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Questionnaire For Divorce or Legal Separation

1. **Date of Appointment/Teleconference with attorney:** _____
2. **Type of Action:** Dissolution of Marriage (Divorce) / Legal Separation
3. **Client's Personal Data:**
 - a. Client Name: _____
 - b. Client's Social Security Number: _____
 - c. Client's date of birth: _____
 - d. Client's Home Address: _____
 - e. Home Phone: _____
 - f. Work Phone: _____
 - g. E-mail: _____
 - h. Alternate e-mail: _____
 - i. How do you prefer to be contacted? _____
4. **Spouse's Personal Data:**
 - a. Spouse's Name: _____
 - b. Spouse's Current Address: _____
 - c. Spouse's Social Security Number: _____
 - d. Spouse's date of birth: _____

5. Venue

- a. Domiciliary of OK for 6 months prior to filing? _____
- b. Is petitioner a resident of the County to be filed in for the past 30 days? _____

Or the petitioner may file in the County where the spouse currently resides.

6. Cause for Divorce/Separation (please circle below):

- a. Incompatibility. No Fault (no burden of proof)
- b. Other
 - i. Adultery
 - ii. Extreme Cruelty
 - iii. Abandonment (for 1 year)
 - iv. Impotence
 - v. Pregnancy of Wife by another at time of marriage
 - vi. Fraudulent Contract
 - vii. Habitual Drunkenness
 - viii. Gross Neglect of Duty
 - ix. Felony Imprisonment
 - x. Insanity

7. Info About the Marriage

- a. Date of Marriage: _____
- b. Location of Marriage: _____
- c. Date of Estrangement: _____
- d. Date of Physical Separation (if any): _____

8. Children

- a. If you have any children, please list their names below:

- i. _____ Age/Date of Birth _____
- ii. _____ Age/Date of Birth _____
- iii. _____ Age/Date of Birth _____
- iv. _____ Age/Date of Birth _____
- v. _____ Age/Date of Birth _____

b. If you have any family member or other individuals that you care for in your home, please list their names and ages below:

- i. _____

9. Spouse's Attorney's Info (if any):

- a. Spouse's Attorney's Name/Firm _____
- b. Spouse's Attorney's Address _____
- c. Spouse's Attorney's Phone Number _____
- d. Spouse's Attorney's Email Address _____

10. Type of Custody Requested

- a. Joint/Sole _____
- b. Petitioner to be Primary Custodial Parent? _____

11. Children members of Indian Tribe? _____

- a. If so, which Tribe? _____

12. Wife Pregnant? _____

- a. If so, date baby due _____

13. Individual Real and Personal Property of Petitioner (Acquired BEFORE marriage, by gift, or by inheritance)

- a. _____
- b. _____

- c. _____
- d. _____
- e. _____

14. Individual Real and Personal Property of Respondent (Acquired BEFORE marriage, by gift, or by inheritance)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

15. Joint Real and Personal Property (Acquired DURING marriage)

- a. Real Estate
 - i. Address _____
 - ii. Legal Description _____
 - iii. Award to _____
- b. Personal Property
 - i. Vehicles _____
 - ii. Description/Value/VIN _____
 - iii. Award to _____
- c. Other Personal Property/ Award to....
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____

- vi. _____
- vii. _____
- viii. _____
- ix. _____
- x. _____

d. Creditors/Debts/Balance Due/Date of Latest Balance:

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

16. Petitioner Desires to Make Either of the Following Statements?

- a. The parties have acquired certain personal property/debt and of said items, the court should make a fair and equitable division and distribution between the parties.
- b. For good cause, the 90-day waiting period should be waived for dissolution of marriage.

17. File a Temporary Order? _____

- a. Temporary Child Support? _____
 - i. Amount? _____
 - ii. Beginning Date? _____
 - iii. Client Requesting Temporary Attorneys Fees and Costs? _____

18. Spousal Support/Alimony? _____

- i. For Which Spouse?: _____
- ii. Amount? _____

iii. Beginning Date? _____

19. Alimony in Lieu of Property Division? _____

20. Client or Spouse Wishes to Have Her Name Changed? _____

21. If Joint Custody is to be awarded, please complete the following:

a. Living Arrangements/Number of Nights with each parent? _____

b. Medical/Dental Care Arrangements: _____

c. Insurance Arrangements: _____

d. School Placement: _____

e. Visitation Schedule: _____

f. Drop Off/Pick Up Location: _____

g. Date Child Support/Medical Payments Begin: _____

h. Child Support Obligations (My Office Will Run the Calculations):

i. Gross Monthly Pay for Father: _____

ii. Gross Monthly Pay for Mother: _____

iii. Either party self employed? _____

1. Amount of Monthly self-employment income for:

a. Father: _____

b. Mother: _____

iv. Amount of Child Care Expenses paid by:

a. Father: _____

b. Mother: _____

v. Total Children in Each Parent's Household Receiving a DHS Child Care
Subsidy: _____

vi. Monthly Health Insurance Premium Costs paid by:

a. Father: _____

b. Mother: _____

vii. Monthly Out-of-Pocket Medical Costs for child's ongoing medical issues
paid by:

a. Father: _____

b. Mother: _____

viii. Previous Child Support Paid by:

a. Father: _____

b. Mother: _____

22. Other:
