

DAMON Q. SMITH

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RE: DIVORCE QUESTIONNAIRE

We look forward to seeing you in our office and discussing your situation. In order for us to handle your consultation as efficiently as possible, and to enable us to give you accurate and sound advice, we ask that you fill out this questionnaire as completely and accurately as possible, and **bring it with you** to the office interview. If you prefer you may also Email, Mail or Fax the questionnaire back to us and make a payment at my website above. In that situation, I would call you for a phone consultation, draft the needed documents and arrange a date to sign the completed documents.

I promise the questionnaire will not be a waste of your time and it will probably save you at least one trip to our office. The questionnaire only asks for the minimum information we will need to prepare the documents to be filed in your case. **The information is needed to draft the documents that will be filed in court.**

If no questionnaire is attached please bring, email, fax, or mail the following information to our office to enable us to finish drafting the paperwork required by the Court in your case.

- 1. Husband Social Security number _____ Date of Birth_____.
- 2. fWife Social Security number _____ Date of Birth_____.

Please complete numbers 3-5 if there are children born during the marriage under age 19.

- 3. Husband pay stub.
- 4. Wife pay stub
- 5. child full name_____
- DOB:_____SSN:_____
- child full name_____
- DOB:_____SSN_____
- child full name_____
- DOB:_____SSN_____

Fees ___Uncontested Divorce \$650 plus court cost \$227 ___Contested Divorce \$2227 total

Sincerely
Damon Smith
Attorney at Law

I need both sections filled in. To avoid problems of handwriting, please print.

WIFE SECTION		HUSBAND SECTION	
Who is my client? (who called me) (circle one): Wife		Husband	
Wife's Full Name (current married name)		Husband's Full Name	
WIFE ONLY ON THIS QUESTION (circle one) What was your maiden name: _____. Do you want to change back to you maiden name? Yes No If you want to change your name to something else, what do you want it to be: _____ WE NEED THE WIFE'S MAIDEN NAME FILLED IN ABOVE. (Wife's Full Name)			
Home Phone Number (include area code)		Home Phone Number (include area code)	
Work Phone Number (include area code)		Work Phone Number (include area code)	
Home Address (Street, lot number or apartment number) (City, State, and Zip Code)		Home Address (Street, lot number or apartment number) (City, State, and Zip Code)	
Mailing Address (P. O. Box) (City, State, and Zip Code)		Mailing Address (P. O. Box) (City, State, and Zip Code)	
Email:		Email:	
Social Security Number:		Social Security Number:	
Date of Birth:		Date of Birth:	
County in which you live in:		County in which you live in:	
Have you lived in this county at least six months? (circle one) Yes No		Have you lived in this county at least six months? (circle one) Yes No	
Race: (Native American, Black, White, or Other)		Race: (Native American, Black, White, or Other)	
Do you live in the city limits? (circle one) Yes No		Do you live in the city limits? (circle one) Yes No	
How many times have you been married, including this marriage? (circle one) 1 st 2 nd 3 rd 4 th 5 th 6 th		How many times have you been married, including this marriage? (circle one) 1 st 2 nd 3 rd 4 th 5 th 6 th	
If previously married, last marriage ended by: (circle one) Divorce Death Annulment		If previously married, last marriage ended by: (circle one) Divorce Death Annulment	
Education: Specify highest grade completed: Elementary or High School (0-12) _____ College (1-4 or 5+) _____		Education: Specify highest grade completed: Elementary or High School (0-12) _____ College (1-4 or 5+) _____	
MARRIAGE INFORMATION SECTION			
Date you got married: (Month, Day, Year)			
Married where: (City, County, State)			
Is the wife pregnant at this time? (circle one) Yes No		If yes, please call our office at this time.	
Number of children under 19 years of age in this household as of separation date:			
Date separated: (Month, Day, Year)		Residence when separated: (County and State)	
(IF NO CHILDREN, SKIP DOWN TO THE SECTION THAT BEGINS WITH "PLEASE READ")			
If there are children under 19 years of age born to or adopted by this couple, complete this section. (If children are 19 years of age or older, no need to provide their social security number)			
Child's Full Name (first, middle, last)	Date of Birth	Social Security Number	Female/Male (circle one)
			Female/Male
			Female/Male
			Female/Male

(IF NO CHILDREN, SKIP DOWN TO THE SECTION THAT BEGINS WITH “PLEASE READ”)

If child support has been established thru a court order, mail a copy of the Order with the questionnaire.

