

DIVORCE QUESTIONNAIRE
INFORMATION ON CLIENT

CLIENT'S FULL NAME: _____
(First) (Middle Name) (Maiden) (Last)

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

PHYSICAL ADDRESS: _____

P. O. BOX ADDRESS: _____

COUNTY OF WHICH YOU CURRENTLY RESIDE: _____

CLIENT'S PHONE NO. _____
(Cell) (Home) (Work)

CLIENT'S RACE: _____

CLIENT'S EMPLOYER: _____

CLIENT'S EMPLOYER'S ADDRESS: _____

CLIENT'S EMPLOYER'S PHONE: _____

CLIENT'S EARNINGS PER MONTH: _____

INFORMATION ON SPOUSE

SPOUSE'S FULL NAME: _____
(First Name) (Middle) (Maiden) (Last)

PHYSICAL ADDRESS: _____

P. O. BOX ADDRESS: _____

COUNTY OF WHICH THE SPOUSE CURRENTLY RESIDES: _____

SPOUSE'S DATE OF BIRTH: _____ SPOUSE'S RACE: _____

SPOUSE'S PHONE NO. _____
(Cell) (Home) (Work)

SPOUSE'S EMPLOYER: _____

SPOUSE'S EMPLOYER'S ADDRESS: _____

SPOUSE'S EMPLOYER'S PHONE: _____

SPOUSE'S EARNINGS PER MONTH: _____

INFORMATION ABOUT MARRIAGE & CHILDREN

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____

REASON FOR THE SEPARATION: _____

Names of Children:

Date of Birth:

1. Personal Property (Real Estate): _____

2. Personal Property: _____

3. Vehicles: _____

4. Type of Child Custody: _____

5. Child Support: _____

6. Agreed Visitation: _____

7. Marital Debts: _____

Does Female spouse wish to have her maiden or former name restored? _____

If yes, what name to be restored to? _____

I understand that Attorney Richard R. Grindstaff only represents me for a no-fault, irreconcilable differences divorce. Mr. Grindstaff does not do divorces that are not agreed upon and does not do contested divorces. Any attorney fees paid to Mr. Grindstaff is not refundable. My spouse and I are agreeable to a no-fault irreconcilable differences divorce.

Client signature: _____ Date: _____