

Date of Conference _____

PRELIMINARY QUESTIONNAIRE

YOUR GENERAL INFORMATION

1. Your Full Legal Name: _____

Address: _____

Where do you want mail delivered? _____

What county do you live in? _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Date of Birth: _____

SSN: _____ State of Birth: _____

Maiden Name: _____ Do you want this name restored? Yes ___ No ___

Drivers License No.: _____

Number of this Marriage: 1st _____ 2nd _____ 3rd _____

Have you been a resident of Iowa for at least one year? Yes _____ No _____

2. Name of Your Employer: _____

Address: _____

Phone: _____

Your present position: _____ How long? _____

Current Gross Salary or Hourly Rate: _____

How often paid? (Circle which one applies.) Yearly, Monthly, Biweekly, Weekly

Hours of employment: _____

3. If in current job less than 3 years, list prior jobs for past 3 yrs:

	<u>Year</u>	<u>Company</u>	<u>Job Title</u>	<u>Salary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SPOUSE'S GENERAL INFORMATION:

1. Your spouse's Full Legal Name: _____

Address: _____

Spouse's Attorney (if known): _____

Home Phone: _____ Other Phone: _____

Work Phone: _____ Date of Birth: _____

SSN: _____ State of Birth: _____

Maiden Name: _____ Do you want this name restored: Yes ___ No ___

Drivers License No.: _____

Number of this Marriage: 1st _____ 2nd _____ 3rd _____

Has spouse been a resident of Iowa for at least one year? Yes ___ No ___

2. Name of Spouse's employer: _____

Address: _____

Phone: _____

Spouse's present position: _____ How long? _____

Current Gross Salary or Hourly Rate (if known): _____

(Circle which one applies.) Paid Yearly, Monthly, Biweekly

Hours of employment: _____

3. If spouse in current job less than 3 years, list prior job for past three years:

	<u>Year</u>	<u>Company</u>	<u>Job Title</u>	<u>Salary</u>
1.	_____			
2.	_____			
3.	_____			

4. Will your spouse come in to pick up papers? Yes _____ No _____

If no, where can we serve papers on him/her? _____

MARRIAGE INFORMATION

1. Place of Marriage (City and State): _____

2. Date of Marriage : _____

3. Was a prenuptial agreement entered prior to the marriage? Yes _____ No _____

CHILDREN

1. Full names, birth dates and Social Security Numbers of children of this marriage or adopted:

NAME	DOB	AGE	SSN

2. Full names and birth dates, and Social Security Numbers of children born of previous marriage or adopted:

NAME	DOB	SSN	BORN TO	CHILD SUPPORT
			You _____ Spouse _____	Received _____ Paid _____ Amt _____
			You _____ Spouse _____	Received _____ Paid _____ Amt _____
			You _____ Spouse _____	Received _____ Paid _____ Amt _____

3. Are you separated from spouse? Yes _____ No _____

Date Separated: _____

4. Who is living in the marital home: I am _____ My Spouse _____

5. How are children currently being shared? _____

6. Do you pay union dues? Yes _____ No _____ Amt: _____

Does your spouse pay union dues? Yes _____ No _____ Amt: _____

7. Who carries health insurance on the children? _____

Amount paid per month: \$ _____

DOMESTIC ABUSE

Has there been domestic violence at any time during your relationship? Physical? Emotional? Both? Please describe: _____

HEALTH INFORMATION

1. Any exceptional health or mental health needs of any of the parties? If so, explain?
SELF _____
SPOUSE _____
2. Any exceptional health or mental health need of any of the children? If so, what?

EDUCATION

1. YOUR EDUCATION:
High School: Did you receive a diploma? _____ If so, what year? _____
College: Did you receive a degree? _____ If so, what course of study was it for?
_____ Did you attend college during this marriage? _____ If so, list dates and
where attended _____
Special Training (Explain): _____
2. YOUR SPOUSE'S EDUCATION:
High School: Did your spouse receive a diploma? Yes ___ No ___
If so, what year? _____
College: Did your spouse receive a degree? _____ If so, what course of study was it
for? _____ Did your spouse attend college during this
marriage? If so, list dates and where attended _____

FINANCIAL INFORMATION

1. YOUR HOUSE – (If owned)
Address: _____

Market Value (if known): _____

Mortgage Payoff Amount: \$ _____ Monthly Payment: _____

Second Mortgage or Home Equity Payoff Amount: \$ _____

Monthly Payment: _____

Do you want to keep or sell? _____

2. YOUR CARS

<u>Title held by which spouse or jointly?</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Condition</u> (Excellent, good, fair, poor)	<u>Mileage</u>	<u>Loan Balance</u>

3. YOUR STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS:

<u>Type</u>	<u>Place Where Held</u>	<u>Amount</u>
1. _____		
2. _____		
3. _____		

4. DEBTS (Include credit cards, loans from parents or friends, all debts except house and car loans.)

	Creditor	Amount Owed	In whose name is the debt?
1.			
2.			
3.			

4.			
5.			
6.			
7.			

Any gambling problems or other personal use of money by you or your spouse during marriage?

5. RETIREMENT (401k, IRA, Pension)

	<u>Earned during marriage?</u> (yes, no, part)	<u>Where Held</u>	<u>Type</u>	<u>Balance</u>	<u>Loan Against?</u>
YOURS	1.				
	2.				
SPOUSE	1.				
	2.				

6. Do you own any life insurance policies? Yes _____ No _____

Term or Cash Value? _____

7. Bank Accounts (Checking and Savings)

	Name on Account	Balance	Bank
1.			
2.			
3.			
4.			
5.			

8. Any special household items you want to receive in divorce settlement?

9. Other issues you want to discuss? _____

OTHER INFORMATION:

1. Do you and/or spouse have a Will? Yes _____ No _____

2. Do you have a living Will or health care Power of Attorney? Yes _____ No _____