WIFE SECTION

HUSBAND SECTION

Place of Employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (street, city, state, zip code)	Place of Employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (street, city, state, zip code)
Telephone Number of Employer:(area code–prefix–number)	Telephone Number of Employer:(area code–prefix–number)
Gross Wages: \$ _____ Per month or \$ _____ Bi-weekly or \$ _____ Per week (Look for the word ‘Gross’ on your paycheck.)	Gross Wages: \$ _____ Per month or \$ _____ Bi-weekly or \$ _____ Per week (Look for the word ‘Gross’ on your paycheck.)
LIST THE AMOUNT OF CHILD SUPPORT PAID TO A CHILD NOT OF THIS MARRIAGE. \$ _____ per month or \$ _____ per week	LIST THE AMOUNT OF CHILD SUPPORT PAID TO A CHILD NOT OF THIS MARRIAGE. \$ _____ per month or \$ _____ per week
If you pay childcare, what is the childcare cost? \$ _____ per month or \$ _____ per week	If you pay childcare, what is the childcare cost? \$ _____ per month or \$ _____ per week
Do you provide health/dental insurance for the children? (circle one) Yes No What is the cost of this insurance that you pay? \$ _____ per month or \$ _____ per week	Do you provide health/dental insurance for the children? (circle one) Yes No What is the cost of this insurance that you pay? \$ _____ per month or \$ _____ per week
PLEASE READ Please answer the following questions as best you can. Some issues relevant to family law, not mentioned here, will be discussed later. Please read each section before marking answering. If you don’t know the answer, skip it and we can discuss it later. Where you see the words “ ATTORNEY USE ONLY THIS BOX “ please skip to the next box.	
REAL ESTATE <input type="checkbox"/> My spouse and I do not own land or a house (If true check box and, skip down to the Personal Property section)	
Please add the requested information in the space provided concerning any real estate owned by either party. PROPERTY #1: FULL ADDRESS OF PROPERTY:	
PROPERTY #1:NAME OF FIRST MORTGAGE COMPANY IF ANY AND ESTIMATE BALANCE DUE OR <input type="checkbox"/> NONE	
PROPERTY #1: NAME OF SECOND MORTGAGE COMPANY, IF ANY, AND ESTIMATE BALANCE DUE	
PROPERTY #1 ESTIMATE VALUE OF PROPERTY: Please add the requested information in the space provided concerning any real estate owned by either party. PROPERTY #2: IF SECOND PROPERTY, FULL ADDRESS OF PROPERTY:	
PROPERTY #2:NAME OF FIRST MORTGAGE COMPANY IF ANY AND ESTIMATE BALANCE DUE OR <input type="checkbox"/> NONE	
PROPERTY # 2: NAME OF SECOND MORTGAGE COMPANY, IF ANY, AND ESTIMATE BALANCE DUE	
PROPERTY #2 ESTIMATE VALUE OF PROPERTY:	
ATTORNEY USE ONLY THIS BOX REAL ESTATE <input type="checkbox"/> H W WILL OWN AND PAY MTG ON PROPERTY#1 & HOLD OTHER HARMLESS <input type="checkbox"/> H W WILL OWN AND PAY MTG ON PROPERTY#2 & HOLD OTHER HARMLESS <input type="checkbox"/> OTHER: _____ _____ _____	
New Deed <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL PROPERTY

(Personal property includes anything except land. EXAMPLE: FURNITURE, APPLIANCES, BOATS, STOCKS, BONDS, CDS, OR A MOBILE HOME THAT CAN BE MOVED. **(P.S. LIST VEHICLES IN NEXT SECTION)**)

(Please List any items you are concerned about or items valued over \$100. Please include name of item and estimate the items value.) EXAMPLE: living room furniture \$1500, tools \$500, AMSouth CD number 872947 \$10,000, stock in Wal-Mart \$5000.

1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17
9	18

ATTORNEY USE ONLY THIS BOX PERSONAL PROPERTY

H W have divided all their personal property prior to today.

H W gets everything in the home at:(Street Address): _____ except _____

H receives # _____

W receives # _____

OTHER _____

CARS/TRUCKS

Please list the year, make, model and VIN number of all vehicles
(Hint: The VIN number is located at the bottom of the front windshield on the driver’s side or on the title or tag receipt.)

