

DIVORCE OR ANNULMENT QUESTIONNAIRE

Please fill-out the following information, to the best of your ability, and either bring it with you to one of your appointments at our office, mail it to: Law Office of Tracey D. Johnson, LLC, 1404 Minnesota Avenue, Kansas City, Kansas 66102, or fax it to: 913-371-6716. If you have any questions call 913-499-0422.

HUSBAND'S INFORMATION

Husband's Name _____

Date of Birth: Age: _____

Birthplace: _____

Race: _____

Occupation: _____

Employer name and address _____

Gross Income (before taxes) _____

Hourly Rate _____ or Salary Rate _____

Paid: Weekly, Biweekly, or Monthly (Circle One)

Number of this marriage: _____

If married before, did marriage end in divorce, death, annulment, dissolution?

Social Security Number _____

Highest level of education completed: _____

Current address: _____

WIFE'S INFORMATION

Wife's Name _____

Maiden Name: If Wife

filing for Divorce, do you want your maiden name restored to you at the time the Decree is entered?

Yes _____ No _____

Date of Birth: Age: _____

Birthplace: _____

Race: _____

Occupation: _____

Employer name and address _____

Gross Income (before taxes) _____

Hourly Rate _____ or Salary Rate _____

Paid: Weekly, Biweekly, or Monthly (Circle One)

Number of this marriage: _____

If married before, did marriage end in divorce, death, annulment, dissolution? (Circle One)

Social Security Number _____

Highest level of education completed: _____

Current address: _____

Date of Marriage: ____ Place of Marriage: _____

Date of Separation: ____ City/State/County

CHILD(REN)'S INFORMATION

Number of Children from this Marriage: _____

#1 Child's Name: _____

Date of Birth: _____

Age: _____

Social Security No.: _____

#2 Child's Name: _____

Date of Birth: _____

Age: _____

Social Security No.: _____

#3 Child's Name: _____

Date of Birth: _____

Age: _____

Social Security No.: _____

#4 Child's Name: _____

Date of Birth: _____

Age: _____

Social Security No.: _____

#5 Child's Name: _____

Date of Birth: _____

Age: _____

Social Security No.: _____

#6 Child's Name: _____

Date of Birth: _____

Age: _____

Social Security No.: _____

The child(ren)'s present address is: _____

The child(ren) has/have lived in the following places during the last five (5) years are as follows:

The names and present addresses of the people with whom the child(ren) has/have lived during the period of time are

as follows:

Who provides health insurance for the child(ren), through what insurance company, and how much is paid MONTHLY for solely for the child(ren), excluding any parent or primary insured? _____

Who provides child care for the child(ren) and how much is paid MONTHLY for child care? _____

Do you want primary residential custody of the child(ren)? _____

Is there any reason why reasonable parenting time (visitation) should not be provided to either parent? _____

Have you, your spouse, or any of your children received any government agency financial support after the birth of any child? _____

PROPERTY INFORMATION

List all automobiles, motorcycles or other vehicles owned or operated by either you or your spouse:

Year	Make & Model	Who Gets It (H/W)	How is Titled (H/W/Joint)	\$Owed
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

List all cash or deposits in financial institutions, stocks, bonds, retirement benefits and insurance policies:

Institution	Account Number	Who Gets (H/W/Split)	Value
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Does each spouse want to keep the physical property in their possession today or does there need to be a detailed division of physical property, such as furniture, kitchen items, etc.?

List the full address and legal description of any real estate owned in full or in part by you, your spouse or both:

	Address & Legal Description	How Titled	Purchase Price	\$ Owed/Mortg.
1)	_____			
2)	_____			
3)	_____			
4)	_____			
5)	_____			

DEBT

List the following information about any joint debt you share with your spouse:

	Creditor	Total Due	Who Will Pay
1)	_____		
2)	_____		
3)	_____		
4)	_____		
5)	_____		
6)	_____		
7)	_____		
8)	_____		

Did you and your spouse file tax returns last year jointly, individually or using the short form?
(Circle one)

SPOUSAL SUPPORT/MAINTENANCE/ALIMONY

Do you want to seek spousal support (also called maintenance or alimony)? _____