



HOGANWILLIG
ATTORNEYS AT LAW

MATRIMONIAL & FAMILY LAW QUESTIONNAIRE

NAME: _____

MAIDEN NAME (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT HOGANWILLIG?

- PRIOR EXPERIENCE
- WORD-OF-MOUTH REFERRAL
- INTERNET SEARCH
 - GOOGLE
 - YAHOO
 - OTHER: _____
- OTHER: _____

TYPE OF MATTER:

- DIVORCE
- SEPARATION
- MEDIATION
- CUSTODY/VISITATION/SUPPORT ISSUE
- PRENUPTIAL AGREEMENT
- QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)
- OTHER: _____



HOGANWILLIG
ATTORNEYS AT LAW

PRESENT MARRIAGE:

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

RESIDENCE SINCE MARRIAGE (INCLUDE DATES): _____

YOUR INFORMATION:

EMPLOYER: _____ STARTED: _____

OCCUPATION/JOB TITLE: _____

AVERAGE WEEKLY EARNINGS: GROSS: \$ _____ NET: \$ _____

FRINGE BENEFITS & OTHER INCOME:

1. HEALTH INSURANCE (NAME CARRIER, PLAN #, PLAN ADMIN & OUT-OF-POCKET COSTS):

2. PENSION / RETIREMENT BENEFITS: _____

3. OTHER BENEFITS: _____

LAST YEAR'S GROSS EARNINGS: \$ _____

PREVIOUS EMPLOYMENT: _____

EDUCATION/LICENSES (INCLUDING DATES): _____



HOGANWILLIG
ATTORNEYS AT LAW

SPOUSE (OTHER PARENT) INFORMATION:

NAME: _____

MAIDEN NAME (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIOR MARRIAGES (IF APPLICABLE): _____

ATTORNEY (IF KNOWN): _____

EMPLOYER: _____ STARTED: _____

OCCUPATION/JOB TITLE: _____

AVERAGE WEEKLY EARNINGS: GROSS: \$ _____ NET: \$ _____

FRINGE BENEFITS & OTHER INCOME:

4. HEALTH INSURANCE (NAME CARRIER, PLAN #, PLAN ADMIN & OUT-OF-POCKET COSTS):

5. PENSION / RETIREMENT BENEFITS: _____

6. OTHER BENEFITS: _____

LAST YEAR'S GROSS EARNINGS: \$ _____

PREVIOUS EMPLOYMENT: _____

EDUCATION/LICENSES (INCLUDING DATES): _____



HOGANWILLIG
ATTORNEYS AT LAW

CHILD(REN) INFORMATION:

NAME: _____

D.O.B.: _____ YEAR IN SCHOOL: _____

HEALTH/SPECIAL NEEDS: _____

NAME: _____

D.O.B.: _____ YEAR IN SCHOOL: _____

HEALTH/SPECIAL NEEDS: _____

NAME: _____

D.O.B.: _____ YEAR IN SCHOOL: _____

HEALTH/SPECIAL NEEDS: _____

NAME: _____

D.O.B.: _____ YEAR IN SCHOOL: _____

HEALTH/SPECIAL NEEDS: _____

MARITAL PROPERTY:

NAME ON TITLE: _____ DATE PURCHASED: _____

FIRST MORTGAGE HOLDER: _____

BALANCE: _____ MONTHLY PAYMENT: _____

SECOND MORTGAGE HOLDER: _____

TAX ASSESSMENT: _____ ESTIMATED VALUE: _____

YOUR CONTRIBUTION: _____ SPOUSE'S CONTRIBUTION: _____

OTHER LIENS: _____



HOGANWILLIG
ATTORNEYS AT LAW

OTHER REAL ESTATE:

LOCATION: _____

NAME ON TITLE: _____ DATE PURCHASED: _____

PURCHASE PRICE: _____ MORTGAGE OF LIENS: _____

ESTIMATED VALUE: _____

MARITAL FINANCES:

BALANCE: _____ MONTHLY PAYMENT: _____

CHECKING ACCOUNT(S): _____

SAVINGS ACCOUNT(S): _____

IRAS, CDS, MONEY MARKET ACCOUNT(S): _____

STOCKS / BONDS: _____

MOTOR VEHICLES: _____

FURNISHINGS / JEWELRY / ART: _____

BUSINESS INTERESTS: _____



HOGANWILLIG
ATTORNEYS AT LAW

OTHER ASSETS: _____

PENSION: _____

INHERITANCE: _____

INSURANCE: _____

PERSONAL INJURY AWARD: _____

DEBTS:

ACCOUNTS PAYABLE (INCLUDE IN WHOSE NAME AND WHEN INCURRED): _____

COMMENTS: _____
