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Referred By: _____ Date: _____

MARITAL INFORMATION QUESTIONNAIRE

NEW CLIENT

Name: _____ SSN: _____

Present Residential Address: _____

City/State/Zip Code: _____ County: _____

Phone Nos. (Home): _____ (Business): _____ (Fax): _____

(Cellular): _____ E-mail Address: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Driver's License No.: _____ Criminal Record? _____

EDUCATION: Specify Highest Grade Completed and/or Training, Degrees or Certificates:
(H.S. 1-4; College 1-4; Major, Masters' Degree; Technical or Trade): _____

Maiden Name: _____ Number of This Marriage: _____

Personal Health: _____

Physician Name and Treatment: _____

PREVIOUS MARRIAGES (if any):

Previous Spouse's Name: _____

Dates of Marriage & Divorce: _____ How Marriage Terminated: _____

Children of Previous Marriage (Names and Date of Birth): _____

Maintenance and Obligation to Dependents: _____

CLIENT'S OCCUPATION

A. EMPLOYER: _____

Address: _____ Phone No.: _____

Position: _____ Length of Employment: _____ Hourly Gross: \$ _____

Salary – Annual Gross and Net: \$ _____ GROSS \$ _____ NET

Pay Frequency (Weekly, Bi-Weekly, Twice Per Month, etc.): _____

Gross and Net Per Pay Period: \$ _____ GROSS \$ _____ NET

Bonus: _____ Commissions: _____

Expense Account: _____ Stock Interests: _____

Health Insurance (Cost and Frequency of Payment): _____

Health Insurance Premium Attributed to Child/Children: _____

Life Insurance (Cost and Frequency of Payment): _____

Dates Contributions Started and Amounts and Frequency of Contributions:

Pension: _____ Credit Union: _____

401(k) or Savings Plan: _____ Value of Account: _____

Contribution Amount and Frequency: _____

Profit Sharing: _____ Value of Account: _____

Contribution Amount and Frequency: _____

Stock Options: _____ IRA: _____

B. IF LENGTH OF EMPLOYMENT IS LESS THAN DURATION OF MARRIAGE, PLEASE LIST PREVIOUS EMPLOYERS, ADDRESSES, SALARIES, AND JOB TITLES ON A SEPARATE SHEET OF PAPER.

C. ANY EMPLOYER OTHER THAN CURRENT ONE LISTED IN A?

YES _____ NO _____

IF SO, PLEASE LIST PREVIOUS EMPLOYERS, ADDRESSES, SALARIES, AND JOB TITLES, ON A SEPARATE SHEET OF PAPER.

D. BUSINESS NAME: _____

() Self-Employed () Corporation () Partnership () Sole Proprietorship

Address: _____

Phone No.: _____ Nature of Business: _____

Date and How Acquired: _____ Cost or Investment: _____

Position: _____ Other Partners: _____

Stock Interest: _____ Number of Shareholders: _____

Name of Shareholders and Percent (%) Interest:

Names of Directors: _____

Name of Officers: _____

Salary: \$ _____ Bonus: _____ Commission: _____

Expense Account: _____ Profit Sharing: _____

Insurance: _____ Pension: _____

SPOUSE

Name: _____ SSN: _____

Present Residential Address: _____

City/State/Zip Code: _____ County: _____

Phone Nos. (Home): _____ (Business): _____ (Fax): _____

(Cellular): _____ E-mail Address: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Driver's License No.: _____ Criminal Record? _____

Social Media Accounts (Facebook): _____ (Twitter): _____

(Instagram): _____ (Other): _____

EDUCATION: Specify Highest Grade Completed and/or Training, Degrees or Certificates:

(H.S. 1-4; College 1-4; Major, Masters' Degree; Technical or Trade): _____

Maiden Name: _____ Number of This Marriage: _____

Personal Health: _____

Physician Name and Treatment: _____

PREVIOUS MARRIAGES (if any):

Previous Spouse's Name: _____

Date of Marriage: _____ How Marriage Terminated: _____

Children of Previous Marriage (Names and Date of Birth): _____

Maintenance and Obligation to Dependents: _____

SPOUSE'S OCCUPATION

A. EMPLOYER: _____

Address: _____ Phone No.: _____

Position: _____ Length of Employment: _____ Hourly Gross: \$ _____

Salary – Annual Gross and Net: \$ _____ **GROSS** \$ _____ **NET**

Pay Frequency (Weekly, Bi-Weekly, Twice Per Month, etc.): _____

Gross and Net Per Pay Period: \$ _____ **GROSS** \$ _____ **NET**

Bonus: _____ Commissions: _____

Expense Account: _____ Stock Interests: _____

Health Insurance (Cost and Frequency of Payment): _____

Health Insurance Premium Attributed to Child/Children: _____

Life Insurance (Cost and Frequency of Payment): _____

Dates Contributions Started and Amounts and Frequency of Contributions:

Pension: _____ Credit Union: _____

401(k) or Savings Plan: _____ Value of Account: _____

Contribution Amount and Frequency: _____

Profit Sharing: _____ Value of Account: _____

Contribution Amount and Frequency: _____

Stock Options: _____ IRA: _____

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C. ANY EMPLOYER OTHER THAN CURRENT ONE LISTED IN A?

