

PAUL SCOTT & ASSOCIATES

DIVORCE W/OUT CHILDREN QUESTIONNAIRE

HOW DID YOU HEAR ABOUT US? (CHECK ONE)

WEBSITE ☐ FACEBOOK ☐ GOOGLE ☐ REFERRAL _____ OTHER _____

CLIENT INFORMATION

Full Name (First/Middle/Last): _____

Previous names known by: _____

Address: _____

Phone: _____ Email: _____

Preferred Method of Contact: **Call** ☐ **Text** ☐ **Email** ☐

Employer: _____ Position: _____

Employer Address: _____

Phone: _____

Gross income reported on last year's taxes: _____

County Residing In: _____ Length of Residence in State: _____

Driver's License # _____ Date of Birth: _____

Place of Birth (City, State): _____

Number of Marriage (Check One): FIRST ☐ SECOND ☐ THIRD ☐ FOURTH ☐

Level of Education (Check One): HS ☐ BA/BS ☐ MASTERS ☐ PhD/DOCTORATE ☐

Social Security Number: _____

Eye color: _____

Hair color: _____

Height: _____

Weight: _____

Scars/Tattoos: _____

Race: _____

PLEASE LIST ANY:

Criminal Convictions: _____

Alcohol/Drug Abuse: _____

Domestic Violence: _____

Anything else we should know? Please describe: _____

HUSBAND/WIFE/PARTNER INFORMATION

Full Name (First/Middle/Last): _____

Previous names known by: _____

Address: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Employer Address: _____

Phone: _____

Gross income reported on last year's taxes: _____

County Residing In: _____ Length of Residence in State: _____

Driver's License # _____ Date of Birth: _____

Place of Birth (City, State): _____

Number of Marriage (Check One): FIRST ☐ SECOND ☐ THIRD ☐ FOURTH ☐

Level of Education (Check One): HS ☐ BA/BS ☐ MASTERS ☐ PhD/DOCTORATE ☐

Social Security Number: _____ Maiden Name: _____

Eye color: _____

Hair color: _____

Height: _____

Weight: _____

Scars/Tattoos: _____

Race: _____

PLEASE LIST ANY:

Criminal Convictions: _____
Alcohol/Drug Abuse: _____
Domestic Violence: _____
Anything else we should know? Please describe: _____

GENERAL INFORMATION

Date of Marriage: _____ Location of Marriage (City, County, State): _____

By Whom (Check One): PRIEST ☐ MINISTER ☐ JUSTICE OF THE PEACE ☐

Date of Separation: _____

PREVIOUS DIVORCES OF EITHER PARTY:

Which party	Location, City & State	Date of Divorce
_____	_____	_____
_____	_____	_____

ASSETS, DEBTS, & EXPENSES

Marital Home Address: _____

Down Payment (Amount and By Whom): _____ Date Purchased: _____

Mortgage Balance Due: _____ Mortgage in Whose Name: _____

Present Value: _____ Title in Whose Name: _____

Other Real Estate Address: _____

Down Payment (Amount and By Whom): _____

Date Purchased: _____ Mortgage Balance Due: _____

Mortgage in Whose Name: _____ Present Value: _____

Title in Whose Name: _____

VEHICLES (LIST ALL: YEAR/MODEL/PRESENT VALUE/BALANCE DUE/USED BY WHOM)

#1

#2

#3

#4

#5

OTHER ASSETS (DESCRIBE):

DEBTS (Include Credit Card Debt):

AMOUNT	TO WHOM	FOR WHAT	MONTHLY PAYMENT AMT.

BANK ACCOUNTS:

AMOUNT	TYPE OF ACCOUNT	BANK NAME	NAME ON ACCOUNT

STOCKS:

COMPANY	NO. OF SHARES	VALUE TOTAL	WHOSE NAME

BONDS:

TYPE	VALUE TOTAL	WHOSE NAME

LIFE INSURANCE:

COMPANY	TYPE BENEFICIARY	FACE VALUE	CASH VALUE

OTHER TYPES OF INSURANCE AND PREMIUMS PAID:

HAS EITHER PARTY APPLIED FOR OR ARE RECEIVING PUBLIC ASSISTANCE? IF YES:

WHO IS RECEIVING	TYPE OF ASSISTANCE (Bridge card, Medicaid, etc.)	CASE#

RETIREMENT ACCOUNTS:

WHOSE NAME	AMOUNT TODAY	AMOUNT DATE OF MARRIAGE	PENSION/401K/TYPE

IMPORTANT

IF YOU DO NOT WISH TO HAVE ANY MAIL SENT TO YOUR ADDRESS, SIGN HERE:

Signature:

Print Name: Date:

IF SO, WE NEED AN ALTERNATE ADDRESS IN THE MEANTIME (I.E., FAMILY MEMBER, FRIEND, OR WORK). PLEASE PROVIDE:

Address:

IF YOU PREFER COURT DOCUMENTS TO BE SENT BY EMAIL, PLEASE PROVIDE:

Email Address: