

**CONFIDENTIAL DOMESTIC QUESTIONNAIRE  
FOR SEPARATION AND PROPERTY SETTLEMENT AGREEMENT**

**Alexander & Doyle, P.A.  
523 Keisler Drive, Suite 102  
Cary, North Carolina 27518  
(919) 380-1001**

**1. MARRIAGE INFORMATION:**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
(City, State, and County)

Date of Separation: \_\_\_\_\_

If never married provide relevant dates of your relationship and specify dates in which you lived together (if any) please be clear and specific:

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

My maiden name is \_\_\_\_\_ (please print)

Do you wish to resume the use of your maiden name upon Divorce? \_\_\_\_ Yes \_\_\_\_ No

**2. CLIENT AND SPOUSE/ OPPOSING PARTY PERSONAL DATA:**

	<b>Client</b>	<b>Opposing Party/ Spouse</b>
Name		
Age		
Date of Birth		
Social Security Number		
Address <small>*it is the client's responsibility to keep the office informed of current address and phone #</small>		
If you would like Correspondence to be received at a different address from above, please list address		
Work Phone		
Cell Phone		

	Client	Opposing Party/ Spouse
<b>Education:</b> (check all that apply) <b>High School</b>		
<b>College:</b> (list School, Degree, and graduation year)		
<b>Graduate School:</b> (list School, Degree, and graduation year)		
<b>Current Employment:</b>		
Employer		
Position		
Salary		
Address		
Phone		
Dates of Employment		
<b>Previous Employment:</b> Provide information from the two employers preceding the current employer		
Employer (1)		
Dates of Employment		
Salary		
Employer (2)		
Dates of Employment		
Salary		

**\*\* ATTACH LAST THREE PAYCHECK STUBS, THREE (3) YEARS OF STATE AND FEDERAL TAX RETURNS WITH ALL W-2s, 1099s, SCHEDULES AND ATTACHMENTS FOR EACH PERSON\*\***

**\*Number 3 deals with any children born or adopted during the marriage of the parties. If none exist, please skip to Number 4 on page 8\***

**3. CHILDREN BORN OF THE MARRIAGE:**

Full Name	DOB/ Age	Current Address	Birthplace (County/ State)

**A. Child Custody:**

If there are any children of the marriage who are currently under the age of 18, please complete the following: Please summarize any understanding that you and the opposing party have in regards to custody and visitation using the information below if possible. If necessary, attach an additional page for the summary.

**i. Physical Custody:**

If there is no agreement, please summarize your preference for physical custody and visitation, including summer and holiday schedules using the following:

- \_\_\_ i) Joint Physical Custody
- \_\_\_ ii) Husband – Primary Physical Custody
- \_\_\_ iii) Husband – Sole Physical Custody
- \_\_\_ iv) Wife – Primary Physical Custody
- \_\_\_ v) Wife – Sole Physical Custody

**ii. Custody/ Visitation Schedule:**

What custody/ visitation schedule will the other parent have?

\_\_\_ a. 50 % Custodial

\_\_\_ i. 2-2-5: Monday and Tuesday with one parent, Wednesday and Thursday with other parent, and alternating Weekends (Friday through Sunday).

\_\_\_ ii. Other 50/50 time split. Please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ b. Other Structured Custody/ visitation rights: (Ex. Every other weekend from 6:00 p.m. Friday to 6:00 p.m. Sunday, plus four weeks every summer, and one week at Winter Vacation, etc.)

Please indicate your specific preferences for the Custodial Schedule \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ c. Would you like to add a Holiday Custodial Schedule?: this will supersede the regular custodial schedule and will alternate on even and odd years. – This usually includes:

**Thanksgiving:** In even numbered years, the Husband shall have the minor children reside with him beginning at 6:00 p.m. on Wednesday before Thanksgiving and continuing until 6:00 p.m. on Sunday following Thanksgiving and in odd numbered years the Wife shall have the minor children reside with her beginning at 6:00 p.m. on Wednesday before Thanksgiving and continuing until 6:00 p.m. Sunday evening following Thanksgiving.

**Christmas:** In odd numbered years, the Husband shall have the minor children reside with him beginning on the first day of school recess for the Christmas holidays and continuing until 12:00 noon on Christmas Day. In even numbered years, the Husband shall have the minor children beginning at 12:00 noon on Christmas Day and continuing until the children return to school ending their Christmas holiday vacation. In even numbered years, the Wife shall have the children reside with her beginning on the first day of school recess for the Christmas Holidays and continuing until 12:00 noon on Christmas Day. In odd numbered years, the Wife shall have the minor children beginning at 12:00 noon on Christmas Day and continuing until the children return to school ending their

Christmas Holiday vacation.

**Father=s/Mother=s Day:** Husband shall have the right to have the children reside with him on Father=s Day and his (Husband=s) birthday. Wife shall have the right to have the children reside with her on Mother=s Day, and her (Wife=s) birthday.

**Vacation/School breaks:** Husband and Wife shall have the right to have the children reside with him, or her, for a period of up to four (4) weeks in the summer, of which at least two (2) may be consecutive weeks during summer vacation or any other extended break from school which is at least four (4) weeks in length. Each parent agrees to give the other at least six (6) weeks written notice of their intent prior to taking the children on the two week vacation. The parties agree to work together in scheduling the children=s summer activities and camps.

Please list any other holidays you would like to include and any changes you would like to make to the above listed holiday schedule: \_\_\_\_\_

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**iii. Legal Custody:** refers to decision-making authority over the child/children

Who will have legal custody of the child/children?

- \_\_\_ i. Joint Custody – refers to both parties discussing major decisions regarding the child/children’s health, education, and welfare.
  
- \_\_\_ ii. Sole Custody- refers to one party having all decision-making authority.
  - \_\_\_ a) Husband
  - \_\_\_ b) Wife

Courts typically provide for joint legal custody, please list any reason why joint legal custody should not be allowed. \_\_\_\_\_

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**B. Child Support:** If there are any minor children of the marriage, please complete the following:

- i. Husband’s monthly gross income before deductions: \$ \_\_\_\_\_
- ii. Wife’s monthly gross income before deductions: \$ \_\_\_\_\_
- iii. Are there any work-related child care costs? If so list:

monthly obligation: \$\_\_\_\_\_

responsible party: \_\_\_\_\_

iv. Are there any health insurance premium costs for the children? If so, list:

monthly obligation (for the children only): \$\_\_\_\_\_

responsible party: \_\_\_\_\_

**C. Medical Expenses:** who will be responsible for providing a policy of medical insurance for the child/ children at his or her own cost or through his or her employer?

\_\_\_\_ Husband

\_\_\_\_ Wife

\_\_\_\_ Both

Of the following please indicate if insurance is currently provided for the minor child/children, and if so please list the responsible party and cost.

\_\_\_\_ Health Insurance: \_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_ Vision Insurance: \_\_\_\_\_ \$\_\_\_\_\_

\_\_\_\_ Dental Insurance: \_\_\_\_\_ \$\_\_\_\_\_

**D. Uncovered Health Care Expenses:** There are some medical expenses which must be paid out-of-pocket and which are not covered or reimbursed. Who will pay the cost of the uncovered health care expenses?

\_\_\_\_ Husband

\_\_\_\_ Wife

\_\_\_\_ Both Parties in the following ratio:

Husband = \_\_\_\_\_ %

Wife = Remainder

Or

Wife = \_\_\_\_\_ %

Husband = Remainder

**\*\* ATTACH COPY OF ANY CHILDCARE COST INFORMATION AND DOCUMENTATION OF HEALTH, VISION, AND DENTAL INSURANCE COST\*\***

**E. College Education:** (Please note there is no law in North Carolina requiring either party to pay for or provide for college expenses.) Do you want a college education provision in this agreement? \_\_\_ Yes \_\_\_ No if so please answer all of the following questions.

i. What expenses for college will you pay?

\_\_\_ Room and Board

\_\_\_ Books

\_\_\_ Tuition and Fees

\_\_\_ In-State tuition and fees as maximum amount

\_\_\_ Other Maximum amount: (please specify) \$ \_\_\_\_\_

ii. For how long in each child's case will the assistance be provided?

