

DIVORCE QUESTIONNAIRE

Your answers to these questions should be written on this sheet and sent to us in order to begin working on your case. Use more paper if you need more space. Please keep a copy for yourself.

ABOUT YOU ("PARTY A"):

First Name _____

Middle Name _____

Last Name _____

Maiden Name (if applicable) _____

Gender _____ Date of Birth _____

Email Address _____

Place of Birth _____

Number of This Marriage _____

Current Mailing Address _____

(Street/City/County/State/Zip)

Best-Chance Telephone Number _____

Employment: W-2 EMPLOYEE SELF-EMPLOYED UNEMPLOYED (CIRCLE ONE)

Employer _____

Employer's Address _____

Employer's Tel. No. _____

Job Title _____

Employed Since (Year) _____

Annual Salary _____

Annual Bonus/Commission/Overtime _____

Benefits Provided:

Automobile **YES or NO (CIRCLE ONE)**

401-K/Pension/Retirement/Stock Options **YES or NO (CIRCLE ONE)**

Health Insurance **YES or NO (CIRCLE ONE)**

Corporate Credit Card **YES or NO (CIRCLE ONE)**

Previous Employer _____

Dates of Employment _____

Highest Level of Education _____

Current alimony obligation? **YES or NO (CIRCLE ONE)** How Much? _____

Current child support obligation? **YES or NO (CIRCLE ONE)** How Much? _____

Current college obligation? **YES or NO (CIRCLE ONE)** How Much? _____

Have you received public assistance in the past 2 years? **YES or NO (CIRCLE ONE)**

ABOUT YOUR SPOUSE ("PARTY B"):

First Name _____

Middle Name _____

Last Name _____

Maiden Name (if applicable) _____

Gender _____ Date of Birth _____

Email Address _____

Place of Birth _____

Number of This Marriage _____

Current Mailing Address _____

(Street/City/County/State/Zip)

Best-Chance Telephone Number _____

Employment: W-2 EMPLOYEE SELF-EMPLOYED UNEMPLOYED (CIRCLE ONE)

Employer _____

Employer's Address _____

Employer's Tel. No. _____

Job Title _____

Employed Since (Year) _____

Annual Salary _____

Annual Bonus/Commission/Incentive/Overtime _____

Benefits Provided:

Automobile **YES or NO (CIRCLE ONE)**

401-K/Pension/Retirement/Stock Options **YES or NO (CIRCLE ONE)**

Health Insurance **YES or NO (CIRCLE ONE)**

Corporate Credit Card **YES or NO (CIRCLE ONE)**

Previous Employer _____

Dates of Employment _____

Highest Level of Education _____

Current alimony obligation? **YES or NO (CIRCLE ONE)** How Much? _____

Current child support obligation? **YES or NO (CIRCLE ONE)** How Much? _____

Current college obligation? **YES or NO (CIRCLE ONE)** How Much? _____

Has your spouse received public assistance in the past? **YES or NO (CIRCLE ONE)**

ABOUT YOUR MARRIAGE:

Date of Marriage _____

City and State of Marriage _____

Presently Living Together? **YES or NO (CIRCLE ONE)**

If No, Date Last Lived Together _____

Address You Both Live/Last Lived Together _____

Do you or your spouse want to resume your maiden name? **YES or NO (CIRCLE ONE)**

ABOUT YOUR CHILDREN:

Child 1:

Child Lives With: PARTY "A" or PARTY "B"

(CIRCLE ONE)

First Name _____

Middle Name _____

Last Name _____

Gender _____ Date of Birth _____

Place of Birth _____

Address _____

(Street/City/County/State/Zip)

Child 2:

Child Lives With: PARTY "A" or PARTY "B"

(CIRCLE ONE)

First Name _____

Middle Name _____

Last Name _____

Gender _____ Date of Birth _____

Place of Birth _____

Address _____

(Street/City/County/State/Zip)

Child 3:

Child Lives With: PARTY "A" or PARTY "B"

(CIRCLE ONE)

First Name _____

Middle Name _____

Last Name _____

Gender _____ Date of Birth _____

Place of Birth _____

Address _____

(Street/City/County/State/Zip)

Child 4:

Child Lives With: PARTY "A" or PARTY "B"

(CIRCLE ONE)

First Name _____

Middle Name _____

Last Name _____

Gender _____ Date of Birth _____

Place of Birth _____

Address _____

(Street/City/County/State/Zip)

INFORMATION ABOUT YOUR CHILDREN

Annual Child Care Expense (daycare, sitters, camp, etc.)

