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Confidential Divorce Questionnaire

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your case. All information will be held in strict confidence.

I. Your Personal Information

a) Name (first, middle & last) _____

b) Maiden/Former Name _____

Do you wish to have your maiden/former name restored to you? _____

If so, please indicate the full name: _____

c) Date of birth _____ Place of birth _____

d) Social Security Number _____

e) Current address _____

Do you wish to have your mail from this office sent to a different address? If so, please list the address:

f) Telephone numbers where we may reach you: Home _____

Office _____

Cell _____

g) If you wish to correspond via e-mail, please give your e-mail address: _____

Residency Information:

a) How long have you lived in the State of Florida? _____

b) Please list other residential addresses during the past five (5) years and the dates you resided at that residence.

c) What is your State of Florida driver's license number: _____

What is the date the license was issued: _____

Education:

a) Highest degree of education _____

b) Portion completed during marriage _____

Employment

a) Employer _____

b) Address _____

c) What is your job title _____

d) Gross Salary (annual) _____

e) Other sources of income (explain) _____

f) Average monthly income from other sources _____

II. Information on Spouse

- a) Name (first, middle & last) _____
- b) Maiden/Former Name _____
- c) Current address _____

- d) Date of birth _____ Place of birth _____
- e) Social Security Number _____
- f) Telephone numbers: Home _____
Office _____ Cell _____

Residency Information:

- a) How long have he/she lived in the State of Florida? _____
- b) Please list other residential addresses during the past five (5) years and the dates resided at that residence. _____

Education:

- a) Highest degree of education _____
- b) Portion completed during marriage _____

Employment

- a) Employer _____
- b) Address _____

- c) What is his/her job title _____

- d) Gross Salary (annual) _____
- e) Other sources of income (explain) _____
- f) Average monthly income from other sources _____

III. Marriage and Separation

- a) Date of Marriage _____
- b) Place of Marriage _____
- c) If you are not living with your spouse, give an approximate date of separation _____
- d) Have there been prior separations? _____
- e) If so, how many? Please state approximately when and how long? _____
- f) Has he/she ever been charged with a crime? _____
Have you ever been charged with a crime? _____
- g) Have there been prior court proceedings between you and your spouse? _____
(Please bring copies of all related documents.) Who was your prior attorney? _____
- h) How long have you and your spouse been having difficulties? _____
- I) Have you and your spouse tried counseling? _____ If so, who went, for how long and to whom? _____
- j) Do you want counseling for yourself, your spouse, or for both? _____
- k) Do you see divorce as the only solution? _____
- l) Is your spouse in favor of this divorce? _____
- m) Do you want a reconciliation? _____

IV. Children

- a) How many children were born of this marriage?
- b) If so, please give full name, date of birth, place of birth, and sex of each child. If there are any children by a previous marriage, please indicate.

Name and Social Security Number	Sex	Date of Birth	Place of Birth
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- c) Where are the children living at this time?
- d) List all residence addresses for the children during the past five (5) years; dates they lived at that residence; and with whom they resided.

Address	Dates at that address	With whom they resided
_____	_____	
_____	_____	
_____	_____	

- e) List all property, if any, owned by children.

V. Real and Personal Property

- a) List all real estate you and/or your spouse own by street address, indicating who the property is titled to and its approximate value:

Address	Value	Owner(s)
_____	_____	
_____	_____	
_____	_____	

- b) List all vehicles you and/or your spouse currently own, who the vehicle is titled and who has possession.

Vehicle	Possession	Owner(s)
_____	_____	
_____	_____	
_____	_____	

c) List all bank, savings, money market, credit union accounts:

Bank	Account No.	Balance	Owner(s)
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

d) List all stock and/or mutual fund accounts:

Stock/Mutual Fund	Account Number

e) List all pension, profit sharing, 401(k), 403(b) or other retirement type accounts:

VI. Miscellaneous

a) Describe any special contributions you feel you have made to your spouse's career, education or assets. _____

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- b) What is the condition of your mental health? _____
What is the condition of your physical health? _____
- c) During your marriage, have you ever lived in: Nevada, New Mexico, Arizona, Washington,
Louisiana, Texas, Idaho or California? (Circle appropriate states.) _____
- d) Were you referred to this office by someone?
If so, who referred you? _____

I represent that the foregoing information is true and correct to the best of my knowledge.

Date: _____

Client Signature