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**CONFIDENTIAL QUESTIONNAIRE**  
**for**  
**DIVORCE CASES**

**Instructions:**

- Provide all information requested to insure documents are properly completed for Court filing.
- Attach a copy of the most recent pay stub for yourself and spouse.
- Attach a copy of all deeds/land contracts concerning all real property held alone and jointly.
- If you require additional room for any of the questions, please use the back of this form. (Please indicate the question you are answering.)
- If you have any questions regarding the information asked for, please contact Jessica at 517-266-2224.

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:**

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_

Street Number (including Apt.#) City State Zip County

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City State/Country

Drivers License #: \_\_\_\_\_ State: \_\_ Types of Driver Licenses Held: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Distinguishing Marks (i.e. tattoos, scars, etc.) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street Number (inc. suite number, etc.) City State Zip

Employer Phone Number: \_\_\_\_\_ ext: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Are you currently working? \_\_\_\_\_ If not, why: \_\_\_\_\_

Please state your weekly take home pay: \_\_\_\_\_ weekly gross pay: \_\_\_\_\_

Please state your highest level of education: \_\_\_\_\_ Degrees received: \_\_\_\_\_

Do you receive public assistance? \_\_\_\_\_ If so, what kind? \_\_\_\_\_ How much? \_\_\_\_\_

Are you currently receiving Social Security? \_\_\_\_\_ If so, how much? \_\_\_\_\_ How long? \_\_\_\_\_

Are you currently receiving Workers Comp.? \_\_\_\_\_ If so, how much? \_\_\_\_\_ How long? \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR SPOUSE:**

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_

Street Number (including Apt.#) City State Zip County

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City State/Country

Drivers License #: \_\_\_\_\_ State: \_\_ Types of Driver Licenses Held: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Distinguishing Marks (i.e. tattoos, scars, etc.) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street Number (inc. suite number, etc.) City State Zip

Employer Phone Number: \_\_\_\_\_ ext: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Are they currently working? \_\_\_\_\_ If not, why: \_\_\_\_\_

Please state their weekly take home pay: \_\_\_\_\_ weekly gross pay: \_\_\_\_\_

Please state their highest level of education: \_\_\_\_\_ Degrees received: \_\_\_\_\_

Do they receive public assistance? \_\_\_\_\_ If so, what kind? \_\_\_\_\_ How much? \_\_\_\_\_

Are they currently receiving Social Security? \_\_\_\_\_ If so, how much? \_\_\_\_\_ How long? \_\_\_\_\_

Are they currently receiving Workers Comp.? \_\_\_\_\_ If so, how much? \_\_\_\_\_ How long? \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD(REN):**

- 1) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 2) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 3) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 4) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 5) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County

**PLEASE PROVIDE THE FOLLOWING CONCERNING MINOR CHILD(REN) OF PREVIOUS RELATIONSHIPS:**

Does Wife or Husband have child(ren) from previous marriage/relationship? \_\_\_\_\_ If yes, state:

- 1) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ H or W  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 2) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ H or W  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County

Is Wife or Husband paying child support for any child(ren) outside of this marriage? \_\_\_\_\_

If yes, state amount paid: \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ children and the

- 1) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County
- 2) Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Number (including Apt.#) City State Zip County

**PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING SUPPORT, CUSTODY, & ALIMONY:**

Is there an agreement on amount to be paid for child support? \_\_\_\_\_ If yes, state amount: \_\_\_\_\_

Is there currently a family support order? \_\_\_\_\_ If yes, state: \_\_\_\_\_

County Case No. Amount  
If yes, state if Payor is behind in support: \_\_\_\_\_ If yes, state amount behind: \_\_\_\_\_

Is there an agreement on who will receive IRS Child Dependency Exemption? \_\_\_\_\_ Who? \_\_\_\_\_

Is there an agreement on custody? \_\_\_\_\_ If yes, please state terms: \_\_\_\_\_

Are you interested in either: Joint Legal Custody \_\_\_\_\_ Joint Physical Custody \_\_\_\_\_ Both \_\_\_\_\_

Is there an agreement on parenting time?\_\_\_\_\_ If yes, please state terms:\_\_\_\_\_

Do you know if spouse will be seeking alimony?\_\_\_\_\_

If yes, have you reached an amount?\_\_\_ If yes, state amount:\_\_\_\_\_ per \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING ANSWERS CONCERNING HEALTH CARE:**

Wife's Insurance/HMO Carrier:\_\_\_\_\_ Policy/Contract#:\_\_\_\_\_

Does Wife provide coverage for child(ren)?\_\_\_\_\_ If yes, state child(ren) covered: \_\_\_\_\_

Husband's Insurance/HMO Carrier:\_\_\_\_\_ Policy/Contract#:\_\_\_\_\_

Does Husband provide coverage for child(ren):\_\_\_ If yes, state child(ren) covered:\_\_\_\_\_

Do you have any other employer provided benefits?\_\_\_ If yes, state:\_\_\_\_\_

Does spouse have any other employer provided benefits?\_\_\_ If yes, state:\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION:**

Date of Marriage:\_\_\_\_\_ Place of Marriage:\_\_\_\_\_

Married by (circle one): Judge Minister Rabbi Priest Justice of Peace Other

Date of Separation:\_\_\_\_\_ Are you still residing in the same household?\_\_\_\_\_

Number of Previous Marriages:\_\_\_\_\_ Number of Spouse's Previous Marriages:\_\_\_\_\_

Please state Wife's former name:\_\_\_\_\_ Wife's Maiden Name:\_\_\_\_\_

Any other names by which Wife has been known?\_\_\_\_\_

Any other names by which Husband has been known?\_\_\_\_\_

Does Wife want to restore former or maiden name?\_\_\_ If so, please state name:\_\_\_\_\_

Is Wife pregnant?\_\_\_\_\_ Baby's proposed due date:\_\_\_\_\_ Is Husband baby's father?

