CONFIDENTIAL DOMESTIC QUESTIONNAIRE

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have a marriage certificate? Yes / No

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:**

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Opposing Party/ Spouse** |
| Name |  |  |
| Age |  |  |
| Date of Birth |  |  |
| Social Security # |  |  |
| Address[[1]](#footnote-1) |  |  |
| Work Phone |  |  |
| Cell Phone |  |  |
| If you would like Correspondence to be received at a different address from above, please list address |  |  |
|  | **Client** | **Opposing Party/ Spouse** |
| **Education**: High School |  |  |
| College: (list School, Degree, and graduation year) |  |  |
| Graduate School: (list School, Degree, and graduation year) |  |  |
| **Current Employment:** |  |  |
| Employer |  |  |
| Position |  |  |
| Salary |  |  |
| Address |  |  |
| Phone  |  |  |
| Dates of Employment |  |  |
| **Previous Employment**:Provide information from the two employers preceding the current employer |  |  |
| Employer (1) |  |  |
| Dates of Employment  |  |  |
| Salary |  |  |
| Employer (2) |  |  |
| Dates of Employment |  |  |
| Salary |  |  |

**\*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) | School | Grade |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**\*Any special needs? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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.

1. **Physical Custody:**

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

1. Joint Physical Custody
2. Husband – Primary Physical Custody
3. Husband – Sole Physical Custody
4. Wife – Primary Physical Custody
5. Wife – Sole Physical Custody
6. **Custody/ Visitation Schedule:**

What custody/ visitation schedule will the other parent have?

1. 50/50 Custodial
2. 2-2-5: Monday and Tuesday with one parent, Wednesday and Thursday with other parent, and alternating Weekends (Friday through Sunday).
3. Week on/Week off
4. 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.)

If not listed above, please indicate your specific preferences for the Custodial Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ c. Would you like to add a Holiday Custodial Schedule? It 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Who will have legal custody of the child/children?

* + 1. Joint Custody – refers to both parties discussing major decisions regarding the child/children’s health, education, and welfare. Both parties must agree.
		2. 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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: \_\_\_\_\_\_\_\_\_\_

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 heath care expenses?

 \_\_\_\_ Husband

 \_\_\_\_ Wife

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

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

 Wife = Remainder

 Or

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

 Husband = Remainder

1. Special Healthcare Needs? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **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.
	1. 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) $\_\_\_\_\_\_\_\_\_\_\_

* 1. For how long in each child’s case will the assistance be provided?

 \_\_\_ 4 years

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

* 1. 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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1. **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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any religious preferences that need to be considered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. List all Children by prior marriage/relationship including age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are there any pre-existing child support payments (children **not** born to **both** parties)? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
3. If so, please list:

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

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

**5. HOME FURNISHINGS/MUCIAL INSTRUMENTS/VIRTUAL 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 below which belongs to each separate party, including any “virtual property” (i.e. digital movies, books, music, or video games), home furnishings and musical instruments. List the item under name of who is to receive the item:

|  |  |
| --- | --- |
| Client:  | Opposing Party/ Spouse: |

**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 |

**7. BANK ACCOUNTS (including Zelle/PayPal/Venmo/PopMoney):** 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? |
|  |  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |

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? |
|  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |

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? |
|  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |

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? |
|  |  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ Divide |
|  |  |  |  |  |  | **\_\_\_** Husband\_\_\_ Wife\_\_\_ 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. 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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.

**12. 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 |

**13. POINTS/MILES:**

List any points/miles below under name of who is to receive the item:

|  |  |
| --- | --- |
| Client:  | Opposing Party/ Spouse: |

**14. CRYPTO CURRENCY (Bitcoin):** \*Have you seen a small piece of metal with numbers on it? If so, please let us know.

Please list any crypto currency below under name of who is to receive the item:

|  |  |
| --- | --- |
| Client:  | Opposing Party/ Spouse: |

**15. VENMO/PAYPAL/ZELLE/POPMONEY:**

Please list any Venmo/PayPal/Zelle/PopMoney below under name of who is to receive the item:

|  |  |
| --- | --- |
| Client:  | Opposing Party/ Spouse: |

**16. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17. 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? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any significant healthcare issues? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What prescription medications do you take regularly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18. 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 (Both personal and business)**: Including W-2’s and all schedules (3 years); If you or your spouse are self-employed, please provide business returns
2. **Bank Accounts**: 12 months prior to date of separation through Current
3. **Retirement Information**: 12 months prior to date of separation through Current and model language for QDRO and forms. For pensions, please provide the summary plan description
4. **Income**: Paystubs, any 1099’s, etc. (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, etc.
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
12. **Points/Miles:** Statements 12 months prior to date of separation through Current
13. **Crypto Currency (Bitcoin)**
14. **Venmo/PayPal/Venmo/PopMoney:** Statements 12 months prior to date of separation through Current
15. **Current Life Insurance Policies:** Copies of policies and statements 12 months prior to date of separation through Current
16. **Investment Account (Stocks, Bonds, Cd’s, Etc.):** Statements for all accounts from 6 months prior to the date of separation to current and model language for QDRO and forms
1. it is the client’s responsibility to keep the office informed of current address and phone number [↑](#footnote-ref-1)