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DIVORCE/LEGAL SEPARATION/DISSOLUTION INTAKE QUESTIONNAIRE

Today's Date: _____

YOUR PERSONAL INFORMATION

Your Complete Legal Name: _____

Your Prior Names (if any): _____

Names of Your Prior Spouse (if any): _____

Your Present Address: _____

City: _____ State: _____ Zip: _____

How Long?: _____ Part of Town: _____

Your Preferred Mailing Address: _____

Religious Affiliation: _____ Citizenship: _____

Your Place of Birth: _____

Your Social Security Number: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Fax: _____ Is a call needed before fax is sent? _____

Cell Phone: _____ E-Mail: _____

Date of Marriage: _____ City and State of Marriage: _____

Date of Separation: _____ Who Left?: _____

Father's Name: _____ Mother's Name: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Job Duties: _____

Date of Hire: _____ Rate of Pay: _____

How Often Are You Paid?: _____ Gross Pay: _____ Net Pay: _____

Overtime: _____ Average number of hours per month: _____

Bonuses: _____ Average per year: _____

Commissions: _____ Average per month: _____

Deductions from wages other than taxes and social security?: _____

Are you covered by Social Security?: _____ If not, what government pensions are you covered by?: _____

Do you have any additional earned income?: _____

If yes, what do you do, where and what is your monthly income?: _____

If Unemployed:

Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment: _____ Rate of Pay: _____

Reason for Leaving: _____

High School Attended: _____ Did you graduate?: _____

If not, how many years of schooling have you completed?: _____

Colleges, Professional Schools or Training Programs Attended:

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

Did your spouse contribute to financing your education?: __ If yes, how?: _____

Did you contribute to financing your spouse's education?: __ If yes, how?: _____

If you did not complete your education, please state specific reasons why: _____

Have you ever discussed this matter with any other attorney?: _____

If yes, state name of Attorney and when: _____

Do you have any other claims against anyone?: _____

Are you a party to any active lawsuit?: _____

Have you ever filed Bankruptcy?: _____ If yes, when and where?: _____

Do you have a current Will?: _____

Residence: 1. County in which spouse resides: _____

2. County in which real or personal property is located: _____

3. County of your residency for at least the last 10 years: _____

PERSONAL INFORMATION OF SPOUSE

Spouse's Complete Legal Name: _____

Prior Names of Spouse (if any): _____

Name of Spouse's Prior Spouses: _____

Spouse's Present Address: _____

City: _____ State: _____ Zip: _____ How long?: _____

Spouse's Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Spouse's Social Security Number: _____ Race: _____

Spouse's Date of Birth: _____ Age: _____ Place of Birth: _____

Spouse's Citizenship: _____ Spouse's Religious Affiliation: _____

Spouse's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Has Spouse ever consulted an Attorney?: _____ If yes, who?: _____

Place of Employment and Address: _____

Job Title: _____ Duties: _____

Hours: _____ Gross Pay: _____ Net Pay: _____

How often is Spouse Paid?: _____ Date of Hire: _____

High School Attended by Spouse: _____

Did Spouse graduate?: _____ If not, years of education completed by Spouse: _____

Colleges, Professional Schools or Training Programs attended:

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

If your Spouse did not complete his/her education, please state specific reasons why: _____

Has your Spouse ever filed for bankruptcy?: _____ If yes, when and where?: _____

Does your Spouse have any claims against anyone?: _____

Does anyone have any claims against your Spouse?: _____

If yes, who?: _____

Is your spouse presently involved in any other pending Litigation?: _____ If yes, state details:

Father's Name: _____ Mother's Name: _____

CHILD/SPOUSAL SUPPORT

Does your Spouse receive or pay any child support?: _____ Monthly amount: _____

Does your Spouse receive or pay any spousal support?: _____ Monthly amount: _____

CHILDREN

Children of Marriage	Birth Date of Child	Social Security Number	Current Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address of children for the last 5 years if different from current:

Child: _____ From: _____ To: _____ Resides with: _____

Address: _____

Child: _____ From: _____ To: _____ Resides with: _____

Address: _____

Child: _____ From: _____ To: _____ Resides with: _____

Address: _____

Your Other Children	Birth Date of Child	Custodian
_____	_____	_____
_____	_____	_____

Spouse's Other Children	Birth Date of Child	Custodian
_____	_____	_____
_____	_____	_____

Do you receive any child support?: _____ How much?: _____

Do you pay child support?: _____ How much?: _____

Do you pay spousal support?: _____ How much?: _____

Do you pay any other court-ordered obligation?: _____ State _____ Details: _____

Do any of the children listed above have any medical or psychological needs or disabilities that require ongoing medical treatment or special schooling or training?: _____ If yes, please state:

Child's Name	Condition Description	Treating Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH

Do you or your spouse have any disabilities or ongoing medical conditions?: _____

If yes, please state:

Condition	Doctor Name	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your spouse participated in any counseling or therapy concerning the problems of this marriage or otherwise?: _____ If yes, please state:

Doctor Name	Address	Time Period
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INSURANCE COVERAGE

Is your family covered under a medical insurance policy?: _____

Does your employer provide this coverage?: _____

What is the name of the insurance company?: _____

Address: _____

Policy Number: _____ Group Number: _____

Is there any cost to you for this coverage?: _____ If yes, how much and how often?: _____

What is the cost for your children to be covered above the cost for you and your spouse to be covered?: _____

Does your Spouse's employer provide this coverage?: _____

If yes, what is the name of the insurance company?: _____

What is the address of the insurance company?: _____

Policy Number: _____ Group Number: _____

Is there any cost to you or your Spouse for this coverage?: _____ If yes, how much and how often?: _____

What is the cost for your children to be covered above the cost for you and your spouse to be covered?: _____

REAL ESTATE

Do you and/or your spouse own real estate?: ___ If yes please provide the following information:

	1	2	3	4
Address of property	_____	_____	_____	_____
Date of purchase	_____	_____	_____	_____
Purchase price	_____	_____	_____	_____
Mortgage company	_____	_____	_____	_____
Down payment amount	_____	_____	_____	_____
Source of down payment	_____	_____	_____	_____
Monthly payment	_____	_____	_____	_____
Balance due on mortgage	_____	_____	_____	_____

2 nd mortgage amount	_____	_____	_____	_____
Home equity loan amount	_____	_____	_____	_____
Is mortgage current?	_____	_____	_____	_____
Taxes included in mortgage?	_____	_____	_____	_____
Tax per ½ year	_____	_____	_____	_____
Are taxes current?	_____	_____	_____	_____
Insurance included in mortgage?	_____	_____	_____	_____
Yearly cost of insurance	_____	_____	_____	_____
Use of property	_____	_____	_____	_____
Any liens against property	_____	_____	_____	_____
Estimate of current value	_____	_____	_____	_____
Basis for above valuation	_____	_____	_____	_____

MOTOR VEHICLES, BOATS, ETC.

	1	2	3	4
Make, Model, Year	_____	_____	_____	_____
Who Uses Item	_____	_____	_____	_____
Titleholder	_____	_____	_____	_____
VIN Number	_____	_____	_____	_____
Loan Company	_____	_____	_____	_____
Loan Balance	_____	_____	_____	_____
Monthly Payments	_____	_____	_____	_____
Are Payments Current?	_____	_____	_____	_____
Insurance Coverage	_____	_____	_____	_____

MONEY ASSETS

(CD'S, OTHER DEPOSITS, MONEY MARKET ACCOUNTS, SAVINGS ACCOUNTS)

Account Location	Address	Account Number	Current Balance	Name on Account
_____	_____	_____	_____	_____

CHECKING ACCOUNTS

Account Location	Address	Account Number	Current Balance	Name on Account

CREDIT UNION ACCOUNTS

Account Location	Address	Account Number	Current Balance	Name on Account

CERTIFICATE OF DEPOSIT

Do you or your spouse have any certificates of deposit?: _____ If yes, please state the following:

Account Location	Account Number	Current Balance	Name on Account	Maturity Date

SAVINGS BONDS/OTHER GOVERNMENT SECURITIES

Do you or your spouse have any U.S. Savings Bonds?: _____

State the number and types of bonds owned, if known: _____

Where are the bonds located?: _____

State the value of the bonds; if known: _____

DEFERRED COMPENSATION: KEOUGH, 401K PLANS, IRA'S ETC.

	1	2	3	4
Name of Trustee	_____	_____	_____	_____
Account Location	_____	_____	_____	_____
Type	_____	_____	_____	_____
Account Number	_____	_____	_____	_____
Current Balance	_____	_____	_____	_____
Name on Account	_____	_____	_____	_____
Single or Joint	_____	_____	_____	_____

OTHER BONDS, STOCKS, STOCK PLANS, FUTURES, OPTIONS, ETC.

	1	2	3	4
Company Name	_____	_____	_____	_____
Number of Shares	_____	_____	_____	_____
Name Appearing On Certificate	_____	_____	_____	_____
Who has Possession	_____	_____	_____	_____
Value per Share/Unit	_____	_____	_____	_____
Purchase Date	_____	_____	_____	_____
Cost	_____	_____	_____	_____
Any securities pledged or encumbered?	_____	_____	_____	_____

PENSION OR PROFIT SHARING PLANS

1	2	3	4
---	---	---	---

Plan Name	_____	_____	_____	_____
Address	_____	_____	_____	_____
Type	_____	_____	_____	_____
Party Covered	_____	_____	_____	_____
Employer Provided	_____	_____	_____	_____
Value	_____	_____	_____	_____

BUSINESSES

Do you or your Spouse have any interest in any business?: _____ If yes, please state the following for each business:

	1	2	3	4
Company Name	_____	_____	_____	_____
Business Type	_____	_____	_____	_____
Acquisition Date	_____	_____	_____	_____
Amount Invested	_____	_____	_____	_____
% of Interest	_____	_____	_____	_____
Value	_____	_____	_____	_____

Notes and Comments: _____

LIFE INSURANCE, ANNUITIES, ETC.