\_\_\_ 4 years

\_\_\_ other (please specify): \_\_\_\_\_

iii. Will you require the child to be enrolled full-time? \_\_\_ Yes \_\_\_ No

At an accredited institution? \_\_\_ Yes \_\_\_ No

In pursuit of a recognized undergraduate degree? \_\_\_ Yes \_\_\_ No

Maintaining at least a "C" average? \_\_\_ Yes \_\_\_ No

iv. Do you want to put a limit or ceiling on the amount to be paid? \_\_\_ Yes \_\_\_ No

If so, which of the following do you want?

\_\_\_ All of the college expenses will be paid by my spouse

\_\_\_ Each of us will pay one-half of the college expenses

\_\_\_ All of the college expenses will be paid by my spouse, but this obligation shall not in any event exceed the highest then-prevailing rate at the state college/university/technical institute in the state where the child/children then have legal residence for the purpose of paying in-state tuition.

\_\_\_ Other: (Please specify) \_\_\_\_\_

v. Do you have or do you want to create a college trust fund for your child/children? \_\_\_ Yes \_\_\_ No

If so, who will be/ is the trustee(s) of the fund and how will it be/is it funded?

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**F. Life Insurance:** If a parent dies before a child reaches eighteen years old, there will often be no source of support for the child from the estate of a deceased parent. For this reason, parents want to provide for life insurance on their lives as a way of financially caring for a child after their death. If you have reached an agreement on this, or would like to make this request please complete the following:

i. What amount of life insurance is to be provided?

- \$50,000
- \$100,000
- Other: \$ \_\_\_\_\_

ii. Will both parties agree to pay for and provide life insurance or will only one party provide life insurance?

- Both parties
- Husband Only
- Wife Only

iii. Who will be named as beneficiary of the policy?

- Spouse
- other: \_\_\_\_\_

**4. CHILDREN BY PRIOR MARRIAGE/RELATIONSHIP:**

a. List all Children by prior marriage/relationship including age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Are there any pre-existing child support payments (children **not** born to **both** parties)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

i. If so, please list:

monthly obligation: \$ \_\_\_\_\_

responsible party: \_\_\_\_\_

**\*\*ATTACH COPIES OF ANY CURRENT LIFE INSURANCE POLICIES \*\***



**5. PERSONAL PROPERTY:**

Have you and the opposing party divided all household goods and personal property to the respective party? \_\_\_\_\_Yes \_\_\_\_\_No

If not please list any property which belongs to each separate party:

Client:	Opposing Party/ Spouse:
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**6. AUTOMOBILES:** Complete the chart with any automobiles owned by either party.

Year/ Make/ Model	Name on Title	Book Value	Amount Owed	Monthly Payment	Who shall retain possession?
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife

**7. BANK ACCOUNTS:** Complete the chart with all Bank accounts owned by either party.

Cash on hand: \$ \_\_\_\_\_

Type of Account and Account #	Bank	Name(s) on Account	DOS Balance	Current Balance	Has account been closed?	Who shall retain possession?
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide

**\*\*ATTACH BANK ACCOUNT STATEMENTS FOR ALL BANK ACCOUNTS FROM 6 MONTHS PRIOR TO THE DATE OF SEPARATION UNTIL CURRENT\*\***

Please summarize any understanding you and the opposing party have in regards to the division and/or distribution of bank account proceeds. If there is no agreement, please summarize your preference for division and /or distribution. If necessary attach an additional page for the summary.

**8. STOCKS/ BONDS:** Complete the chart with any stocks/ bonds owned by either party.

Name of Company	Number of Shares	Date Acquired	Current Value	Who shall retain possession?
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide

				<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
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Please summarize any understanding you and the opposing party have in regards to the division and/or distribution of listed stocks/bonds. If there is no agreement, please summarize your preference for division and/or distribution. If necessary, attach an additional page for the summary.

**9. RETIREMENT ACCOUNTS (IRA, 401K, PENSION):** Complete the chart with any retirement, 401K, and Pension Plan owned by either party.

Company name and Account #	Type of Account	Dates of Employment	Value of Plan	Name on Account	Who shall retain possession?
					<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
					<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
					<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
					<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
					<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
					<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide

**\*\*ATTACH COPIES OF INVESTMENT ACCOUNT STATEMENTS (STOCKS, BONDS, CD'S, ETC.) AND RETIREMENT ACCOUNT STATEMENTS FOR ALL ACCOUNTS FROM 6 MONTHS PRIOR TO THE DATE OF SEPARATION TO CURRENT & MODEL LANGUAGE FOR QDRO AND FORMS AND FOR PENSION-SUMMARY PLAN DESCRIPTION\*\***

Please summarize any understanding you and the opposing party have in regards to the division and/or distribution of the listed pension accounts. If there is no agreement, please summarize your preferences. If necessary, attach an additional sheet for the summary.