Vehicle 1: Year _____ Make _____ Model _____ VIN _____

If debt on vehicle list name of creditor _____ acct no _____ bal due _____

Vehicle 2: Year _____ Make _____ Model _____ VIN _____

If debt on vehicle list name of creditor _____ acct no _____ bal due _____

Vehicle 3: Year _____ Make _____ Model _____ VIN _____

If debt on vehicle list name of creditor _____ acct no _____ bal due _____

Vehicle 4: Year _____ Make _____ Model _____ VIN _____

If debt on vehicle list name of creditor _____ acct no _____ bal due _____

ATTORNEY USE ONLY THIS BOX VEHICLES

Vehicle #1 Owner H W , debt paid H W Terms _____

Vehicle #2 Owner H W , debt paid H W Terms _____

Vehicle # _____ Owner H W , debt paid H W Terms _____

DEBTS

Please list all debts not previously listed and be specific in listing your debts. Try to get it as close to correct as possible especially when listing credit cards. (Example: Sears, Acct. 123456789, \$600)

1.	10.
2.	11.
3.	12.
4.	13.

5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

IF YOU HAVE CHILDREN READ THE VISITATION EXAMPLE, IF NOT SKIP TO THE FEE AGREEMENT.

ATTORNEY USE ONLY THIS BOX DEBTS

Each party shall pay their own debts and hold the other party harmless or there are no debts.

H will pay the following debts # _____

W will pay the following debts # _____

OTHER _____

ATTORNEY USE ONLY THIS BOX CHILD CUSTODY

JOINT CUSTODY OPTION 1: Child living with mother. Father paying child support with visitation.

JOINT CUSTODY OPTION 2: Child living with father. Mother paying child support with visitation.

SOLE CUSTODY OPTION 3: Child living with mother. Father paying child support with visitation.

SOLE CUSTODY OPTION 4: Child living with father. Mother paying child support with visitation.

OTHER _____

ATTORNEY USE ONLY THIS BOX CHILD SUPPORT PAYMENT

OPTION 1: The child support shall be deducted from the paying spouse's paycheck by the court through an income withholding order and sent to the spouse due to receive the child support.

OPTION 2: The child support will be paid by the paying spouse through the court to the spouse due to receive the child support.(This is for self employed or disability etc.- If not, judge usually will not sign without income withholding order.)

OTHER _____

ATTORNEY USE ONLY THIS BOX VISITATION

OPTION 1: standard visitation .

OPTION 2: standard visitation with the following modifications:

OPTION 3: reasonable times and reasonable places as agreed upon by the parties

OPTION 4: OTHER _____

ATTORNEY USE ONLY THIS BOX CHILD EDUCATION

OPTION 1: None

OPTION 2: Question of post-minority support is reserved.

OPTION 3: Request that college education expenses is in the agreement.

College education expenses will be paid in one of three ways.

Father will pay all. Mother will pay all. Father and mother will pay 50/50.

ATTORNEY USE ONLY THIS BOX MEDICAL/DENTAL

There is NO insurance. Wife and Husband 50/50

Medical insurance will be paid by: Wife Husband

Uninsured medical/dental expenses are to be paid by: Wife Husband Wife and Husband 50/50

ATTORNEY USE ONLY THIS BOX PERIODIC ALIMONY OPTIONS

OPTION 1: There will be NO alimony.

OPTION 2: Alimony is to be paid:

Terms:

AGREEMENT TO EMPLOY COUNSEL TO BE SIGNED AT CONSULTATION

This Agreement is made by and between the Law Firm of Damon Q. Smith & Associates, Attorneys at Law, hereinafter called "Attorneys", and the undersigned, hereinafter called "Client". Client hereby employs Attorneys to represent Client with regard to the following matter: Divorce. Attorneys hereby accepts said employment upon the following terms: Attorneys promises to use their best effort and skill in carrying out said employment. Attorneys will provide Client with legal representation concerning said divorce case pursuant to the following fee schedule, \$650 Fee for an uncontested divorce defined for purpose of this agreement as settlement of divorce case prior to any party being served with service of process, plus court cost. \$2000 Fee for a contested divorce or custody modification, plus court cost, service of process if other than Sheriff and expenses if required; these may include court reporters or investigator fees, \$500 Additional fee for mediation and or interim evidentiary hearings if ordered by court or agreed to by the parties. \$150 Additional fee for a new deed. We will need a copy of the first page of the current deed. If Client does not wish to continue said uncontested or contested divorce case at any point after the initial fee is paid Attorneys will charge for the time expended in said case at the firms usual hourly rate of \$400.00 to be deducted from any fees received from client with any remaining fee being returned to client. Client further agrees that said agreement shall not take effect until initial consultation with attorney either by phone or in person.

Client Signature

Date

Attorney Signature

Initial Consultation Date

OPTION 1 BILL THIS CREDIT CARD

CREDIT CARD NO. _____ **EXPIRATION DATE** _____

NAME ON CARD _____ **TYPE CARD** VISA ___ MC ___ AXP ___ DSC ___

AMOUNT TO BILL CARD \$600 attorney fee for Uncontested Divorce. \$2000 attorney fee for Contested Divorce check here to pay court cost now, this can be paid when the documents are signed when you come to the office if you wish.

