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A PROFESSIONAL CORPORATION

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DOMESTIC RELATIONS FORMS

DATE: _____

CLIENT'S NAME: _____
First Full Middle Maiden Last

DATE OF BIRTH _____ PLACE OF BIRTH _____

SSN: _____ - _____ - _____ RACE*: _____

LAST GRADE COMPLETED IN SCHOOL (1-12) _____ GED? ___ Yes ___ No

NUMBER OF YEARS OF COLLEGE COMPLETED _____ DEGREES: _____
(AA, BA, BS, MS, ETC.)

NUMBER THIS (PRESENT) MARRIAGE _____ ("First", "Second", etc.)

If previously married, how many marriages ended by:

death _____ divorce _____ annulment _____

NUMBER OF CHILDREN BORN OR ADOPTED OF THIS (PRESENT) MARRIAGE: _____

NAMES

DATES OF BIRTH AND PRESENT AGES

NUMBER OF CHILDREN BORN OF ANY PREVIOUS MARRIAGE(S) AND/OR OTHER RELATIONSHIPS: _____

NAMES

DATES OF BIRTH AND PRESENT AGES

PLEASE NOTE THAT THE FOLLOWING INFORMATION IS ABOUT YOUR SPOUSE:

SPOUSE'S NAME: : _____
First Full Middle Maiden Last

DATE OF BIRTH _____ PLACE OF BIRTH _____

[*This information is required by the State Department of Vital Statistic. Please note whether Caucasian ("white"), Black, Hispanic, Oriental/Asiatic or Native American.]

CLIENT'S NAME: _____

DOMESTIC RELATIONS FORMS
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SSN: _____ - _____ - _____ RACE*: _____

LAST GRADE COMPLETED IN SCHOOL (1-12) _____ GED? ___ Yes ___ No
NUMBER OF YEARS OF COLLEGE COMPLETED _____ DEGREES: _____
(AA, BA, BS, MS, ETC.)

NUMBER THIS (PRESENT) MARRIAGE _____ ("First", "Second", etc.)
If previously married, how many marriages ended by:

death _____ divorce _____ annulment _____

NUMBER OF CHILDREN BORN OF ANY PREVIOUS MARRIAGE(S) AND/OR OTHER
RELATIONSHIPS: _____
NAMES _____ DATES OF BIRTH AND PRESENT AGES _____

CITY/COUNTY AND STATE (AND COUNTRY, IF NOT USA) IN WHICH YOU WERE
MARRIED:

DATE OF MARRIAGE: _____

DATE OF SEPARATION (Separate Residences): _____
LIVING IN SAME HOUSE, SLEEPING IN SEPARATE ROOMS SINCE: _____ (DATE)
LIVING IN SAME HOUSE, SLEEPING IN SAME ROOM: _____

FULL ADDRESS WHERE YOU LAST RESIDED AS HUSBAND AND WIFE: _____

HOW LONG HAVE YOU LIVED IN VIRGINIA? _____ YEARS
HOW LONG HAS YOUR SPOUSE LIVED IN VIRGINIA? _____ YEARS

IS HUSBAND A MEMBER OF THE ARMED FORCES? _____ YES _____ NO
BRANCH: _____ RANK: _____ RATE _____
DATE ENLISTMENT EXPIRES: _____ DATE RETIREMENT COMMENCES: _____

IS WIFE A MEMBER OF THE ARMED FORCES? _____ YES _____ NO
BRANCH: _____ RANK: _____ RATE _____
DATE ENLISTMENT EXPIRES: _____ DATE RETIREMENT COMMENCES: _____

CLIENT'S NAME: _____

WHAT IS YOUR SPOUSE'S CURRENT ADDRESS (give complete address):

If unknown, last known address: _____

IF CHILDREN BORN OR ADOPTED IN THIS MARRIAGE:

