

### Divorce Mediation Questionnaire

**Instructions:** Please provide all of the following information to the best of your ability, even though it may duplicate what the other party may provide. *Please use ink to fill out this questionnaire.*

1. First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ (Maiden): \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Social Sec. # \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Workplace: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
  
2. Marriage Date: \_\_\_\_\_ Place (City & State): \_\_\_\_\_
  
3. **CHILDREN:**

Full Name (First, Middle, & Last):	Birth date:	Age:	SS #	Living With:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  
4. Are you and the other party living together?  Yes  No  
 If not, please give the date of separation: \_\_\_\_\_
  
5. Are you employed?  Yes  No Employer: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Position: \_\_\_\_\_ Employed since: \_\_\_\_\_ H.S. Diploma:  Yes  No  
 Continuous Employment Since: \_\_\_\_\_ College Degrees/Certificates (check appropriate box):  
 A.A.  B.A.  B.S.  M.A.  M.B.A.  J.D.  Ph.D. Other: \_\_\_\_\_
  
6. Is your spouse employed? \_\_\_\_\_ Employer: \_\_\_\_\_  
 Position: \_\_\_\_\_ Employed Since: \_\_\_\_\_ Salary: \_\_\_\_\_
  
7. List all prior marriages. (Include name of prior spouse, and when and where marriage was terminated.)  
 \_\_\_\_\_
  
8. Do you plan to change your name as part of this proceeding?  Yes  No  
 If yes, please *clearly* print your new name: \_\_\_\_\_
  
9. List names & ages of any children from prior marriages and state with whom such children live.  
 \_\_\_\_\_
  
10. I have  medical  dental insurance through:  
 My work  My spouse's work  Private policy  I don't have insurance

11. My children have medical dental insurance through:  
 My work  My spouse's work  Private policy  They don't have insurance
12. Attorney's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
13. Is there a dispute involving the children? Yes No
14. Do you have an interest in reconciliation? Yes No
15. Have you had marriage or family counseling? Yes No  
If yes, with whom? \_\_\_\_\_
16. Are you presently in therapy or counseling? Yes No  
If yes, with whom? \_\_\_\_\_
17. Are there joint bank accounts to which your spouse has access? Yes No
18. Does your spouse have credit cards for which you are responsible? Yes No  
If yes, specify: \_\_\_\_\_
19. Who referred you to Dakota Counseling & Mediation? \_\_\_\_\_  
Address \_\_\_\_\_  
Do you have any objection to our acknowledging this referral? Yes No

**ASSETS AND LIABILITIES:** Please list the value of each of the following items of property. If you are unable to obtain the exact present value, estimate what you think the value may be. If any item is located in a state other than that in which you live, indicate where such item is located, and if necessary, give details on a separate sheet. Please indicate items acquired by gift, inheritance, or prior to marriage by marking with a star (\*).

Be sure to list the names and account numbers of all of the items, and the legal descriptions of real estate. This information is important in identifying the items, and is necessary for inclusion in your legal papers.

**LIST APPROPRIATE INFORMATION AS COMPLETELY AS POSSIBLE.**

**ASSETS:**

**A. BANK ACCOUNTS:**

Bank Name:	Account #:	Balance:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**B. ACCOUNTS RECEIVABLE, NOTES, LOANS MADE TO OTHERS, ETC.**

Due From:	Balance Due:	Terms:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____

**C. STOCKS AND BONDS:** (List price per share today and total value of stock in owner's column):

Company Name:	Number of Shares:	Value per Share:	Name on Account:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. REAL ESTATE:**

**Homestead:**

Address: \_\_\_\_\_

Legal Description (please attach photocopy): \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Current Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Balance: \_\_\_\_\_

Second Mortgage  Home Equity Loan: \_\_\_\_\_ Balance: \_\_\_\_\_

Market Value: \_\_\_\_\_ Appraised by: \_\_\_\_\_

Special Information: \_\_\_\_\_

**Other Real Estate:**

Address: \_\_\_\_\_

Legal Description (please attach photocopy): \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Current Value: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Second Mortgage  Home Equity Loan: \_\_\_\_\_ Balance: \_\_\_\_\_  
Appraised Value: \_\_\_\_\_ Appraised by: \_\_\_\_\_  
Special Information: \_\_\_\_\_

**Other Real Estate:**

Address: \_\_\_\_\_  
Legal Description (please attach photocopy): \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Current Value: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Second Mortgage  Home Equity Loan: \_\_\_\_\_ Balance: \_\_\_\_\_  
Appraised Value: \_\_\_\_\_ Appraised by: \_\_\_\_\_  
Special Information: \_\_\_\_\_

**E. LIFE INSURANCE:**

Company:	Account #:	Face Value:	Cash Value:	Insured / Beneficiary:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where are the policies located? \_\_\_\_\_