The undersigned swears, states and affirms they have authorization to use the above named credit card.

Please sign here to authorize the use of the above listed credit card. Date

YOUR CREDIT CARD WILL NOT BE BILLED UNTIL YOU CONSULT WITH AN ATTORNEY FROM THIS OFFICE BY PHONE OR IN PERSON.

OPTION 2

I AM SENDING A CHECK OR MONEY ORDER BY MAIL. PLEASE CONTACT ME WHEN YOU RECIEVE MY FEE AND QUESTIONNAIRE. P.S. IF SENDING FEE BE SURE TO WRITE NAME OF CLIENT ON CK OR MONEY ORDER.

OPTION 3

IAM NOT SENDING A FEE BUT WOULD LIKE YOU TO LOOK AT THIS INFORMATION AND CALL ME FOR CONSULTATION. YOU MAY OF COURSE CALL FOR AN APPOINTMENT AND BRING THIS QUESTIONNAIRE WITH YOU.

VISITATION EXAMPLE

For Under the age of twelve (12) months, the visiting parent shall have the right of visitation with any child of the parties, on the first and third Sunday of each month, at the place where the child lives. The periods of visitation shall be limited to three (3) hours in duration. The visiting parent shall notify the parent with primary custody of the hours of the intended visit not less than one (1) week prior to the day of said visitation.

After the age of 12 months the visiting parent shall have the right of visitation with any child of the parties who is over the age of twelve (12) months and under the age of (3) years as follows:

- (a) On the first and third Sunday of each month from 8:00 a.m. until 6:00 p.m.;
- (b) On the birthday of the said children from 6:00 p.m. until 8:00 p.m.;
- (c) On each Christmas Day from 10:00 a.m. until 6:00 p.m.

After the age of 3 the visiting parent shall have the right to have the children with him or her as follows:

(a) The first and third weekends of each month from 6:00 p.m. on Friday until 6:00 p.m. the following Sunday. The first weekend shall begin on the first Friday of each month at 6:00 p.m.; (b) Each Christmas Day from 3:00 p.m. until 3:00 p.m. on the following New Year's Day; (c) One month during the summer, at a time to be selected by the visiting parent, but upon written notice to the parent with primary custody at least thirty (30) days in advance of such visitation; (d) Every other Thanksgiving Day from 10:00 a.m. until 6:00 p.m. of the same day beginning this year; (e) Every other birthday of the child from 6:00 p.m. on said date until 8:00 a.m. of the following day, beginning with the next birthday; and, (f) **Any other reasonable times and places upon which the parties can agree.**

The following visitation will apply if the visiting parent lives more than 200 miles away from the parent with primary custody.

The visiting parent shall have the right to have his or her children with him or her as follows: (a) Six (6) weeks during each summer at a time to be selected by the visiting parent; provided, however, that the visiting parent shall have mailed by registered mail a written notice to the parent with primary custody of the date of his or her intended visitation at least thirty (30) days prior to such visitation; (b) One (1) week each Christmas, beginning on December 26; (c) Four (4) days of each spring school holiday; (d) Any other times the visiting parent is in the town in which the children reside; (e) During any periods of visitation, the said child may travel by commercial airliner, provided: (1) The visiting parent shall pay all air fair for the transportation of the said children. (2) The flights shall be either nonstop or direct and no change of planes will be involved until the children reach the age of fourteen (14) years. (3) All travel arrangements shall be made by the visiting parent. (4) The visiting parent shall notify the parent with primary custody not less than ten (10) days of the date of the visitation, of the date, time, airline and flight number of the proposed carrier. (5) The visiting parent shall send to the parent with primary custody the round trip airline tickets or shall ensure that they will be at the air terminal and flight number of the proposed carrier. (6) The parent with primary custody shall be required to deliver the children to the nearest commercial airport offering direct flight serve to the airport at which the visiting parent will receive the children, not to be in excess of 150 miles from custodial parent's residence. The parent with primary custody shall also pick up the said child at the termination of the periods of visitation. (7) The visiting parent shall ensure that either the visiting parent or the children notifies the parent with primary custody of the arrival of the children as soon as possible after the children are met by him or her. (8) At the end of the period of visitation, the visiting parent shall notify the parent with primary custody of the dates, time, carrier, and flight number of the children's return. The visiting parent shall notify the parent with primary custody twenty-four (24) hours prior to the time of departure. (9) On the return of the children, the parent with primary custody shall ensure that either primary custodial parent or the children notifies the visiting parent of the children's return.