Date of Birth	Court	Monthly Child Support	Reside With

MATTER INFORMATION

34. Are you or your Spouse pregnant at this time? Yes _____ No _____

35. Do you require Maintenance from your Spouse? Yes _____ No _____

36. Do you require Attorney Fees from you Spouse? Yes _____ No _____

MARITAL PROPERTY AND DEBT

37. MARITAL PROPERTY. List all marital property in this section, rounding all figures to the nearest dollar. Marital Property means all property acquired by either spouse subsequent to the marriage except property:

1. Acquired by gift, bequest, devise or descent;
2. Acquired in exchange for property acquired prior to the marriage or in exchange for property acquired by gift, bequest, devise, or descent;
3. Acquired by a spouse after a decree of legal separation;
4. Excluded by valid agreement of the parties; and
5. The increase in the value of property acquired prior to the marriage or pursuant to 1 through 4 above unless marital assets including labor have contributed to such increases and then only to the extent of such contributions. (Section 452.330.2 R.S.Mo. 1988)

A. <u>Real Estate</u> - List interests in real estate including leaseholds with address, <u>legal description</u> & name of lender.	Fair Market Value	Amount Owed	Equity	To H W	Poss'n H W
Legal: Lender:					
Legal: Lender:					

B. <u>MOTOR VEHICLES</u> - List all automobiles, boats, trailers, aircraft, recreational vehicles and campers. List <u>year, make, model, vehicle identification number</u> . List <u>leasehold interests</u> also.	Fair Market Value	Amount Owed	Equity	To H W	Poss'n H W
VIN.					
VIN.					
VIN.					
VIN.					

C. <u>BANK ACCOUNTS</u> - List all checking, saving and money market accounts, certificates of deposit, etc. held in your name alone or with another person. Give the name of the institution, the names on the account, the account number and current balance.					

D. <u>SECURITIES</u> - List all stocks, including both public and closely held corporations, bonds, promissory notes, mortgages, money market funds, mutual funds, etc. List the names in which the securities are held and the identification number, if any.					

E. <u>WHOLE/UNIVERSAL LIFE INSURANCE</u> - List the type of policy, name of issuing company, policy number, owner, insured, beneficiaries, face value and cash value (include policies from employment).					

F. <u>TERM LIFE INSURANCE</u> - List the type of policy, name of issuing company, policy number, owner, insured, beneficiaries, face value and cash value, if any. (Include policies from employment).	Fair Market Value	Amount Owed	Equity	To H W	Poss'n H W

G. <u>RETIREMENT, PENSION AND/OR PROFIT SHARING</u> - List company, plan and participant's names, percent vested and present total value.					

H. <u>DEBTS OWED TO YOU</u> - List debtor's name and due date					

I. <u>SOLE PROPRIETORSHIPS, PARTNERSHIPS OR JOINT VENTURES</u> - List the percent interest owned.					

J. <u>CLAIMS OR LAWSUITS AGAINST OTHERS</u> - List the reason for the claim, sufficient information to identify it, against whom and for what, and any court proceedings, including attorney names.					

K. <u>CASH ON HAND</u>					

DEBTS - List all debt, including loans from banks, credit unions, savings and loan associations or other lending institutions, credit card balances and store charges. State name of lender and debtor.

E. MY NET TAKE HOME PAY PER PAY PERIOD \$ _____

F. Additional Income: (List income from second jobs, rentals, dividends, social security, retirement, V.A., business enterprises, TANF, annuities, bonuses and all other sources.)

Source	Income
_____	\$ _____
_____	\$ _____
_____	\$ _____

My total average monthly additional gross income \$ _____

G. The value of fringe benefits paid partially or totally by employer, i.e. health, disability insurance, etc. \$ _____

H. MY TOTAL MONTHLY GROSS INCOME (Add Line B, F and G) \$ _____

II. ANTICIPATED MONTHLY EXPENSES

A. Rent or mortgage payments (include home association dues) \$ _____

B. Maintenance and repairs of residence \$ _____

C. Utilities

- 1. Gas \$ _____
- 2. Water \$ _____
- 3. Electric \$ _____
- 4. Telephone \$ _____
- 5. Mobile/Cell/Pager \$ _____
- 6. Trash Service \$ _____

TOTAL UTILITIES EXPENSE \$ _____

D. Automobiles

- 1. Gas and Oil \$ _____
- 2. Maintenance \$ _____
- 3. Tax and License \$ _____
- 4. Payment of Loan/Lease \$ _____

TOTAL AUTOMOBILE EXPENSE \$ _____

E. Insurance

- 1. Life \$ _____
- 2. Health \$ _____
- 3. Dental \$ _____
- 4. Vision \$ _____
- 5. Disability \$ _____
- 6. Homeowners/Rental (if not included in mortgage) \$ _____
- 7. Automobile \$ _____

TOTAL INSURANCE EXPENSE \$ _____

F. Taxes

- 1. Real Estate (if not included in mortgage payment) \$ _____
- 2. Personal Property \$ _____

TOTAL TAX EXPENSE \$ _____

- G. Regular monthly payments I make on debts, i.e. credit cards, etc. \$ _____
- H. Child Support paid to other for children not in my custody and not involved in this proceeding \$ _____
- I. Maintenance or Alimony paid by me to persons other than my current spouse \$ _____
- J. Work-related Child Care (average school year and summer childcare) \$ _____

K. Other Monthly Living Expenses

	MINE	CHILDREN	
1. Food	\$ _____	\$ _____	
2. Clothing	\$ _____	\$ _____	
3. Medical Care	\$ _____	\$ _____	
4. Prescription Drugs	\$ _____	\$ _____	
5. Dental Care	\$ _____	\$ _____	
6. Vision Care	\$ _____	\$ _____	
7. Recreation	\$ _____	\$ _____	
8. Barber/Beauty Shop	\$ _____	\$ _____	
9. School Books	\$ _____	\$ _____	
10. School Lunches	\$ _____	\$ _____	
11. Sports	\$ _____	\$ _____	
12. Activities	\$ _____	\$ _____	
13. Tutoring	\$ _____	\$ _____	
14. Lessons	\$ _____	\$ _____	
15. Newspapers/Magazines	\$ _____	\$ _____	
16. Church/charitable	\$ _____	\$ _____	
17. Cable TV/Dish	\$ _____	\$ _____	
18. Internet	\$ _____	\$ _____	
19. Toiletries	\$ _____	\$ _____	
20. Vacation	\$ _____	\$ _____	
21. Gifts	\$ _____	\$ _____	
22. Pet Expenses	\$ _____	\$ _____	
23. College Expenses	\$ _____	\$ _____	
24. Other Expenses	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
TOTAL OTHER EXPENSES	\$ _____	\$ _____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES (Add A through K) \$ _____

ATTACHMENTS

1. Attach copies of: (a) your six (6) most recent pay stubs and (b) your last three (3) years of federal tax returns.