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DOMESTIC RELATIONS QUESTIONNAIRE

LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME

CURRENT ADDRESS CITY STATE ZIP

YOUR HOME PHONE YOUR WORK PHONE

YOUR EMPLOYER FIRM NAME PHONE SUPERVISOR

EMPLOYER ADDRESS

SPOUSE'S LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME

SPOUSE'S ADDRESS CITY STATE ZIP

SPOUSE'S HOME PHONE

SPOUSE'S EMPLOYER FIRM NAME PHONE SUPERVISOR

SPOUSE'S EMPLOYER ADDRESS

CURRENT MARRIAGE: DATE: _____

PLACE: _____

GENERAL INFORMATION

YOU

SPOUSE

_____	Age	_____
_____	Date of Birth	_____
_____	Social Security Number	_____
_____	Previously Married?	_____
_____	To Whom?	_____
_____	Children of Prior Marriage?	_____
_____	Children of this Marriage?	_____
If yes, list name(s)/age(s)		
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

In general, how is your health? _____
If poor, please explain: _____

In general, how is your spouse's health? _____
If poor, please explain: _____

Are you currently under medical treatment? _____
Is your spouse currently under medical treatment? _____

Are you taking any medications? If so, please list: _____

Is spouse taking any medications? If so, please list: _____

Have you ever been hospitalized? _____
If yes, please explain: _____

Has your spouse ever been hospitalized? _____
If yes, please explain: _____

Do either of you have a family history of illness? _____
If yes, please explain: _____

What is name(es) and address(es) of your family physician; any other treating physician(s)? _____

PROPERTY OWNED BY YOU AND SPOUSE

ASSETS

Assets are everything you own, or which you can claim any interest. Assets have cash or fair market value. The date of acquisition of assets are important because it determines whether the property is a community asset or a separate asset.

1. Bank Accounts

	<u>Bank/Branch</u>	<u>Checking/Savings #</u>	<u>Amount</u>	<u>Whose Name</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

Check this if you are continuing on the back of sheet _____

2. Tax Returns/Refunds (Indicate past 3 years; federal and state.)

	<u>Tax Year</u>	<u>Refund?</u>	<u>Amount</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

(i) Is any Federal/State tax refund outstanding? _____

(ii) Is a refund or payment expected this year? _____

(iii) Did you file joint or separate returns last year? _____

(iv) Do you want to file joint or separate this year? _____

3. **Automobiles/Other Vehicles** (Includes trailers, mobile homes, motorcycles, boats, campers, recreational vehicles, etc.)

	<u>Vehicle Type; Make; Model</u>	<u>How Title Held</u>	<u>Date Acquired</u>	<u>Present Value</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

NOTE: Also indicate Vehicle ID # (VIN) with each above item.

Check this if you are continuing on the back of sheet _____

4. **Real Estate** (Includes any land/structures affixed to the land; also any legal rights held to the resources in the land; example, growing crops, water, minerals, etc. For an estimate of fair market value, contact local real estate agent.)

	<u>Type and Location</u>	<u>Fair Market Value</u>	<u>When Acquired</u>	<u>How Title Held</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____

Check this if you are continuing on the back of sheet _____

5. **Pension(s)** (These are rights to benefits that you accumulate after a certain time of employment. To find out the current amount, inquire to your employer or personnel office.)

Name of Plan/Employer: _____

Month and Year Enrollment Started: _____

Policy/ID Number: _____

Current Value or Monthly Payment: _____

Date benefits first stated or are available: _____

NOTE: List both your pension(s) and spouse's pension(s), if any.

6. **Social Security, Disability Income, Keogh, IRA'S**

	<u>Type</u>	<u>Name of Payee</u>	<u>How Title Is Held</u>	<u>Policy/ID Number</u>	<u>Current Value</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

Check this if you are continuing on the back of sheet _____

OTHER FINANCIAL INFORMATION

1. **Notes Receivable** (Money owed to you and shown by promissory notes.)

	<u>Payor</u>	<u>Amount Due</u>	<u>Paid To Whom</u>	<u>Date Note Acquired</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____

2. Accounts Receivable (Money owed to you for goods and/or services.)

<u>Payor</u>	<u>Amount Due</u>	<u>Paid To Whom</u>	<u>What Goods and Services Rendered</u>
a.			
b.			
c.			

3. Stocks, Bonds, Other Securities (Includes U.S. Savings Bonds, Treasury Issues, or other money market, stock market investments.)

<u>Type of Security</u>	<u>When Acquired</u>	<u>Current Value</u>	<u>Broker/ Bank</u>	<u>Whose Name</u>
a.				
b.				
c.				

3. Life Insurance (Whole life has a cash surrender value; term life insurance has no cash surrender value. Try to determine the cash surrender value from the chart on your policy.)

<u>Insurance Company</u>	<u>When Acquired</u>	<u>Type (whole/term)</u>	<u>Policy No.</u>	<u>Face Value</u>	<u>Cash Value</u>
a.					
b.					
c.					

NOTE: Please indicate who the Insured Beneficiary is for each policy.

4. Other Assets [Includes property other than real property; state the value of the item (what worth today). To find an item's value, check the classified ads, or get estimates from dealers or special appraisers.] List all household items, appliances, furniture, art, antiques, jewelry, trade and professional tools and equipment, livestock, pets, pets for breeding or show, trusts, patents, any memberships, interest in business, farm, commercial property, etc.

NOTE: Can group items by class and value the entire class. Please list major items, which are items with value that exceeds \$250.00.

	<u>Type of Asset</u>	<u>Cash Value</u>	<u>When Acquired</u>	<u>Other Info.</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____
j.	_____	_____	_____	_____
k.	_____	_____	_____	_____

Check this if you are continuing on the back of sheet _____

LIABILITIES

Please list any and all of liabilities (what you owe on property, both personal and real property; include mortgages and loans for vehicles, etc.)

	<u>Name of Creditor</u>	<u>Date Incurred</u>	<u>Security Given?</u>	<u>Total No. Payments</u>	<u>Terms of Payments</u>
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

- e. _____
- f. _____
- g. _____
- h. _____
- i. _____

Check this if you are continuing on the back of sheet _____

MISCELLANEOUS

1. **Wills**

Are there any Will(s) now in existence for the benefit of yourself, your spouse, or your children? _____

If yes, please answer the following:

- a. Whose Will: _____
- b. Date it was executed: _____
- c. Name and location of Will: _____

Check this if you are continuing on the back of sheet _____

2. **Bankruptcy**

Are you or your spouse considering bankruptcy at this time? _____

3. **Domestic Violence**

Has there been physical violence between you and your spouse? _____

Have there been verbal abuse between you and your spouse? _____

Have either of you been arrested for assault, battery, or domestic violence?

If yes, please state the date, charge, and outcome of the charge:

Are there any formal or informal agreements existing at this time between you and your spouse with regard to the following, if yes, please explain:

1) **Spousal Maintenance** _____

2) **Property** _____

NOTE: Please explain any oral agreements or understandings below.