IS CUSTODY AT ISSUE/CONTESTED? _____ YES _____ NO

PLEASE LIST ALL OF THE ADDRESSES AT WHICH THE CHILDREN OF THIS MARRIAGE
HAVE RESIDED FOR THE PAST **FIVE YEARS**: _____

PLEASE LIST THE NAME AND CURRENT ADDRESS OF **EACH PERSON OTHER THAN
PARENTS** WITH WHOM THE CHILDREN HAVE RESIDED IN THE PAST FIVE YEARS: _____

HAVE YOU PARTICIPATED AS A PARTY, WITNESS, OR IN ANY OTHER CAPACITY IN ANY
LITIGATION CONCERNING THE CUSTODY OF YOUR CHILDREN IN THIS OR IN ANY
OTHER STATE? _____ IF YES, PLEASE EXPLAIN: _____

DO YOU KNOW OF ANY PERSON, OTHER THAN YOUR SPOUSE, WHO HAS PHYSICAL
CUSTODY OF YOUR CHILDREN OR WHO CLAIMS TO HAVE CUSTODY AND/OR
VISITATION RIGHTS WITH RESPECT TO YOUR CHILDREN? _____ IF YES, PLEASE
GIVE PARTICULARS: _____

IF CUSTODY IS NOT AN ISSUE, WHO IS TO HAVE CUSTODY OF THE CHILDREN? _____
WHAT CHILD SUPPORT, IF ANY, IS TO BE PAID AND TO WHOM WILL SUPPORT BE PAID?

ARE YOU REQUESTING **SPOUSAL SUPPORT**? _____ IF SO, HOW MUCH DO YOU EXPECT
TO RECEIVE? \$_____. IS YOUR SPOUSE REQUESTING SPOUSAL SUPPORT? _____

UPON WHAT GROUNDS DO YOU BASE YOUR DIVORCE?

6 MONTHS SEPARATION **WITH SIGNED** SEPARATION AGREEMENT _____

12 MONTHS SEPARATION **WITH SIGNED** SEPARATION AGREEMENT _____

12 MONTHS SEPARATION **WITHOUT SIGNED** SEPARATION AGREEMENT _____

DESERTION/ABANDONMENT _____ MENTAL CRUELTY _____

ADULTERY _____ SPOUSE IN JAIL, AND CONVICTED OF FELONY _____

CLIENT'S NAME: _____

DOES THE WIFE WISH TO **RESUME HER MAIDEN NAME**? _____ IF SO, PLEASE **PRINT FULL MAIDEN NAME**: _____

DO EITHER YOU OR YOUR SPOUSE HOLD A LICENSE, CERTIFICATE, REGISTRATION OR OTHER AUTHORIZATION TO ENGAGE IN A PROFESSION, TRADE, BUSINESS OR OTHER OCCUPATION, ISSUED BY THE COMMONWEALTH OF VIRGINIA? _____

IF YES, WIFE: # _____ TYPE OF WORK _____
HUSBAND: # _____ TYPE OF WORK _____

IF YOU HAVE A SEPARATION AGREEMENT SIGNED BY BOTH PARTIES, GIVE US A COPY IMMEDIATELY AND DO NOT COMPLETE THIS SECTION:

LIST OF PROPERTY/ASSETS

I. REAL ESTATE

1. ADDRESS _____

DATE PURCHASED _____ AMOUNT OF PURCHASE PRICE \$ _____
PRESENT VALUE \$ _____ TITLED TO: ___ HUSBAND ___ WIFE ___ JOINT
[City tax assessment _____ or appraisal _____ as of _____ (date)]

MORTGAGES IN THE NAME OF ___ HUSBAND ___ WIFE ___ JOINT

1ST MORTGAGE BALANCE \$ _____ AND MONTHLY PAYMENTS OF \$ _____

2ND MORTGAGE BALANCE \$ _____ AND MONTHLY PAYMENTS OF \$ _____

REFINANCED? _____ YES _____ NO DATE(S) _____
EQUITY TAKEN OUT \$ _____

[SEE PAGE 8 IF ADDITIONAL REAL ESTATE, TIME SHARES, OR IF MORE THAN 3 VEHICLES OR IF ANY BOATS ARE OWNED.]

