

# CAVEDA

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LAW FIRM, P.A.

Marital & Family Law  
Personal Injury & Wrongful Death

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## CONFIDENTIAL DIVORCE QUESTIONNAIRE

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your marriage. All information will be held in strict confidence.

### I. Your Personal Information:

a) Name (first, middle & last) \_\_\_\_\_

b) Maiden/Former name \_\_\_\_\_

Do you wish to have your maiden/former name restored to you? \_\_\_\_\_

If so, please indicate the full name: \_\_\_\_\_

c) Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

d) Social Security Number \_\_\_\_\_

e) Current address \_\_\_\_\_  
\_\_\_\_\_

Do you wish to have your mail from this office sent to a different address? If so, please list the address:

\_\_\_\_\_

\_\_\_\_\_

f) Telephone numbers where we may reach you: Home \_\_\_\_\_

Office \_\_\_\_\_

Cell \_\_\_\_\_

g) If you wish to correspond via e-mail, please give your e-mail address: \_\_\_\_\_

Attorney Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Residency Information:**

- a) How long have you lived in the State of Florida? \_\_\_\_\_
- b) Please list other residential addresses during the past five (5) years and the dates you resided at that residence.

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

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education:**

- a) Highest degree of education \_\_\_\_\_
- b) Portion completed during marriage \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment:**

- a) Employer \_\_\_\_\_
- b) Address \_\_\_\_\_  
\_\_\_\_\_
- c) What is your job title \_\_\_\_\_
- d) Gross salary \_\_\_\_\_
- e) Other sources of income (explain) \_\_\_\_\_
- f) Average monthly income from other sources \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Information on Spouse:**

- a) Name (first, middle, last) \_\_\_\_\_



- b) Address \_\_\_\_\_  
\_\_\_\_\_
- c) What is his/her job title \_\_\_\_\_
- d) Gross salary \_\_\_\_\_
- e) Other sources of income (explain) \_\_\_\_\_
- f) Average monthly income from other sources \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Marriage and Separation**

- a) Date of Marriage \_\_\_\_\_
- b) Place of Marriage \_\_\_\_\_
- c) If you are not living with your spouse, give an approximate date of separation \_\_\_\_\_
- d) Have there been prior separations? \_\_\_\_\_
- e) If so, how many? Please state approximately when and how long? \_\_\_\_\_
- f) Has your spouse ever been charged with a crime? \_\_\_\_\_  
 Have you been charged with a crime? \_\_\_\_\_
- g) Have there been prior court proceedings between you and your spouse? \_\_\_\_\_ If so, please bring  
 copies of all related documents. Who was your previous attorney? \_\_\_\_\_
- h) How long have you and your spouse been having difficulties? \_\_\_\_\_
- i) Have you and/or your spouse tried counseling? \_\_\_\_\_ If so, who went, for how long and to  
 whom? \_\_\_\_\_
- j) Do you want counseling for yourself, your spouse and/or for both of you and your spouse? \_\_\_\_\_
- k) Do you see divorce as the only solution? \_\_\_\_\_
- l) Is your spouse in favor of this divorce? \_\_\_\_\_
- m) Do you want a reconciliation? \_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. Children**

a) How many children were born or adopted of this marriage? \_\_\_\_\_

b) If so, please give full name, date of birth, place of birth, and sex of each child. If there are any children by a previous marriage, please indicate?

| <u>Name and Social Security Number</u> | <u>Sex</u> | <u>Date of Birth</u> | <u>Place of Birth</u> |
|--|------------|----------------------|-----------------------|
| _____                                  | _____      | _____                | _____                 |
| _____                                  | _____      | _____                | _____                 |
| _____                                  | _____      | _____                | _____                 |
| _____                                  | _____      | _____                | _____                 |

c) Where are the children living at this time? \_\_\_\_\_

d) List all residence addresses for the children during the past five (5) years, dates they lived at that residence and with whom they resided.

| <u>Address</u> | <u>Dates at that address</u> | <u>With whom they resided</u> |
|----------------|------------------------------|-------------------------------|
| _____          | _____                        | _____                         |
| _____          | _____                        | _____                         |
| _____          | _____                        | _____                         |
| _____          | _____                        | _____                         |

e) List all property, if any, owned by the children. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Real and Personal Property**

a) List all real estate you and/or your spouse own by street address, indicating who the property is titled to and its approximate value:

| <u>Address</u> | <u>Value</u> | <u>Owner(s)</u> |
|----------------|--------------|-----------------|
| _____          | _____        | _____           |
| _____          | _____        | _____           |
| _____          | _____        | _____           |

b) List all vehicles you and/or your spouse currently own, who the vehicle is titled and who has possession

| <u>Vehicle</u> | <u>Possession</u> | <u>Owner(s)</u> |
|----------------|-------------------|-----------------|
| _____          | _____             | _____           |
| _____          | _____             | _____           |
| _____          | _____             | _____           |

c) List all bank, savings, money market, credit union accounts:

| <u>Bank</u> | <u>Account Number</u> | <u>Balance</u> | <u>Owner(s)</u> |
|-------------|-----------------------|----------------|-----------------|
| _____       | _____                 | _____          | _____           |
| _____       | _____                 | _____          | _____           |
| _____       | _____                 | _____          | _____           |
| _____       | _____                 | _____          | _____           |
| _____       | _____                 | _____          | _____           |

d) List all stock and/or mutual fund accounts:

| <u>Stock/Mutual Fund</u> | <u>Account Number</u> |
|--------------------------|-----------------------|
| _____                    | _____                 |
| _____                    | _____                 |
| _____                    | _____                 |
| _____                    | _____                 |
| _____                    | _____                 |

e) List all pension, profit sharing, 401k, 403b, or other retirement type accounts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. Miscellaneous**

a) Describe any special contributions you feel you have made to your spouse's career, education or assets.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) What is the condition of your mental health? \_\_\_\_\_  
 What is the condition of your physical health? \_\_\_\_\_

c) Were you referred to this office by someone? \_\_\_\_\_ If so, who referred you? \_\_\_\_\_

\_\_\_\_\_

e) Were you referred to an individual lawyer or to the firm generally? \_\_\_\_\_

\_\_\_\_\_

Attorney Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I represent that the foregoing information is true and correct to the best of my knowledge.

DATE: \_\_\_\_\_

\_\_\_\_\_  
CLIENT SIGNATURE

**The cost of the first initial consultation is \$100.00 for up to one hour. Please indicate below the method of payment for the consultation.**

\_\_\_\_\_ **Cash/Money Order**

\_\_\_\_\_ **Visa/MasterCard/American Express/Discover: Card No.:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_