

CONFIDENTIAL
CLIENT QUESTIONNAIRE

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The purpose of this questionnaire is to record information that will be utilized to prepare your divorce documents. Please do not leave any of the answers blank. If any of the questions are not applicable, please indicate by responding to the question with N/A. You can minimize certain expenses and save time if you provide as much information as possible. Your time spent in accurately completing this interview form will save considerable time, effort and perhaps confusion. In the event that insufficient space is provided, please attach additional sheets.

ALL OF THE INFORMATION PROVIDED HEREIN IS PRIVILEGED, CONFIDENTIAL AND PROTECTED FROM DISCLOSURE PURSUANT TO THE ATTORNEY CLIENT PRIVILEGE. ALL INFORMATION PROVIDED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE TREATED AS SUCH.

Date Completed: _____

GENERAL INFORMATION

Client

Spouse

Full name _____

Full name _____

Birth date _____

Birth date _____

Age _____

Age _____

Birth place _____

Birth place _____

Address _____

Address _____

County of Residence _____

County of Residence _____

Work telephone _____

Work telephone _____

Home telephone _____

Home telephone _____

Cell telephone _____

Cell telephone _____

Pager No. _____

Pager No. _____

E-mail _____

E-mail _____

Fax _____

Fax _____

Social Security No. _____

Social Security No. _____

Driver's License No. _____

Driver's License No. _____

State _____

State _____

Occupational License No(s). _____

Occupational License No(s). _____

Armed Forces status _____

Armed Forces status _____

U.S. Citizen? [] yes [] no

U.S. Citizen? [] yes [] no

If no, citizenship: _____

If no, citizenship: _____

Physical Description of Client:

Race _____ Height _____ Weight _____

Eye color _____ Hair color _____

Scars and tattoos (explain) _____

Any current restraining orders? _____

Physical Description of Spouse:

Race _____ Height _____ Weight _____

Eye color _____ Hair color _____

Scars and tattoos (explain) _____

HEALTH INSURANCE

Client

Spouse

Insurance provider _____

Insurance provider _____

Policy holder _____

Policy holder _____

Group/contract # _____

Group/contract # _____

Children covered? [] yes [] no

Children covered [] yes [] no

Paid by whom? _____

Paid by whom? _____

Type: [] medical [] dental [] optical
[] other

Type: [] medical [] dental [] optical
[] other

If provider is other than above, please provide information:

Does your/your spouse's health insurance require that he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)

[] yes [] no

MARRIAGE

Place _____ (City, County and State)

Date of marriage _____ Date of separation _____

Lived in Michigan 180 days? _____ County 10 days? _____

No. of previous marriages: yours _____ spouse _____

How terminated: yours _____ spouse _____

Maiden name _____

Name before this marriage _____

Does wife desire name change?

Yes To what? _____

No

Is there a prenuptial or postnuptial agreement?

Yes Please attach a copy of the agreement.

No

INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates?

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

Yes Explain. _____

No

Have you/spouse filed/received a Personal Protection Order? Yes No

If so, when was it issued? _____

When did/will it expire? _____

Are there any current restraining orders? If so, describe: _____

CHILDREN

1. Name _____ Birth date _____ Age _____
Living with Client Spouse Social Security no. _____
School _____ Grade _____

2. Name _____ Birth date _____ Age _____
Living with Client Spouse Social Security no. _____
School _____ Grade _____

3. Name _____ Birth date _____ Age _____
Living with Client Spouse Social Security no. _____
School _____ Grade _____

Weekly take home _____ Weekly take home _____

Pension Yes _____ No _____ Pension Yes _____ No _____

401k Yes _____ No _____ 401k Yes _____ No _____

Stock options Yes _____ No _____ Stock options Yes _____ No _____

Income last year _____ Income last year _____

EDUCATION

Client

Spouse

Highest degree obtained _____	Highest degree obtained _____
High school _____	High school _____
Date of diploma or GED _____	Date of diploma or GED _____
Univ./College _____	Univ./College _____
Degree _____	Degree _____
Date obtained _____	Date obtained _____
Additional training _____	Additional training _____
_____	_____
_____	_____

Did either spouse contribute to the education of the other?
 Yes Describe. _____
 No

ASSETS

(Attach additional sheets if necessary)

A. Primary residence, rental property and vacation homes

Primary residence address _____

Date purchased _____ Purchase price _____

Mortgage co. _____

Account no. _____ In whose name _____

Monthly payments _____ Balance due _____

Amount of property taxes _____

Are taxes included in monthly payment? _____

Paid by [] Husband [] Wife [] Both

Home equity loan _____

Account no. _____ In whose name _____

Land contract _____ In whose name _____

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

2. Year/make _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

C. Bank accounts or credit union accounts

1. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

2. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

D. Individual retirement accounts (IRA, Roth & Standard)

1. Financial institution _____

Account number _____ Balance _____ In whose name _____

2. Financial institution _____
Account number _____ Balance _____ In whose name _____

E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc. (attach copies of plan descriptions and annual reports for each)

1. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account No. _____ In whose name _____

2. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account No. _____ In whose name _____

Loans against the plans: _____

F. Life insurance

Client

Spouse

Name of insurer _____ Name of insurer _____

Name of insured _____ Name of insured _____

Name of beneficiary _____
_____ Name of beneficiary _____

Type of insurance (term, whole life, etc.) _____
_____ Type of insurance (term, whole life, etc.) _____

Policy no. _____ Policy no. _____

Amount of policy _____ Amount of policy _____

Cash surrender value _____ Cash surrender value _____

Loans against policy _____ Loans against policy _____

G. Miscellaneous assets

Jewelry _____
_____ Value _____

Art work _____
_____ Value _____

Antiques _____
_____ Value _____

Coin and other collections _____
Value _____

Inheritances _____
Value _____

Annuities _____
Value _____

Safe deposit box _____ Location _____

Accounts receivable _____

H. Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

Yes Provide details. _____

No _____

I. Have you or your spouse inherited or expect to inherit any property? If you have already received the inherited property, have you co-mingled it with any marital assets?

Yes Briefly explain. _____

No _____

J. Are you aware of assets being given away, sold, or hidden from you?

Yes Briefly explain. _____

No _____

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent. Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No
Present balance due _____ Monthly payment _____
Named borrowers _____
Who will pay until the divorce judgment? _____

2. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____

Is the account current? Yes No
Present balance due _____ Monthly payment _____
Named borrowers _____
Who will pay until the divorce judgment? _____

3. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No
Present balance due _____ Monthly payment _____
Named borrowers _____
Who will pay until the divorce judgment? _____

4. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No
Present balance due _____ Monthly payment _____
Named borrowers _____
Who will pay until the divorce judgment? _____

RELIEF TO BE REQUESTED

- Divorce _____
- Separate maintenance _____
- Custody of children _____
- Parenting time rights _____
- Child support payments _____
- Spousal support _____
- Spouse to vacate home _____
- Contribution to your attorney fees _____
- Restoration of former name _____
- Property division _____
- Property injunction _____
- Domestic abuse injunction _____
- Health insurance for children or yourself _____
- Home utility payments _____
- Home insurance (Plaintiff/Defendant) _____
- Mortgage payments _____
- Debts _____
- Other _____