YES _____ NO _____

IF SO, PLEASE LIST PREVIOUS EMPLOYERS, ADDRESSES, SALARIES, AND JOB TITLES ON A SEPARATE SHEET OF PAPER.

D. BUSINESS NAME: _____

() Self-Employed () Corporation () Partnership () Sole Proprietorship

Address: _____

Phone No.: _____ Nature of Business: _____

Date and How Acquired: _____ Cost or Investment: _____

Position: _____ Other Partners: _____

Stock Interest: _____ Number of Shareholders: _____

Name of Shareholders and Percent (%) Interest:

Names of Directors: _____

Names of Officers: _____

Salary: \$ _____ Bonus: _____ Commission: _____

Expense Account: _____ Profit Sharing: _____

Insurance: _____ Pension: _____

MARRIAGE INFORMATION

CHILDREN

Name(s) of Child/Children	Resides with	Date of Birth	SSN	Age	School
	Mr. or Mrs.				or Day Care
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Educational Costs (Registration, Tuition, Books, etc.): _____

Private or Public School? _____ How will you split cost? _____

Extracurricular Activities or Lessons (Soccer, Dance, Swimming, etc.): _____

How will you split costs for Extracurriculars? Equally _____ Proportion _____

Day-Care or Baby-Sitters (Names, Cost per Week, etc.): _____

Any Children Adopted? _____ Is Wife Currently Pregnant? _____

Children's Disabilities (if any): _____

Who will maintain Health Insurance? Husband _____ Wife _____

How will you split uncovered Medical Expenses? Equally _____ Proportion _____

How many Overnight Visits do you expect with the Child/Children? _____

For your Spouse with the Child/Children? _____

CHILD/CHILDREN'S FINANCIAL ACCOUNTS

Institution/Type of Account	Name(s) on Account	Account No.	Total Amount	Who Maintains?	Regular Deposits?

FACTS

Date of Present Marriage: _____ Pre-nuptial Agreement? _____

Place Marriage Performed: _____

(City) (State) (County)

Domiciled in _____, Illinois, _____ County for _____ years.

Are Parties Sharing the Same Household? _____ If **NO**, Give Date of Separation: _____

If **YES**, Give Date that “Irretrievable Breakdown” Started: _____

Previous Separation(s), Dates and Reasons: _____

Previous Counseling Dates and By Whom: _____

(Social Worker, Marriage Counselor, Psychologist, Priest, Rabbi, Minister, Doctor)

Previous Court Action: _____ Case No.: _____

Attorney: _____ Disposition: _____

(Check Client’s Grounds)

() No Fault: _____ Separated Six (6) Months **OR** _____ Separated Two (2) Years

() Adultery () Bigamy () Desertion () Physical Cruelty

() Mental Cruelty () Conviction of a Felony () Impotency () Habitual Drunkenness

() Attempt on Life of the Other () Communicable Venereal Disease () Use of Habitual Drugs

Facts, Dates, and Places: _____

Witness’ Names and Addresses: _____

PLEASE INDICATE WHETHER YOU OR YOUR SPOUSE IS CURRENTLY A NAMED PLAINTIFF OR DEFENDANT IN ANY LAWSUIT. IF SO, PLEASE PROVIDE INFORMATION BELOW.

Plaintiff: _____ Plaintiff's Attorney: _____

Defendant: _____ Defendant's Attorney: _____

County and State: _____ Case No.: _____

Nature of the Cause of Action: _____

Amount in Dispute (i.e. Damages): _____

Status of Case: _____

INCOME TAXES

Joint Returns Filed: YES _____ NO _____

If So, Years Joint Returns Filed: _____

Credit Due for Overpayment of Estimated Taxes? _____

If So, Indicate Amount of Estimated Tax Paid and Date: _____

If Refund is Due, Did You Elect Refund in the Form of Check or Credit? (Circle One)

Federal Refund Due: Year _____ Amount _____

State Refund Due: Year _____ Amount _____

Federal Liability Due: Year _____ Amount _____

State Liability Due: Year _____ Amount _____

Future Returns: Will you both alternate claiming the Child/Children? Yes _____ No _____

Do you want to claim the Child/Children each year? Yes _____ No _____

Your spouse will claim the Child/Children each year. Yes _____ No _____

ASSETS

REAL ESTATE:

Location: _____

Names on Title: _____ Joint Tenancy? _____ Trust? _____

Present Value: _____ Date of Most Recent Appraisal: _____

Date of Purchase: _____ Price Paid: _____

Total Capital Improvement Since Purchase: _____

Mortgage Holder and Address: _____

Monthly Mortgage Amount: _____ Present Mortgage Balance: _____

(Includes Taxes: YES _____ NO _____ Insurance: YES _____ NO _____)

If **NO**, State Cost of Insurance and Taxes: _____

Second Mortgage: NO _____ YES _____ Amount of Payment: _____

Name of Lien Holder: _____

Original Amount of Loan and Date: _____ Amount of Balance: _____

Balloon Payment: YES _____ Due On: _____ NO _____

Down Payment: _____ Source of Funds to Pay Down Payment: _____

Net Equity: _____

(PLEASE BRING THE TITLE POLICY CONTAINING THE LEGAL DESCRIPTION OF THE AFOREMENTIONED PROPERTY.)