	1	2	3	4
Company	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Type	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____

Beneficiary _____
 Cash Value _____

SAFE DEPOSIT BOX

Institution	Address	Name	Contents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PROPERTY

	Assets	Present Fair Market Value
Accounts receivable and/or other claims due to you	_____	_____
Cash	_____	_____
Other liquid assets	_____	_____
Machinery (value > \$500)	_____	_____
Tools (value > \$500)	_____	_____
Artwork	_____	_____
Camera/Video	_____	_____
Sport Equipment (value > \$500)	_____	_____
Musical Instrument (value > \$500)	_____	_____
Coins precious metal	_____	_____
Collectibles/Antiques	_____	_____
Jewelry	_____	_____
Pets/Livestock	_____	_____
Trusts	_____	_____
Guardianship	_____	_____
Anything Else of Substantial Value	_____	_____
Anticipated Tax Refunds	_____	_____

Have you given anyone else a financial statement in the last 5 years?: _____
If yes, state the following: To Whom?: _____ When?: _____

COMPUTER RECORDS

Do you and/or your spouse keep personal and/or business financial information on a computer?: _____
If yes, where is the computer?: _____
Who has access to it?: _____
Does access require a password?: _____
Who knows the password?: _____
Is the computer information backed up on a regular basis?: _____
If yes, where are back-up tapes/discs stored?: _____
Who has access to back-up tapes/discs?: _____
Do you have an e-mail account?: _____
Does your spouse have an e-mail account?: _____
Do you each have access to the other's account?: _____
Do you have a website, Facebook or LinkedIn Account?: _____
Address: _____
Does your spouse have a website, Facebook or LinkedIn Account?: _____
Address: _____

DEBTS

Please provide the following information on each debt. List all debts including credit cards (Visa, MasterCard, Discover, etc.) and loan companies (Beneficial, Household Finance, etc.):

Name of Company: _____ Account Number: _____
Name account is in: _____ Balance as of last billing: _____
Reason for debt: _____ Monthly payment: _____
Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____
Name account is in: _____ Balance as of last billing: _____
Reason for debt: _____ Monthly payment: _____

Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____

Name account is in: _____ Balance as of last billing: _____

Reason for debt: _____ Monthly payment: _____

Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____

Name account is in: _____ Balance as of last billing: _____

Reason for debt: _____ Monthly payment: _____

Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____

Name account is in: _____ Balance as of last billing: _____

Reason for debt: _____ Monthly payment: _____

Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____

Name account is in: _____ Balance as of last billing: _____

Reason for debt: _____ Monthly payment: _____

Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____

Name account is in: _____ Balance as of last billing: _____

Reason for debt: _____ Monthly payment: _____

Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____

Name account is in: _____ Balance as of last billing: _____

Reason for debt: _____ Monthly payment: _____

Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____
Name account is in: _____ Balance as of last billing: _____
Reason for debt: _____ Monthly payment: _____
Personal or Joint: _____ Comments: _____

Name of Company: _____ Account Number: _____
Name account is in: _____ Balance as of last billing: _____
Reason for debt: _____ Monthly payment: _____
Personal or Joint: _____ Comments: _____

If there are debts owed for hospital or doctor services, please give the following information:

Name of Doctor/Hospital: _____ Debt Amount: _____
Reason for Debt: _____ Monthly Payment: _____

Name of Doctor/Hospital: _____ Debt Amount: _____
Reason for Debt: _____ Monthly Payment: _____

Name of Doctor/Hospital: _____ Debt Amount: _____
Reason for Debt: _____ Monthly Payment: _____

Name of Doctor/Hospital: _____ Debt Amount: _____
Reason for Debt: _____ Monthly Payment: _____

INHERITANCE/ADVANCEMENT/HEIRLOOMS

During the course of your marriage, did you or your spouse ever receive any inheritances or advancements on inheritances?: _____ If yes, please give the following information:

Name of Deceased/Donor: _____

Relationship to you or your spouse: _____

What was inherited/advanced? (Include dollar amount or value): _____

How was the inherited/advancement used?: _____

What are the current locations of the inheritance/advancement?: _____

GIFTS

During the course of your marriage, did you or your spouse receive any property or monetary gifts exceeding \$1,000.00 from anyone?: ___ If the answer is yes, then please give the following information:

Name of the person who gave gift: _____

Amount of gift: _____

To whom was the gift specifically given?: _____

How was the gift used?: _____

PRIOR AGREEMENTS

Have you and your spouse entered into any prior agreements?: _____

Prenuptial: _____ Separation: _____

PRE-MARITAL PROPERTY

Did you bring any real estate, stocks, bonds, bank accounts, retirement, pension benefits, personal property, household goods, vehicles, etc., into the marriage with you?: _____

If the answer is yes, please describe what was brought into the marriage: _____

Did your spouse bring any real estate, stocks, bonds, bank account, retirement accounts, pension benefits, personal property, household goods, vehicles, etc. into the marriage?: _____

If the answer is yes, please describe what was brought into the marriage: _____

OTHER NON-MARITAL PROPERTY

Have you or your spouse received any of the following?:

V.A. Benefits: _____

Social Security (SSI, SSD) benefits: _____

Personal injury claims money: _____

Trust money: _____

Are there any other assets or liabilities owned or owed by you or your spouse which have not been disclosed in this worksheet: including, but not limited to, anything of value you have put into trust, or received from a trust?: _____ If the answer is yes, please state these in detail:

MONTHLY LIVING EXPENSES

DO NOT INCLUDE ON THIS SHEET ITEMS DEDUCTED FROM YOUR SALARY

To determine the monthly amount, multiply the weekly amount by 4.3 or divide yearly total by 12. Fill out only those items which apply. If estimated, so state.

A. HOUSING COSTS

Rent or first mortgage (including taxes and insurance): _____

Real estate taxes (if not included above): _____

Real estate/homeowner's insurance (if not included above): _____

Second mortgage/equity line of credit: _____

Utilities

Electric: _____

Gas, fuel oil, propane: _____

Water and sewer: _____

Telephone: _____

Trash collection: _____

Cable/satellite television: _____

Cleaning, maintenance, repair: _____

Lawn service, snow removal: _____

Other: _____

TOTAL MONTHLY: _____

B. OTHER MONTHLY LIVING EXPENSES

Food

Groceries (including food, paper, cleaning products, toiletries, other): _____

Restaurant: _____

Transportation

Vehicle loans, leases: _____

Vehicle maintenance (oil, repair, license): _____

Gasoline: _____

Parking, public transportation: _____

Clothing

Clothes (other than children's): _____

Dry cleaning, laundry: _____

Personal grooming

Hair, nail care: _____

Other: _____

Cell phone: _____

Internet (if not included elsewhere): _____

Other: _____

TOTAL MONTHLY: _____

C. MONTHLY CHILD-RELATED EXPENSES

(For children of the marriage or relationship)

Work/education-related child care: _____

Other child care: _____

Unusual parenting time travel: _____

Special and unusual needs of child(ren) (not included elsewhere): _____

Clothing: _____

School supplies: _____

Child(ren)'s allowances: _____

Extracurricular activities, lessons: _____

School lunches: _____

Other: _____

TOTAL MONTHLY: _____

D. INSURANCE PREMIUMS

Life: _____

Auto: _____

Health: _____

Disability: _____

Renters/personal property (if not included in part 1 above): _____

Other: _____

TOTAL MONTHLY: _____

E. MONTHLY EDUCATION EXPENSES

Tuition: _____

Self: _____

Child(ren): _____

Books, fees, other: _____

College loan repayment: _____

Other: _____

TOTAL MONTHLY: _____

F. MONTHLY HEALTH CARE EXPENSES

(Not covered by insurance)

Physicians: _____

Dentists: _____

Optometrists/opticians: _____

Prescriptions: _____

Other: _____

TOTAL MONTHLY: _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren): _____

Child support for children who were not born of this marriage or relationship and were not adopted of this marriage: _____

Spousal support paid to former spouse(s): _____

Subscriptions, books: _____

Entertainment: _____

Charitable contributions: _____

Memberships (associations, clubs): _____

Travel, vacations: _____

Pets: _____

Gifts: _____

Bankruptcy payments: _____

Attorney fees: _____

Required deductions from wages (excluding taxes, Social Security and Medicare) (please also indicate type): _____

Additional taxes paid (not deducted from wages) (please also indicate type): _____

Other: _____

TOTAL MONTHLY: _____

H. MONTHLY INSTALLMENT PAYMENTS

(Do not repeat expenses already listed)

Examples: car, credit card, rent-to-own, cash advance payments

To Whom Paid	Purpose	Balance Due	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MONTHLY: _____

GRAND TOTAL MONTHLY (Sum of A through H): _____

Signed: _____ Date: _____

Are you requesting a name change?: _____ If yes, what change?: _____