

***ALDRICH LEGAL SERVICES***  
A PROFESSIONAL LIMITED LIABILITY COMPANY

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*The information requested in this form is subject to the attorney-client privilege and will not be disclosed to third parties without your express permission. "Third parties" means persons who are not members of or employed by Aldrich Legal Services, PLLC.*

**DIVORCE WITH MINOR CHILDREN QUESTIONNAIRE**

<b>YOUR INFORMATION</b>	
Name	
Current Address	
Cell Phone Number	
Work Phone Number	
Home Phone Number	
Birthdate and Birthplace	
Driver's License # and State of Issuance	
Social Security Number	
Eye Color	
Hair Color	
Height	
Weight	

Scars and/or Tattoos	
Your Educational Background	
Is this your first marriage?	
Date and Place of Marriage	
Are you still living together as a married couple? If not, what is the date of separation?	
Your maiden name, if applicable	
Do you want your maiden name restored?	
Are you currently pregnant?	

<b>THE OTHER PARTY'S INFORMATION</b>	
Name	
Current Address	
Birthdate and Birthplace	
Driver's License # and State of Issuance	
Social Security Number	
Eye Color	
Hair Color	
Height	
Weight	
Scars and/or Tattoos	

Educational Background	
Is this the other party's first marriage?	
The other party's maiden name, if applicable	
Do you want your maiden name restored?	
Do you know if the other party wants her maiden name restored?	
Do you know if the other party is currently pregnant?	

<b>INFORMATION ABOUT THE CHILDREN OF THE CASE</b>		
<b>Name</b>	<b>Date of Birth</b>	<b>School Child Attends</b>

<b>CHILDREN NOT OF THIS RELATIONSHIP</b>		
<b>Name</b>	<b>Date of Birth</b>	<b>Who Child Resides With</b>

Are you currently paying or receiving child support for any other children?

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<b>YOUR FINANCIAL INFORMATION</b>	
Gross monthly wage (before deductions)? Please attach a current paystub or last year's 1099	
Occupation	
Name and address of employer	
How long have you been employed there?	
Do you have any other employment? If so, list the name and address of employer.	
If so, what is your monthly gross wage? Attach a current paystub or last year's 1099.	
Do you have income from any of the following?	<b>Monthly/Annual Income</b>
Unemployment	↓
Sub pay	
Stock dividends	

Bonus and profit sharing	
Rental property	
Social Security Disability benefits	
Social Security Insurance benefits	
Veteran's benefits	
Pension	
Disability Income	
Spousal support	
Any other kind of income	
Do you pay monthly medical insurance premiums for the benefit of the children? If so, how much?	
Medical premium	
Dental premium	
Optical premium	
Do you receive any state or federal government assistance, such as FIA/TANF benefits? If so, how much?	
Do you have any child care expenses for the children of this case? If so, please attach verification.	
<b>Marital assets:</b>	<b>Description/Balances</b>
	↓
Vehicle	
Vehicle	
Checking Account	
Savings Account	
Pension	
Retirement Account	
Other	
Assets solely in your name?	

<b>FINANCIAL INFORMATION ABOUT THE OTHER PARTY (to the best of your knowledge)</b>	
His/her approximate monthly gross wage (before deductions)	
His/her occupation	
Name and address of his/her employer	
How long has he/she been employed there	
Does he/she have any other employment? If so, what is his/her app. monthly gross wage?	
Name and address of this employer	
Does he/she have income from any of the following?	<b>Monthly/Annual Income</b> ↓
Unemployment	
Sub pay	
Stock dividends	
Bonus and profit sharing	
Rental property	
Social Security Disability benefits	
Social Security Insurance benefits	
Veteran's benefits	
Pension	
Disability Income	
Spousal support	
Any other kind of income	
Does he/she pay monthly medical insurance premiums for the benefit of the children? If so, how much?	
Medical premium	
Dental premium	
Optical premium	

Does he/she receive any state or federal government assistance, such as FIA/TANF benefits? If so, how much?	
Does he/she have any child care expenses for the children of this case?	
<b>Marital assets:</b>	<b>Description/Balances</b>
Vehicle	
Vehicle	
Checking Account	
Savings Account	
Pension	
Retirement Account	
Other	
Assets solely in the other party's name?	

**SETTLEMENT REQUESTS**

Describe what kind of parenting time and custody arrangement you are requesting. Be as specific as possible, including breaks, holidays, weekends, days during the week, etc.

Describe how you would like your marital assets to be divided.

Is spousal support an issue? If so, explain:

Would you like to opt out of the FOC?

Any other issues?