II. VEHICLES

1. MAKE/MODEL/YEAR _____ WHO DRIVES _____
TITLED TO ___ H ___ W ___ JOINT LOAN ___ H ___ W ___ JOINT
LOAN BALANCE \$ _____ MONTHLY PAYMENTS \$ _____ PAID _____

CLIENT'S NAME: _____

2. MAKE/MODEL/YEAR _____ WHO DRIVES _____
TITLED TO __ H __ W __ JOINT LOAN __ H __ W __ JOINT
LOAN BALANCE \$ _____ MONTHLY PAYMENTS \$ _____ PAID _____

3. MAKE/MODEL/YEAR _____ WHO DRIVES _____
TITLED TO __ H __ W __ JOINT LOAN __ H __ W __ JOINT
LOAN BALANCE \$ _____ MONTHLY PAYMENTS \$ _____ PAID _____

4. LEASED VEHICLES: WHO DRIVES? _____
COST PER MONTH: \$ _____ EMPLOYER PAYS \$ _____

III. **DEBTS**

A. **BANK OR FINANCIAL COMPANY LOANS**

MORTGAGE(S)

NAME OF BANK OR MORTGAGE COMPANIES: _____

- B. 1. NAME OF BANK: _____
2. PURPOSE OF LOAN: _____
3. WHEN ACQUIRED: _____
4. ORIGINAL AMOUNT: _____
5. PRESENT BALANCE: _____
6. NOTE SIGNED BY __ YOU __ SPOUSE __ OTHER
7. MONTHLY PAYMENTS: \$ _____

C. **CREDIT CARDS: (EVEN IF IN THE NAME OF ONLY ONE PARTY)**

1. NAME OF BANK: _____
2. WHEN ACQUIRED: _____
3. PRESENT BALANCE: _____
4. JOINT _____ INDIVIDUAL _____
5. MONTHLY PAYMENTS: _____
6. WHO HAS CARD: __ H __ W
7. IF ACCOUNT IS CLOSED, ON WHAT DATE WAS IT CLOSED? _____

1. NAME OF BANK: _____
2. WHEN ACQUIRED: _____
3. PRESENT BALANCE: _____
4. JOINT _____ INDIVIDUAL _____
5. MONTHLY PAYMENTS: _____
6. WHO HAS CARD: __ H __ W
7. IF ACCOUNT IS CLOSED, ON WHAT DATE WAS IT CLOSED? _____

CLIENT'S NAME: _____

1. NAME OF BANK: _____
2. WHEN ACQUIRED: _____
3. PRESENT BALANCE: _____
4. JOINT _____ INDIVIDUAL _____
5. MONTHLY PAYMENTS: _____
6. WHO HAS CARD: ___ H ___ W
7. IF ACCOUNT IS CLOSED, ON WHAT DATE WAS IT CLOSED? _____

D. PERSONAL LOANS/PROMISSORY NOTES:

- 1) NOTE SIGNED ___ YES ___ NO
AMOUNT OWED \$ _____ MONTHLY PAYMENTS \$ _____
WHEN DEBT WAS ACQUIRED _____ PURPOSE OF LOAN _____
TO WHOM OWED: _____
- 2) NOTE SIGNED ___ YES ___ NO
AMOUNT OWED \$ _____ MONTHLY PAYMENTS \$ _____
WHEN DEBT WAS ACQUIRED _____ PURPOSE OF LOAN _____
TO WHOM OWED: _____

E. BANKRUPTCY: ___ YES ___ NO

DATE DISCHARGED _____
CHAPTER 7 (NO PAYMENTS TO BANKRUPTCY COURT) _____
CHAPTER 13 (MONTHLY PAYMENTS TO BANKRUPTCY COURT) _____
CHAPTER 11 _____
NAME OF BANKRUPTCY ATTORNEY _____
YOU ___ SPOUSE ___ JOINT ___

