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POST DECREE 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: _____

Your Place of Birth: _____

Your Social Security Number: _____ Date of Birth: _____

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

Cell Phone: _____ Email: _____

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

Date of Divorce: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ 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?: _____

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: _____

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

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

If so, state name of Attorney and when: _____

Do you have any other claims against anyone?: _____

If yes, who?: _____

Does anyone have any claims against you?: _____

If yes, who?: _____

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

Are you presently involved in any other pending Litigation?: _____ If yes, state details:

Do you have a current Will?: _____

PERSONAL INFORMATION OF EX-SPOUSE

Ex-Spouse's Complete Legal Name: _____

Prior Names of Ex-Spouse (if any): _____

Name of Ex-Spouse's Current Spouse: _____

Ex-Spouse's Present Address: _____

City: _____ State: _____ Zip: _____

How Long: _____ Part of Town: _____

Ex-Spouse's Mailing Address: _____

City: _____ State: _____ Zip: _____

Ex-Spouse's Place of Birth: _____

Ex-Spouse's Social Security Number: _____ Date of Birth: _____

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

Cell Phone: _____ Email: _____

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

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ 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: _____

Do you have any additional earned income?: _____ If yes, what do you do, where and what is your monthly income?: _____

High School Attended by Ex-Spouse: _____ Did Ex-Spouse graduate?: _____

If not, years of education completed by Ex-Spouse: _____

Colleges, Professional Schools of Training Programs Attended:

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

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

Has your Ex-Spouse ever filed Bankruptcy?: _____ If yes, when and where?: _____

Does your Ex-Spouse have any claims against anyone?: _____

If yes, who?: _____

Does anyone have any claims against your Ex-Spouse?: _____

If yes, who?: _____

Is your Ex-Spouse presently involved in any other pending Litigation?: ___ If yes, state details:

CHILD/SPOUSAL SUPPPORT

Does your Ex-Spouse pay any child support?: _____ Monthly amount: _____

Does your Ex-Spouse receive any child support?: _____ Monthly amount: _____

Does your Ex-Spouse pay any spousal support?: _____ Monthly amount: _____

Does your Ex-Spouse receive any spousal support?: _____ Monthly amount: _____

CHILDREN

Child of this Relationship	Date of Birth	Social Security Number	Current Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address of child(ren) for the last five 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

Date of Birth

Custodian

_____	_____	_____
_____	_____	_____
Your Ex-Spouse's Children	Date of Birth	Custodian
_____	_____	_____
_____	_____	_____

Do you pay any child support?:_____ Monthly amount:_____

Do you receive any child support?:_____ Monthly amount:_____

Do you pay any spousal support?:_____ Monthly amount:_____

Do you receive any spousal support?:_____ Monthly amount:_____

Do you pay any other court-ordered obligation?:_____ Monthly amount:_____

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 ex-spouse have any disabilities or ongoing medical conditions?:_____

Please give a brief description of the disability or the condition and any special or ongoing treatment you or your spouse receive for the condition:

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

Have you or your ex-spouse participated in any counseling or therapy concerning the problems

of this marriage or otherwise?:_____ If yes, please state the treatment, address of treatment provider, and periods of time of such services:

Treatment	Address	Periods of Time
_____	_____	_____
_____	_____	_____

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 current spouse (if there is one) to be covered?:_____

Does your ex-spouse's employer provide this coverage?:_____

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

Address:_____

Policy Number:_____ Group Number:_____