ADDITIONAL REAL ESTATE:

PROVIDE ALL INFORMATION REQUESTED ABOVE ON ADDENDUM ATTACHED.

LIFE INSURANCE:

	CLIENT	SPOUSE
Policy No		
Company		
Amount Insured		
Beneficiary		
Premium and Loan		
Whole Life or Term		
Cash Value		
Death Benefit Amount to Child/Children (Naming Each Other as Guardian)		

MOTOR VEHICLES: (CARS, BOATS, MOTORCYCLES, ETC.)

(1) (2) (3) (4)

Year, Make and Model				
Date Purchased and Price				
Current Lien Balance				
Monthly Lien Payments				
Current Value				
Lien in Mr., Mrs., Or Both Names?				
Title in Mr., Mrs., or Both Names?				
Driven By Mr. or Mrs.?				

SAVINGS OR CHECKING ACCOUNTS, CREDIT UNIONS:

Bank or Name of Fund, Address, and Phone No.: _____

Names on Title: _____ Source of Funds: _____

Date Acquired: _____ Account No.: _____ Balance: _____

SAVINGS OR CHECKING ACCOUNTS, CREDIT UNIONS:

Bank or Name of Fund, Address, and Phone No.: _____

Names on Title: _____ Source of Funds: _____

Date Acquired: _____ Account No.: _____ Balance: _____

CD'S, IRA'S, MUTUAL FUNDS:

Bank or Name of Fund, Address, and Phone No.: _____

Names on Title: _____ Source of Funds: _____

Date Acquired: _____ Account No.: _____ Balance: _____

CD'S, IRA'S, MUTUAL FUNDS:

Bank or Name of Fund, Address, and Phone No.: _____

Names on Title: _____ Source of Funds: _____

Date Acquired: _____ Account No.: _____ Balance: _____

STOCKS AND BONDS:

<u>Name of Company</u>	<u>No. of Shares</u>	<u>Present Value</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRUSTS:

<u>Corpus</u>	<u>Income</u>	<u>Trustee</u>	<u>Beneficiary</u>	<u>Date Created and By Whom</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SAFE DEPOSIT BOX:

Location: _____

Names on Title: _____ Who Has Access: _____

Contents: _____

PRIVATE MEMBERSHIPS:

Where: _____

Initiation Fee: _____ Yearly/Monthly Dues: _____

OTHER MARITAL PROPERTY:

EXPLAIN IN FULL DETAIL ANY OTHER PROPERTY OBTAINED, PURCHASED OR ACQUIRED BY EITHER YOU OR YOUR SPOUSE DURING THE MARRIAGE:

NON-MARITAL PROPERTY:

EXPLAIN IN FULL DETAIL ANY OTHER PROPERTY OBTAINED, PURCHASE OR ACQUIRED BY EITHER YOU OR YOUR SPOUSE **BEFORE OR DURING (VIA INHERITANCE OR GIFT ONLY)** THE MARRIAGE:

DISSIPATION:

EXPLAIN IN FULL DETAIL ANY PROPERTY SOLD, TRANSFERRED, CASHED IN, ENCUMBERED, DAMAGED, DESTROYED, ETC. BY EITHER YOU OR YOUR SPOUSE SINCE YOUR MARRIAGE BEGAN TO BREAKDOWN:

DEBTS

<u>To Whom Owed</u>	<u>Incurring by Mr., Mrs., or Both</u>	<u>Account No.</u>	<u>Total Amount</u>	<u>Monthly Payments</u>

(IF NECESSARY, PLEASE USE A SEPARATE SHEET OF PAPER.)

PRIORITIES

Please List Your Expectations, Priorities, and What You Consider to Be an Equitable Resolution to This Divorce: _____

MISCELLANEOUS NOTES

ADDITIONAL REAL ESTATE:

Location: _____

Names on Title: _____ Joint Tenancy? _____ Trust? _____

Present Value: _____ Date of Most Recent Appraisal: _____

Date of Purchase: _____ Price Paid: _____

Total Capital Improvement Since Purchase: _____

Mortgage Holder and Address: _____

Monthly Mortgage Amount: _____ Present Mortgage Balance: _____

(Includes Taxes: YES _____ NO _____ Insurance: YES _____ NO _____)

If **NO**, State Cost of Insurance and Taxes: _____

Second Mortgage: NO _____ YES _____ Amount of Payment: _____

Name of Lien Holder: _____

Original Amount of Loan and Date: _____ Amount of Balance: _____

Balloon Payment: YES _____ Due On: _____ NO _____

Down Payment: _____ Source of Funds to Pay Down Payment: _____

Net Equity: _____

(PLEASE BRING THE TITLE POLICY CONTAINING THE LEGAL DESCRIPTION OF THE AFOREMENTIONED PROPERTY.)