

CONFIDENTIAL FAMILY LAW QUESTIONNAIRE

Date: _____

Name: _____

SSN: _____ DOB: _____ Age: _____

Address: _____

Home phone: _____ Work phone: _____

Evening phone: _____ Other: _____

Citizenship: _____

Name and phone # of person I can contact in the event of an emergency:

Florida resident since: _____

Date of marriage: _____ Place of marriage: _____

Date of separation: _____

Were either you or your spouse married before? _____

Date and place of divorce (husband or wife): _____

How did you hear about our office? Sprint Yellow Pages Talking Phone Book Bell South Red Yellow
Pages Word of Mouth, Who? _____

YOUR EMPLOYMENT

Occupation: _____

Employer: _____

Address: _____

Approximate annual earnings: _____

Do you receive bonuses? _____ If so, how much and how often? _____

Do you get reimbursed for expenses? _____

Briefly describe your work history: _____

Describe your educational background: _____



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Have you and your spouse signed a Pre-nuptial Agreement? _____

If so, please provided me with a copy of agreement.

Do you feel this action will be contested or uncontested? _____

Do you or your spouse want the court to restore a former maiden/married name? _____

If so, please specify new name: _____

Have you been physically abused or threatened by your spouse? _____

If yes, please explain: _____

Are you in any way in danger? _____

Have you been a victim of domestic violence? _____

If your answer to either or both of the last two questions was "yes," please describe:

YOUR MILITARY STATUS

If you are or were on active duty with the United States Armed Forces, please state:

Date you entered active duty: _____ Branch: _____

Date you retired: _____ Rank at retirement: _____

(If retired, please provide your Military Retiree Statement)

Date you anticipate retirement from active duty: _____

Do you draw a disability rating? _____ If yes, what percentage? _____

If you are retired from active duty, was the Survivor's Benefit Plan (SBP) elected or rejected? _____

Who is the beneficiary? _____

Note: If you and your spouse were married more than 10 years while either was on active duty, I will need written proof of marriage (*i.e.*, a copy of your marriage license).

YOUR HEALTH

Do you have any significant health problems? _____ If so, please describe: _____



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Do you take regular prescription medication? _____

If so, please name the medications and the approximate monthly cost of them: _____

Name/address of your physician: _____

Do you have health insurance? _____ Who provides the coverage? _____

Who pays the premium? _____

Name of the insurance company: _____

Monthly premium \$ _____ Does this insurance cover your spouse and/or child(ren)? _____

If yes, how much of the premium pays for their coverage? _____

Note: I will need a copy of this policy.

SPOUSE (EX-SPOUSE IF MODIFICATION PROCEEDING)

Name: _____

SSAN: _____ DOB: _____ Age: _____

Address: _____

Home phone: _____ Work phone: _____

Evening phone: _____ Other: _____

Citizenship: _____

Florida resident since: _____

Spouse occupation: _____

Employer: _____

Address: _____

Approximate annual earnings: _____ Please provide copy of spouse leave/earning statement.

Does spouse receive bonuses? _____ If so, how much and how often? _____

Does spouse get reimbursed for expenses? _____

Describe spouse's health: _____

Describe spouse's educational background: _____



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YOUR SPOUSE'S MILITARY STATUS (Ex-Spouse If Modification Proceeding)

If your spouse was or is on active duty with the United States Armed Forces, please state:

Spouse's rank: _____ Branch of military: _____

Date spouse entered active duty: _____ Date spouse retired: _____

Rank at retirement: _____ Date spouse anticipates retirement from active duty: _____

Does your spouse draw a disability rating? _____ If yes, what percentage? _____

What is the nature of the disability? _____

If spouse is retired from active duty, was the Survivor's Benefit Plan (SBP) elected or rejected? _____

Do you have Champus Supplement? _____

CHILD(REN) OF THIS MARRIAGE

Total number of children: _____

Minor Child(ren)