Who Pays: PARTY "A" or PARTY "B" **(CIRCLE ONE)**

How much, Explanation _____

Weekly Health/Medical/Dental Insurance Expense

Who Pays: PARTY "A" or PARTY "B" **(CIRCLE ONE)**

Health Care Provider _____

How much, Explanation _____

Annual College Tuition Expense (if applicable)

Who Pays: PARTY "A" or PARTY "B" **(CIRCLE ONE)**

How much, Explanation _____

List any current medical problems of the children or any anticipated extraordinary medical or dental expenses.

Do any of your children have special educational needs? **YES or NO (CIRCLE ONE)**

If so, Explanation _____

List any trust funds or other property owned by the children or held for them. Do you expect them to receive property in the future, by gift or inheritance?

CUSTODY/PARENTING PLAN:

1. CLIENT'S FULL NAME & CONTACT INFORMATION:

2. WHO ARE YOUR CHILDREN?

	<u>FULL NAME</u>	<u>M/F?</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>
1.				
2.				
3.				
4.				

3. WHAT WILL THE "REGULAR" WEEKLY SCHEDULE BE?

Explain when your child(ren) will be in the care of each parent. For purposes of this document, identify each parent by "Parent A" and Parent B."

Parent A is (Name) _____ Parent B is (Name) _____

EXAMPLES:

WEEK	M	T	W	TH	F	SA	SU
#1	A	A	A	A	B	B	B
				B			A
#2	A	A	B	B	A	A	A
				A			

WEEK	M	T	W	TH	F	SA	SU
#1	A	A	A	B	B	B	B
#2	A	A	B	B	A	A	A

Your family's schedule should be outlined on the page that follows...

PARENTING TIME

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

B. Each parent shall have the opportunity to spend _____ non-consecutive weeks of interrupted vacation time with the child(ren) each summer. Parents will confirm their weeks, in writing, by March 31st each year. To avoid conflict or confusion, Parent "A" shall make his or her first choice for the first week in odd/even (choose one) numbered years, then Parent "B" makes their first choice. Parent "A" then makes his or her first choice for the second week, then Parent "B," etc. The parties shall rotate such that Parent "B" shall make his or her first choice in all **odd/even (choose one)** years.

C. The parties shall solidify their summer schedule on _____ (**date**) each year.

D. Vacation weeks shall begin on _____ (**pick day of the week**) at _____ (**pick time**) and end at the same day and time one week later.

E. Holiday weekends shall begin on _____ (**pick day/time**) and end at _____ (**pick day/time**).

F. Day-long holidays shall begin at _____ (**time**) and end at _____ (**time**).

G. Halloween shall begin at _____ (**time**) and end at _____ (**time**).

H. Additional Holidays and Vacations:

7. CHILD(REN)'S BIRTHDAYS

Choose one of the following:

- Parents will rotate years such that "Parent A" gets **odd/even (choose one)** years, and "Parent B" gets **odd/even (choose one)** years.
- Both parents will use their best efforts to share the day – putting the child's best interest at heart.
- Other alternative – as outlined below:

8. THREE-DAY WEEKENDS NOT ADDRESSED ABOVE

Choose one of the following:

If a parent has the child(ren) on a weekend with an unspecified holiday or non-school day attached, that parent shall enjoy parenting time with the child(ren) on that non-school day or holiday.

Other alternative – as outlined below:

9. TRANSPORTATION & EXCHANGING OF CHILDREN

A. Each parent shall arrive within _____ minutes of the time they are scheduled to be with the child(ren). If unavoidable delays occur, the delayed parent shall contact the other parent immediately.

B. Unless otherwise agreed by the parties in writing, exchange of the child(ren) shall be: **(choose one of the following)**

The home of the parent who is beginning his or her time with the child(ren). The parent who is ending their time with the child(ren) shall be responsible for dropping them off at the other parent's house.

A neutral place as follows: _____

Each parent shall share responsibility for bringing the child(ren) to and from the exchange point.

Other: _____

10. LEGAL CUSTODY & DECISION-MAKING RESPONSIBILITY

Choose one of the following:

Each parent will make day-to-day decisions regarding the care of the child(ren) during their parenting time. This includes any emergency decisions affecting the health, safety or welfare of the child(ren). In any emergency situation, whichever parent is then caring for the child(ren) will immediately contact the other parent in an attempt to consult on major issues.