Have either of you filed for divorce from each other before:\_\_\_ When?\_\_\_ County:\_\_\_\_\_

Case #:\_\_\_\_\_ Judge:\_\_\_\_\_ Has action been dismissed?\_\_\_\_\_

Have you <sup>and/</sup><sub>or</sub> spouse received any money during the marriage through a lawsuit, inheritance, lottery, or by any other means?\_\_\_ If yes, state means:\_\_\_\_\_ amount:\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING REALPROPERTY:**

Does Wife or Husband own real property?\_\_\_\_\_ Is it held jointly?\_\_\_\_\_ Type:\_\_\_\_\_

1) Address:\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apx. Value:\_\_\_\_\_ Amount Owed:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_

Is there an agreement regarding this property?\_\_\_\_\_ If yes, state:\_\_\_\_\_

2) Address:\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apx. Value:\_\_\_\_\_ Amount Owed:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_

Is there an agreement regarding this property?\_\_\_\_\_ If yes, state:\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING VEHICLES:**

**(\*\*Please include all automobiles, ATVs, boats, motorcycles, motor homes, van, etc.\*\*)**

1) Make/model/year of vehicle:\_\_\_\_\_ Value:\_\_\_\_\_  
Amount Owed:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_ Finance Co. \_\_\_\_\_  
Owner(s):\_\_\_\_\_ VIN:\_\_\_\_\_ H or W \_\_\_\_\_

2) Type & make of vehicle:\_\_\_\_\_ Value:\_\_\_\_\_  
Amount Owed:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_ Finance Co. \_\_\_\_\_  
Owner:\_\_\_\_\_ VIN:\_\_\_\_\_ H or W \_\_\_\_\_

3) Type & make of vehicle:\_\_\_\_\_ Value:\_\_\_\_\_  
Amount Owed:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_ Finance Co. \_\_\_\_\_  
Owner:\_\_\_\_\_ VIN:\_\_\_\_\_ H or W \_\_\_\_\_

4) Type & make of vehicle:\_\_\_\_\_ Value:\_\_\_\_\_  
Amount Owed:\_\_\_\_\_ Monthly Payment:\_\_\_\_\_ Finance Co. \_\_\_\_\_  
Owner:\_\_\_\_\_ VIN:\_\_\_\_\_ H or W \_\_\_\_\_

Is there an agreement regarding above vehicle(s)?\_\_\_\_\_ If yes, state:\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING BANK ACCOUNTS:**

1) Name(s) on Account:\_\_\_\_\_ Type of Account:\_\_\_\_\_  
Bank or Credit Union:\_\_\_\_\_ Amount in Account:\_\_\_\_\_

2) Name(s) on Account:\_\_\_\_\_ Type of Account:\_\_\_\_\_  
Bank or Credit Union:\_\_\_\_\_ Amount in Account:\_\_\_\_\_

3) Name(s) on Account:\_\_\_\_\_ Type of Account:\_\_\_\_\_  
Bank or Credit Union:\_\_\_\_\_ Amount in Account:\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING STOCKS:**

Do you or spouse have any interest(s) regarding stocks? \_\_\_\_\_ If yes, state:

Stock Name: \_\_\_\_\_ Shares: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ H or W

Stock Name: \_\_\_\_\_ Shares: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ H or W

Stock Name: \_\_\_\_\_ Shares: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ H or W

**PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING PENSION/401(k):**

Does Wife have a retirement fund? \_\_\_\_\_ If yes, state:

1) Type of fund: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ Company: \_\_\_\_\_

2) Type of fund: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ Company: \_\_\_\_\_

3) Type of fund: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ Company: \_\_\_\_\_

Does Husband have a retirement fund? \_\_\_\_\_ If yes, state:

1) Type of fund: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ Company: \_\_\_\_\_

2) Type of fund: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ Company: \_\_\_\_\_

3) Type of fund: \_\_\_\_\_ Apx. Value: \_\_\_\_\_ Company: \_\_\_\_\_

Have you and your spouse reached an agreement regarding pensions? \_\_\_\_\_ If yes, state: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING DEBT(S):**

1) Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_ H or W

Name(s) on Account: \_\_\_\_\_

2) Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_ H or W

Name(s) on Account: \_\_\_\_\_

3) Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_ H or W

Name(s) on Account: \_\_\_\_\_

4) Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Monthly Pmt: \_\_\_\_\_ H or W

Name(s) on Account: \_\_\_\_\_

Have you and your spouse reached an agreement regarding debt(s)? \_\_\_\_\_ If yes, state: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING REMAINING PROPERTY:**

Is there an agreement regarding personal property? \_\_\_\_\_ If yes, state property division: \_\_\_\_\_