<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Place of Birth</u>	<u>SSN</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Children from prior marriages
(Include yours and your spouse's)

<u>Name</u>	<u>DOB</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Five (5) year residency of child(ren)

	Location	With Whom
From _____ To Present	_____	_____
From _____ To _____	_____	_____
From _____ To _____	_____	_____
From _____ To _____	_____	_____
From _____ To _____	_____	_____

Do any of the children have any significant health problems? _____

If yes, please describe: _____

Name(s) of child(ren)'s physician(s): _____

Are any of these children the subject of any legal action in any court? _____

If yes, please describe: _____

Are these children covered by health insurance? _____

If so, list the company name, monthly premium, and description of coverage:

Are your children in private school? _____

If so, name of school and monthly cost? _____

Are your children in pre-school, day care, or after-school care? _____

If so, give particulars: _____



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ASSETS

Where do you bank? _____

Where does your spouse bank? _____

Do you and/or your spouse have an interest in any of the following? (If so, please describe):

Stocks: _____

Bonds: _____

IRA: _____

Keough: _____

Retirement plan: _____

Real Estate: 1) _____

2) _____

3) _____

4) _____

Any other interest: _____

What do you wish done with the marital home? _____

How is it titled? _____

When was it purchased? _____ Purchase price \$ _____

Present mortgage \$ _____ Present approximate value \$ _____

Mortgage Company: _____ Mortgage Payment: \$ _____

Did you have any asset(s) prior to or during your marriage, by gift or through an inheritance? _____

If yes, please list below the asset and how it was acquired and how it is presently titled:

Did you purchase any assets with funds or partial funds you had prior to your marriage or a gift with funds obtained prior to your marriage or through an inheritance? _____

If yes, please list the asset and how it was acquired and the amount paid: _____



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Are you temporarily paying or receiving any form of financial support from your spouse? _____

If so, how much? _____

LIABILITIES

Briefly describe your debt situation: _____

LIFE INSURANCE

If you or your spouse have life insurance, please state the following:

Policy #1:

- a. Name of insured: _____
- b. Company name/address: _____
- c. Policy # and type of policy: _____
- d. Face amount: \$ _____
- e. Beneficiary: _____
- f. Annual premium: \$ _____

Policy #2:

- a. Name of insured: _____
- b. Company name/address: _____
- c. Policy # and type of policy: _____
- d. Face amount: \$ _____
- e. Beneficiary: _____
- f. Annual premium: \$ _____

For additional policies, please submit all pertinent information on a separate sheet.

Note: Please provide me with copies of all “cover sheets” of life insurance policies which state policy numbers, names of insured, names of beneficiaries, face amounts, and annual premiums due.



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Briefly tell me what you wish to obtain in a Dissolution of Marriage proceeding:

- Custody of minor child(ren)
- Visitation rights with minor child(ren)
- Child support (payment through: Clerk of Court _____ or I.D.O. _____)
- Health insurance for child(ren)
- Insurance on spouse's life to protect child support
- IRS exemption(s) for child(ren)
- Permanent alimony of \$ _____ per month
- Rehabilitative alimony of \$ _____ per month for _____ months
- Lump sum alimony of \$ _____ payable by _____
- Ownership of the following assets:
 - Car
 - Home
 - Household goods
 - Other: _____
- Health insurance protection for yourself
- Life insurance as protection for your alimony
- A portion of your spouse's retirement plan
- Survivor's Benefit Plan (SBP) protection
- Relief from joint debts
- Restraining Order/Injunction
- Attorney Fees
- Other: _____

Please provide me with the following:

- 1) Legal descriptions of all real estate owned individually or jointly with your spouse;
- 2) Copy of auto registration(s) of all car(s) owned by you or your spouse;
- 3) Copy of all life insurance policies covering you or your spouse;
- 4) Copy of all health insurance policies covering you or your spouse;
- 5) If retired from Armed Forces, copy of monthly retiree statement;
- 6) Copy of Florida driver's license.



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