

# Law Offices of Kathryn M. Wayne-Spindler

Web: [www.kssattorney.com](http://www.kssattorney.com)

Email: [spindlerlaw@comast.net](mailto:spindlerlaw@comast.net)

## Hartland Office

10115 Bergin Road  
Howell, Michigan 48843  
(810) 632-4600 Phone (810) 632-4608 Facsimile  
Of Counsel, Mark W. Doran

## Canton Office

2200 N. Canton Center  
Canton, Michigan 48187  
(734) 981-7517 Phone (810) 632-4608 Facsimile  
By Appointment Only

## DIVORCE INTERVIEW

Please complete the following information. If there is information that you are unaware of, please leave it blank at this time. An attorney will assist you in completing any items that you are unsure of. THANK YOU.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Did anyone refer you to us? If the above answer was yes, would you please write the name of the person who referred you. \_\_\_\_\_

If you were not referred to us by someone, please state how you came to hear about us regarding your legal matter.  
\_\_\_\_\_  
\_\_\_\_\_

## DIVORCE QUESTIONNAIRE

### Plaintiff

Name: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver Lic. #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone.: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact?  
\_\_\_\_\_

Employer: \_\_\_\_\_

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

Hours per week: \_\_\_\_\_

Gross: \_\_\_\_\_

Net: \_\_\_\_\_

Paid how often? Circle one.

Weekly      Bi-Weekly      Monthly  
    Bi-Monthly      Other

### Defendant

Name: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Driver Lic. #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact?  
\_\_\_\_\_

Employer: \_\_\_\_\_

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

Hours per week: \_\_\_\_\_

Gross: \_\_\_\_\_

Net: \_\_\_\_\_

Paid how often? Circle one.

Weekly      Bi-Weekly      Monthly  
    Bi-Monthly      Other

Any other income:  
\_\_\_\_\_

Any other income:  
\_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth State: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Scars, tattoos, etc. \_\_\_\_\_

Race: \_\_\_\_\_ Scars, tattoos, etc. \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

Last school grade completed: \_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Divorce: \_\_\_\_\_ Death: \_\_\_\_\_

Divorce: \_\_\_\_\_ Death: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Desire restoration of maiden name: \_\_\_\_\_

Who is currently residing in the marital home? \_\_\_\_\_

**CHILDREN INFORMATION**

Child's name	D/O/B	Living with	Soc. Sec. #

Any other actions in regard to the children in this or any other state? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Present address of children: \_\_\_\_\_  
Address of children for the last five (5) years: \_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse previously filed for divorce during your marriage? If So: County: \_\_\_\_\_ Case No.: \_\_\_\_\_

**HEALTH CARE FOR MINOR CHILD(REN)**

Name of policy holder	Name of insurance company	Policy no.

Has you or your spouse applied for or receive public assistance? If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Wife's closest relative: address and phone: \_\_\_\_\_  
\_\_\_\_\_

Husband's closest relative: address and phone: \_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

Have you or your spouse been diagnosed with any mental or physical health conditions? If yes, please explain:  
\_\_\_\_\_

Hospitalization and dates: \_\_\_\_\_

Alcohol abuse by either you or your spouse? \_\_\_\_\_

Drug abuse by either you or your spouse? \_\_\_\_\_

**PROPERTY**

**MARITAL HOME:**

Year purchased: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Land contract: \_\_\_\_\_

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

Payment: \_\_\_\_\_

Interest rate: \_\_\_\_\_

Payment made to: \_\_\_\_\_

Market value: \_\_\_\_\_

Owners: \_\_\_\_\_

Desire Marital Home? \_\_\_\_\_

**OTHER PROPERTY:** Do you or your spouse own any other real estate in MI or any other state? If the answer is yes, please list all other property owned by either you or your spouse whether together or separately.

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

**FURNITURE, APPLIANCES AND VALUABLES**

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

**VEHICLES**

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>BUY/LEASE</b>	<b>OWNER</b>	<b>AMOUNT OWED</b>
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**STOCKS AND BONDS**

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**PENSIONS, 401K, PROFIT SHARING and OTHER RETIREMENT ACCOUNTS**

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**CHECKING AND SAVINGS ACCOUNTS**

BANK	ACCOUNT NO.	NAME	VALUE

**CERTIFICATES OF DEPOSIT**

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**LIABILITIES AND DEBTS**

TYPE	ACCOUNT #	BALANCE	WHOSE NAME?

Do you or your spouse jointly or separately have a safety deposit box? If so, where?

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Please list any and all life insurance policies in either your name or your spouse's name:

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Please list any and all assets of the marriage not previously mentioned before:

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What would you, the Client, like to receive in the settlement?

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Spouse to receive in settlement:

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