**10. LIFE INSURANCE:** Complete the chart with any Life insurance policies of the parties:

Company name and policy #	Policy Owner	Cash Value	Face Value	Beneficiary	Names of those Insured	Who shall retain possession?
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide
						<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Divide

Please summarize any understanding you and the opposing party have in regards to who will retain ownership of listed policies. If there is no agreement, please summarize your preference. If necessary, attach an additional sheet for the summary.

**11. HEALTH INSURANCE:**

Are you presently covered under a Health Insurance Plan?  Yes  No

Name of Insurer: \_\_\_\_\_

Who is responsible for paying for the insurance: \_\_\_\_\_

What is the cost of the insurance? \$ \_\_\_\_\_

**12. REAL PROPERTY:** Complete the chart of any real property owned by either party, including the Marital Residence.

Property Address	How is it titled?	Date of Purchase	Current Market Value	Date of last appraisal	Who shall retain possession?
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife

Complete the chart of any outstanding mortgages, equity lines, or other loans on the property:

Property Address	Lender	Date of Loan	Amount owed (date of separation)	Account number

**\*\*ATTACH COPIES OF ANY MORTGAGES, EQUITY LINES OR OTHER LOANS ON THE PROPERTY AS OF THE DATE OF SEPARATION.**

Please Summarize any understanding you and the opposing party have in regards to who will retain the listed property/ properties. If there is no agreement, please summarize your preference, including if there is a mortgage, how long will be allowed prior to the party refinancing. If necessary, attach an additional page for the summary.

**13. DEBTS:** Complete the chart with all outstanding debts that have not been previously provided.

Debt	Account #	Lien Holder (if any)	Security (item securing debt if any)	Name on Debt	Who shall retain possession?
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife
					___ Husband ___ Wife

**\*\*ATTACH COPIES OF ANY STATEMENTS FOR ANY OUTSTANDING DEBTS OF EITHER PARTY FROM 6 MONTHS PRIOR TO THE DATE OF SEPARATION TO CURRENT\*\***

**14. DISTRIBUTIVE AWARD:** If the property that each person is keeping/taking does not equal what the other party is taking, then there is usually a distributive award to equalize the estates of each party.

Who will pay the distributive award? \_\_\_\_\_

How much will be paid? \_\_\_\_\_ By what date? \_\_\_\_\_

**15. ALIMONY/SPOUSAL SUPPORT:** If one party earns more than the other then the party who earns less may be entitled to spousal support.

What amount of support payment should the Wife/Husband (circle one) receive? \_\_\_\_\_

Length of Time \_\_\_\_\_

In NC, there are certain “terminating conditions” for spousal support, including death of payor, death of payee, remarriage by payee or “cohabitation” by payee. Additionally, adultery is a bar to a person being able to receive alimony.

## **Documents needed for Separation Agreement Preparation**

1. **Tax Returns:** Including W-2's and all schedules (5 years)
2. **Bank Accounts:** 12 months prior to date of separation through Current
3. **Retirement Information:** 12 months prior to date of separation through Current
4. **Income:** Paystubs, any 1099's, ect (3 months)
5. **Insurance Benefits:** Life, auto, home, health, dental, vision (if spouse or children on policy: documentation from employer showing cost for employee/ employee plus spouse/ employee plus children / employee plus family)
6. **Day Care/ Childcare Expenses:** Documentation of enrollment fees, tuition, ect.
7. **Mortgage/ Home Equity Line of credit:** Documentation of current mortgage balance and HELOC
8. **Vehicles:** Value of Vehicle – either by property tax or Kbb.com (Kelly Blue Book- private party sale)
9. **Credit Cards:** Statements 12 months prior to date of separation through Current
10. **Other Bills (Utilities) :** 12 months prior to the date of separation through Current
11. **House Value:** Appraisal/ Property Tax Value