

***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**

Your name \_\_\_\_\_

Your current address \_\_\_\_\_  
\_\_\_\_\_

Your home phone number \_\_\_\_\_

Your cell phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Your birthdate and birthplace \_\_\_\_\_

Your driver's license number and state of issuance \_\_\_\_\_

Your social security number \_\_\_\_\_

Your eye Color

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Your hair Color

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Your height

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Weight

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Scars and/or Tattoos

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What is your educational background?

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Is this your first marriage?

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Date and place of marriage?

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Are you still living together as a married couple? If not,  
what is the date of separation?

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Your maiden name, if applicable

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Do you want your maiden name restored?

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Are you currently pregnant?

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**Information about the other party:**

His/Her name \_\_\_\_\_

His/Her current address \_\_\_\_\_  
\_\_\_\_\_

His/Her birthdate and birthplace \_\_\_\_\_

His/Her driver's license number & state of issuance \_\_\_\_\_

His/Her social security number \_\_\_\_\_

Your social security number \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Scars and/or Tattoos \_\_\_\_\_

His/Her educational background? \_\_\_\_\_

Is this the other party's first marriage? \_\_\_\_\_

The other party's maiden name, if applicable \_\_\_\_\_

Do you know if the other party wants her maiden name restored? \_\_\_\_\_

Is the other party currently pregnant? \_\_\_\_\_

**Information about the children of the case:**

Please list children of this relationship (Name, DOB)

\_\_\_\_\_  
\_\_\_\_\_

What schools do the children attend?

\_\_\_\_\_  
\_\_\_\_\_

Please list any children not of this relationship (Name, DOB, who they reside with)

\_\_\_\_\_

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

\_\_\_\_\_

**Financial information about you:**

What is your monthly gross wage (before deductions)? Please attach a current paystub or last year's 1099.

\_\_\_\_\_

What is your occupation?

\_\_\_\_\_

What is the name and address of your employer? \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_

Do you have any other employment? \_\_\_\_\_

If so, please indicate what your monthly gross wage is and attach a current paystub or last year's 1099. \_\_\_\_\_

What is the name and address of this employer? \_\_\_\_\_

Do you have any other sort of income such as the following? Unemployment, sub pay, stock dividends, bonus and profit sharing, rental property, social security disability benefits, social security insurance benefits, veteran benefits, pension, disability income, or spousal support. If so, please indicate which kinds and how much monthly/annual income is received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you pay any monthly medical insurance premiums for the benefit of the children? If so, please indicate how much?

Medical premium \_\_\_\_\_

Dental premium \_\_\_\_\_

Optical premium \_\_\_\_\_

Do you receive any state or federal government assistance such as FIA/TANF benefits? If so, please indicate how much.

\_\_\_\_\_

Do you have any child care expenses for the children of this case? If so, please attach verification.

\_\_\_\_\_

Please list your marital assets, such as vehicles, bank accounts, pensions, retirement accounts, etc.

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Do you have any assets that are solely in your name? If so, list below:

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**Financial information about the other party to the best of your knowledge:**

What is his/her approximate monthly gross wage (before deductions)?

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What is his/her occupation?

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What is the name and address of his/her employer?

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How long has he/she been employed there?

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Does he/she have any other employment?

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If so, please indicate what their approximate monthly gross wage.

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What is the name and address of this employer?

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Does he/she have any other sort of income such as the following? Unemployment, sub pay, stock dividends, bonus and profit sharing, rental property, social security disability benefits, social security insurance benefits, veteran benefits, pension, disability income, or spousal support. If so, please indicate which kinds and how much monthly/annual income is received.

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Does he/she pay any monthly medical insurance premiums for the benefit of the children?

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Medical premium

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Dental premium

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Optical premium

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Does he/she receive any state or federal government assistance such as FIA/TANF benefits?

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Does he/she have any child care expenses for the children of this case?

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Does he/she have any assets solely in his or her name? If so, list below:

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**Settlement requests:**

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

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2. Please describe how you would like your marital assets to be divided.

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3. Is spousal support an issue, if so, explain? \_\_\_\_\_

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4. Would you like to opt out of the FOC? \_\_\_\_\_

5. Any other issues?

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