All decisions, beyond those relating to the day-to-day affairs of the child(ren), will be made by **Parent "A"/Parent "B" (Choose One)**.

Other alternative – as outlined below:

11. INFORMATION SHARING

Unless stricken, it will be assumed you wish to include each of the following provisions in your Parenting Plan; accordingly, please clearly check any of those provisions you wish to exclude from your Plan:

- Both parents have equal rights to inspect and receive the child(ren)'s school records, and both parents are encouraged to consult with teachers, school officials and camp counselors concerning the child(ren)'s welfare, education and "best interests." Both parents are encouraged to participate in and attend the child(ren)'s school and extra-curricular events.
- Both parents have equal rights to consult with any person or entity with who may provide care or treatment for the child(ren) and to inspect and receive the child(ren)'s medical, dental and psychological records.
- Each parent has a continuing and ongoing obligation to provide the other parent with his/her residential and mailing address, along with contact telephone numbers.
- Each parent has a continuing responsibility to immediately inform the other of any emergency circumstance or substantial change in the health or welfare of the child(ren).

12. PARENT AND CHILD COMMUNICATION

Choose one of the following:

- Both parents and child(ren) shall have the right to communicate by telephone, in writing, or by e-mailing without interference or monitoring by the other parent.
- Rules for telephone, letters, e-mail or other parent and child communication:

13. PARENT COMMUNICATION

Rules for telephone, letters, e-mail, face-to-face contact, etc. relating to each parent's communication with the other are as follows:

14. RELIGION

The child(ren) will be raised in the following religion: _____

Religious teachings will be as follows: _____

15. MOVING

Choose one of the following:

- The parties agree that neither of them will relocate further than _____ miles without the express written consent of the other or further order of the Court.
- The parties expressly agree that if either parent intends to move further than _____ miles, all additional transportation costs incurred by the non-moving parent will be reimbursed by the moving parent.

16. EXTRA-CURRICULAR ACTIVITIES

Child(ren)'s activities, beyond those relating to schoolwork, are anticipated – such as sports, clubs, music, religious events, and social activities, etc. Both parents agree that they will always make schoolwork the priority, and that neither parent shall enroll the child for any activity which unreasonably interferes with the other parent's parenting time. The parties further agree to handle costs and fees as follows: **(Choose One)**

Each parent shall pay half of all agreed-to extra-curricular activities, none to be unreasonably withheld.

Other: _____

17. MISSED PARENTING TIME

For whatever reason, if a parent is unable to have the child(ren) during his or her scheduled parenting time, there **shall/shall not (circle one)** be any make-up of said time.

For whatever reason, if a child is unable to spend time with a parent during that parent's scheduled time, there **shall/shall not (circle one)** be any make-up of said time.

18. ADDITIONAL PROVISIONS

- Neither parent shall make disparaging comments about the other (or their family), or discuss matters relating to the parties' legal matter, in the presence of the child(ren).
- Neither parent shall have unrelated, third-party overnight adult visitors in the presence of the child(ren) for a period of _____ months following the parties' divorce.
- If either parent is traveling with a child(ren) for more than 72 hours, he or she shall provide the other with a detailed itinerary, including locations and telephone numbers where the child and parent can be reached.
- Both parents shall be listed as "emergency contacts" for the child(ren).
- If there is a dispute regarding the medical, psychological or dental care of the child(ren), the parents shall both defer to the child's present health care provider and follow his or her advice.
- The parent arranging a routine medical or dental examination shall give the other parent _____ days advance notice so that the other parent can attend the examination if they so desire.
- The child(ren)'s last name will not be changed prior to their emancipation.
- Before either parent consents to the child(ren)'s cosmetic surgery, body piercing or tattooing, both parents must confer and agree.
- All communications regarding the child(ren) shall be between the parents and neither parent shall use the children as messengers to confer information, ask questions, or schedule changes.

19. RESOLVING DISAGREEMENTS

If there are disagreements, both parents agree that issues that cannot be resolved by the two of them shall be resolved by: ***(list first, second and third choice)***

- Each parent shall alternate making final decisions regarding issues in dispute
- Contact a third party with whom they will attempt alternative dispute resolution
- File a Complaint in the Massachusetts Probate & Family Court

20. CHANGES TO THE AGREEMENT

Choose those that apply:

- The parties agree that every _____ years they shall meet to adjust this Parenting Plan with the goal of addressing the best interest of the parties' child(ren).
- Any change to the Parenting Plan must be agreed to in writing in order for said change to be in effect.
- Any change to the Parenting Plan can be made only by applying to the Court for a modification.