IV. INTANGIBLE PERSONAL PROPERTY

A. <u>LIFE INSURANCE</u>	COMPANY	FACE VALUE (Amount of Ins.)	WHOLE / TERM (Cash Value/No Cash Value)
1. ON YOUR LIFE	_____	_____	_____
2. ON YOUR SPOUSE'S LIFE	_____	_____	_____
3. OTHER	_____	_____	_____

B. STOCK (SPECIFY NAME, AMOUNT, OWNERSHIP) Acquired during marriage? _____

CLIENT'S NAME: _____

C. BONDS (SPECIFY NAME, AMOUNT, OWNERSHIP) Acquired during marriage? _____

D. TRUSTS (SPECIFY NAME, AMOUNT, OWNERSHIP) Acquired during marriage? _____

E. SAVINGS ACCOUNTS (SPECIFY BANK NAME, AMOUNT, OWNERSHIP)

1. BANK _____

BALANCE \$ _____

JOINT __ H __ W __

2. BANK _____

BALANCE \$ _____

JOINT __ H __ W __

3. BANK _____

BALANCE \$ _____

JOINT __ H __ W __

F. CDS (SPECIFY BANK NAME, AMOUNT, OWNERSHIP)

1. BANK _____

BALANCE \$ _____

JOINT __ H __ W __

2. BANK _____

BALANCE \$ _____

JOINT __ H __ W __

3. BANK _____

BALANCE \$ _____

JOINT __ H __ W __

G. RETIREMENT BENEFIT/PENSION

<u>Name of Retirement Plan</u>	<u>Present Value</u>	<u>#of Years at that employment</u>
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1. HUSBAND: _____

WIFE: _____

CLIENT'S NAME: _____

2. IRA

H _____ BALANCE \$ _____
W _____ BALANCE \$ _____

3. OTHER:

V. **ADDITIONAL VEHICLES, BOATS, REAL ESTATE AND TIME SHARE:**

A. CARS:

1. MAKE/MODEL/YEAR _____ WHO DRIVES _____
TITLED TO ___ H ___ W ___ JOINT LOAN ___ H ___ W ___ JOINT
LOAN BALANCE \$ _____ MONTHLY PAYMENTS \$ _____

2. MAKE/MODEL/YEAR _____ WHO DRIVES _____
TITLED TO ___ H ___ W ___ JOINT LOAN ___ H ___ W ___ JOINT
LOAN BALANCE \$ _____ MONTHLY PAYMENTS \$ _____

B. BOATS

MAKE/MODEL/YEAR _____ WHO DRIVES _____
TITLED TO ___ H ___ W ___ JOINT LOAN ___ H ___ W ___ JOINT
LOAN BALANCE \$ _____ MONTHLY PAYMENTS \$ _____
PURCHASE PRICE \$ _____ PRESENT VALUE \$ _____
DATE ACQUIRED _____

C. **REAL ESTATE:**

1. ADDRESS _____

DATE PURCHASED _____ AMOUNT OF PURCHASE PRICE \$ _____
PRESENT VALUE \$ _____ TITLED TO ___ H ___ W ___ JOINT
[City tax assessment _____ or appraisal _____ as of _____ (date)]

MORTGAGES IN THE NAME OF ___ H ___ W ___ JOINT
1ST MORTGAGE BALANCE \$ _____ AND MONTHLY PAYMENTS \$ _____
2ND MORTGAGE BALANCE \$ _____ AND MONTHLY PAYMENTS \$ _____
REFINANCED? _____ YES _____ NO DATE(S) _____
EQUITY TAKEN OUT \$ _____

CLIENT'S NAME: _____

2. ADDRESS _____

DATE PURCHASED _____ AMOUNT OF PURCHASE PRICE \$ _____
PRESENT VALUE \$ _____ TITLED TO ___ H ___ W ___ JOINT
[City tax assessment _____ or appraisal _____ as of _____ (date)]