**F. BUSINESS INTERESTS:** (Include balance sheet, P & L statement, tax return, etc.)

Name of Business \_\_\_\_\_ Location: \_\_\_\_\_  
Owned Since: \_\_\_\_\_ % Ownership \_\_\_\_\_  
Appraised By: \_\_\_\_\_ Appraised Value: \_\_\_\_\_  
Special Information \_\_\_\_\_

Name of Business \_\_\_\_\_ Location: \_\_\_\_\_  
Owned Since: \_\_\_\_\_ % Ownership \_\_\_\_\_  
Appraised By: \_\_\_\_\_ Appraised Value: \_\_\_\_\_  
Special Information \_\_\_\_\_

**G. MISCELLANEOUS PROPERTY:** (Patents, trademarks, copyrights, royalties)

Description:	Value:	Owner:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**H. AUTOMOBILES AND OTHER VEHICLES:**

Vehicle Make & Year: \_\_\_\_\_ NADA Value: \_\_\_\_\_

Loan With: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

Vehicle Make & Year: \_\_\_\_\_ NADA Value: \_\_\_\_\_

Loan With: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

Vehicle Make & Year: \_\_\_\_\_ NADA Value: \_\_\_\_\_

Loan With: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

Vehicle Make & Year: \_\_\_\_\_ NADA Value: \_\_\_\_\_

Loan With: \_\_\_\_\_ Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

**I. PENSION, PROFIT SHARING, IRA AND OTHER RETIREMENT PLANS:**

Plan Name:	Acct. #:	Value:	Owner:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**J. PERSONAL PROPERTY, FURNISHINGS, ETC. (Attach lists if necessary)**

Specific Items:	Values:	Disposition:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**K. INCOME TAX REFUNDS/AMOUNTS DUE:**

State	Year:	Refund Due:	Amount Owed:
_____	_____	_____	_____
Federal:	Year:	_____	_____
_____	_____	_____	_____

Special Information \_\_\_\_\_

**L. LIABILITIES: (Add lists if necessary)**

Loans Owed to:	Account #:	Amount Due:	Whose Account:
_____	_____	_____	_____
_____	_____	_____	_____

Other Debts (Medical, Dental, Charge Accounts, etc.):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MONTHLY BUDGETS:**

**A. INCOME:** (Please supply most recent pay stub.)

How often do you receive paychecks? \_\_\_\_\_  
Number of exemptions claimed? \_\_\_\_\_

**Earned Income:**

Gross Salary per paycheck: \_\_\_\_\_  
Federal Tax Deduction: \_\_\_\_\_  
State Tax Deduction: \_\_\_\_\_  
FICA Deduction: \_\_\_\_\_  
Mandatory Pension Deduction: \_\_\_\_\_  
Medical Insurance Deduction: \_\_\_\_\_  
Life Insurance Deduction: \_\_\_\_\_  
Other Deductions: \_\_\_\_\_

**Net Income per paycheck:** \_\_\_\_\_

**Net Income figured on a monthly basis:** \_\_\_\_\_

**Other Income amortized by month:**

Dividend Income: \_\_\_\_\_  
Interest Income: \_\_\_\_\_  
Income from Trusts: \_\_\_\_\_  
Rental Income: \_\_\_\_\_  
Pension: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
Other Income (describe) \_\_\_\_\_

**Total Monthly Income (Net Pay plus Other Income):** \_\_\_\_\_

**MONTHLY EXPENSES:**

<b>Item</b>	<b>Self</b>	<b>Children</b>
Mortgage Payment		
Rent		
Homeowner's / Renter's Insurance		
Real Estate Taxes		
Second Mortgage / Home Equity Loan		
Electricity		
Heat		
Water		
Garbage		
Telephone		
Cellular Phone		
Internet		
Cable TV		
Home Repair and Maintenance		
Lawn Care		
Snow Removal		
<b>SUB-TOTAL HOUSING:</b>		
Food / Groceries		
Lunches at Work / School		
Eating Out		
Household Supplies		
Clothing		
Dry Cleaning/Laundry		
Medical Insurance		
Dental Insurance		
Uncovered Medical Expenses		
Prescriptions		
Eye Care		
Therapy and Counseling		
Uncovered Dental Expenses		
Automobile Payment		
Gas / Oil		
Maintenance and Repairs		

Item	Self	Children
Auto Insurance		
License Tabs		
Parking		
Life/Disability Insurance		
Recreation/Entertainment		
Vacations/Travel		
Newspapers/Magazines		
Dues/Clubs		
Personal Items/Incidentals		
Hair Care		
Child Care		
Babysitting		
Children's School Expenses		
School Tuition		
Books / Supplies		
Activity Fees		
Allowances		
Non-school Classes/Camp		
Sports Fees		
Clubs		
Adult Education Expense		
Pet Expenses		
Contribution / Charities		
Gifts		
Other Miscellaneous		
<b>TOTAL MONTHLY HOUSING EXPENSES:</b>		
<b>TOTAL MONTHLY LIVING EXPENSES:</b>		
<b>TOTAL EXPENSES WITH CHILDREN:</b>		