MONEY MATTERS:

	PARTY "A"	PARTY "B"
Sources of Weekly* Income		
Salary/wages/base pay	<input type="text"/>	<input type="text"/>
Self Employment Income	<input type="text"/>	<input type="text"/>
Overtime/commission/tips	<input type="text"/>	<input type="text"/>
Dividends & Interest	<input type="text"/>	<input type="text"/>
Income from trusts or annuities	<input type="text"/>	<input type="text"/>
Pension & retirement benefits	<input type="text"/>	<input type="text"/>
Social Security	<input type="text"/>	<input type="text"/>
Disability, Unemployment, Worker's Compensation	<input type="text"/>	<input type="text"/>
Public Assistance	<input type="text"/>	<input type="text"/>
Rental Income	<input type="text"/>	<input type="text"/>
Child Support/Alimony	<input type="text"/>	<input type="text"/>
TOTAL INCOME:	<input type="text"/>	<input type="text"/>
Sources of Weekly* Expenses		
Rent or Mortgage (PIT)	<input type="text"/>	<input type="text"/>
Homeowner's/Tenant Insurance	<input type="text"/>	<input type="text"/>
Maintenance & Repair	<input type="text"/>	<input type="text"/>
Heat (Type)	<input type="text"/>	<input type="text"/>
Electricity and/or Gas	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Water/Sewer	<input type="text"/>	<input type="text"/>
Food	<input type="text"/>	<input type="text"/>
Household Supplies	<input type="text"/>	<input type="text"/>
Laundry/Cleaning	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>
Life Insurance (do not include if deducted from paycheck)	<input type="text"/>	<input type="text"/>
Health Insurance (do not include if deducted from paycheck)	<input type="text"/>	<input type="text"/>
Uninsured Medicals	<input type="text"/>	<input type="text"/>
Incidentals and Toiletries	<input type="text"/>	<input type="text"/>
Motor Vehicle Expenses	<input type="text"/>	<input type="text"/>

*Monthly/4.33

Motor Vehicle Loan Payment

Child Care

TOTAL EXPENSES:

Assets

• Real Estate

Location #1: _____

Title (in the name of): _____

Fair Market Value:

Mortgage:

Location #2: _____

Title (in the name of): _____

Fair Market Value:

Mortgage:

• IRA, Keough, Pension, Profit Sharing, Retirement

Financial Institution: _____

Financial Institution: _____

Annuity Plan: _____

• Life Insurance (Cash Value Only)

• Savings and Checking Accounts

Financial Institution: _____

Financial Institution: _____

• Money Market Accounts, CDs

Financial Institution: _____

Financial Institution: _____

• Motor Vehicles

Value:

Loan:

Frequent Flier Benefits

Artwork

Collections		
Gold/Silver		
Income Tax Refund		
Inheritance		
Intangibles (Trademarks, Pensions)		
Lottery Winning		
Safety Deposit Box Valuables		
Season Tickets		
Stocks		
Tools		
Unreimbursed Business Expenses		
TOTAL ASSETS:		

Liabilities

Credit Card		
Financial Institution: _____		
Credit Card		
Financial Institution: _____		
Credit Card		
Financial Institution: _____		
Equity Line		
Financial Institution: _____		
Personal Loan		
Obligation: _____		
TOTAL LIABILITIES:		

TOTAL VALUE:

(TOTAL ASSETS – TOTAL LIABILITIES)

GOALS AND OBJECTIVES:

Describe any ideas, proposals, or agreements that you – or the two of you – have thought about, discussed or reached in terms of your divorce. You may also use this space to list any proposals that either of you has suggested, or that you would like to offer now for considerations in order to resolve any remaining issues. **How can you and your spouse equitably divide your marital estate?**

- 1.
- 2.
- 3.
- 4.
- 5.

Outline any legacies or inheritances that you or your spouse received:

Prior to the marriage

During the marriage

Future inheritance anticipated

Based on any disparities in income between you and your spouse, how have you approached the issues of child support and alimony?

How do you and your spouse want to address the need of your child(ren)'s post-secondary education?