MORTGAGES IN THE NAME OF ___ H ___ W ___ JOINT
1ST MORTGAGE BALANCE \$ _____ AND MONTHLY PAYMENTS \$ _____
2ND MORTGAGE BALANCE \$ _____ AND MONTHLY PAYMENTS \$ _____
REFINANCED? _____ YES _____ NO DATE(S) _____
EQUITY TAKEN OUT \$ _____

D. TIME SHARE

NAME _____ DATE ACQUIRED _____
JOINT _____ INDIVIDUAL _____
PURCHASE PRICE \$ _____
BALANCE \$ _____ MONTHLY PAYMENTS \$ _____

OTHER VALUABLES: PLEASE BE SPECIFIC. (EXAMPLES: Art works, antiques, jewelry, etc.)

CLIENT'S NAME: _____

DOMESTIC RELATIONS EMPLOYMENT/INCOME QUESTIONNAIRE

CLIENT'S NAME: _____ DATE _____

CLIENT'S EMPLOYER'S NAME: _____

GROSS (NOT "TAKE HOME PAY") INCOME PER PAY CHECK: _____

HOW LONG AT JOB: _____ YEARS _____ MONTHS RATE OF PAY: weekly ()

NUMBER OF HOURS WORKED PER WEEK: _____ bi-weekly ()
twice per month ()
once per month ()

JOB DESCRIPTION: _____

USUAL LINE OF WORK/TRADE/PROFESSION: _____

WORK HOURS MONDAY THROUGH FRIDAY _____ ON THE WEEKENDS _____

COMMISSION OR BONUS OR OVERTIME PAY/AVERAGE GROSS MONTHLY AMOUNTS?

3 HIGHEST AMOUNTS OF GROSS YEARLY INCOME IN PAST 3 YEARS:

AMOUNT \$ _____ YEAR: _____
AMOUNT \$ _____ YEAR: _____
AMOUNT \$ _____ YEAR: _____

OTHER SOURCES OF INCOME AND AMOUNTS PER MONTH (INTEREST, DIVIDENDS,
RENTAL, RETIREMENT, SUPPORT, DISABILITY, SECOND JOB)? _____

SPOUSE'S EMPLOYER'S NAME: _____

GROSS (NOT "TAKE HOME PAY") INCOME PER PAY CHECK: _____

HOW LONG AT JOB: _____ YEARS _____ MONTHS RATE OF PAY: weekly ()

NUMBER OF HOURS WORKED PER WEEK: _____ bi-weekly ()
twice per month ()
once per month ()

JOB DESCRIPTION: _____

USUAL LINE OF WORK/TRADE/PROFESSION: _____

WORK HOURS MONDAY THROUGH FRIDAY _____ ON THE WEEKENDS _____

COMMISSION OR BONUS OR OVERTIME PAY/AVERAGE GROSS MONTHLY AMOUNTS?

3 HIGHEST AMOUNTS GROSS YEARLY INCOME IN PAST 3 YEARS:

AMOUNT \$ _____ YEAR: _____
AMOUNT \$ _____ YEAR: _____
AMOUNT \$ _____ YEAR: _____

CLIENT'S NAME: _____

OTHER SOURCES OF INCOME AND AMOUNTS PER MONTH (INTEREST, DIVIDEND,
RENTAL, RETIREMENT, SUPPORT, DISABILITY, SECOND JOB)? _____

HEALTH INSURANCE: (NAME OF COMPANY) _____

WHO PAYS: _____ AMOUNT PAID \$ _____ /MONTH

MEDICAL PROBLEMS OF EITHER PARTY? _____

IF CHILDREN:

SPECIAL MEDICAL NEEDS AND AVERAGE COST OF SAME ON A MONTHLY BASIS (EX:
PSYCHOTHERAPY, ALLERGIES, BRACES, AND OTHER MEDICAL PROBLEMS ETC.)

CHILD CARE COSTS: \$ _____ /MONTH. **PROVIDER:** _____