

TRITT & TRITT
CONFIDENTIAL
INFORMATION
QUESTIONNAIRE

QUESTIONNAIRE GUIDE

This questionnaire requests information and documents necessary to fully advise and represent you. Should you have any questions or need any assistance in completing this form, please ask.

Each marriage consists of many commitments, both personal and financial. Some may continue after the dissolution, such as responsibility for the children and/or support. Others may be severed, for example, by dividing property. As a professional assisting you, it is important that I have a full understanding of all matters which will be affected by the legal process of dissolving your marriage.

A. ABOUT YOU

1. Personal Data

(a) Name (first, middle, and last):

(b) Birth or former name:

(c) Date and place of birth:

(d) Social security #: _____ Driver's license number:

(e) Religious denomination:

(f) Do you have any physical or mental incapacities? **Y/N** If so, please describe on separate attachment.

(g) Do you have any physical or mental incapacities which might in the future affect your ability to work or care for yourself? **Y/N**. If so, please describe on a separate attachment.

2. Residence

(a) Address:

(b) Nature of address (e.g., yours and spouse's home or apartment; parents' home; friend's apartment/home; etc.):

(c) How long at this address:

(d) Contacts: _____ E-MAIL: _____

HOME: _____

BUSINESS: _____

CELL: _____

FAX: _____

(e) Date residence in county commenced: _____ In California:

3. Employment/Employability

(a) Highest school grade completed:

(b) Number of years of college completed: _____

(c) Number of years of graduate school completed: _____

(d) Degrees, if any, received:

Degree	Date Received	College or University

(e) Professional or occupational licenses held: _____

(f) Vocational training:

(g) Union memberships:

(h) Are you employed? **Y/N** If so:

1) Name, address and telephone number of employer:

2) Date employment commenced:

3) Industry and job title:

4) About how many hours do you work per week? _____

5) Paid \$_____ per _____ gross (before taxes)

6) Date job started: _____

(i) If you are self-employed, describe your occupation, industry and name of business:

1) Date business commenced:

2) Average monthly income (draw and profit): \$_____

(j) Employment benefits (health, dental, vision, flexible spending account, life, disability, car, phone, company funding for home office, personal use of business frequent flyer miles, etc.):

(k) If you are currently unemployed, please provide the following information for your previous job: (use additional pages if necessary):

1) Name, address and telephone number of employer:

2) Date employment commenced: _____

3) Industry and job title:

4) About how many hours did you work per week? _____

5) Paid \$_____ per _____ gross (before taxes)

6) Termination date/reason:

(l) Special employment skills, if any, other than the above (specify):

(m) If you currently have more than one job, attach a sheet of paper and list the same information as listed above for each of your other jobs.

4. Tax Information

(a) I last filed taxes in _____ (year)

(b) My tax filing status is:
G single G head of household
G married filing separately G married filing jointly with

(c) I file state tax returns in: G California G Other (specify)

(d) I claim the following # of exemptions (including myself) on my taxes:

5. Prior Marriages and Family Relationships

(a) Information re: prior marriages

Date of Marriage	Place	How Terminated	When

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(b) Family relationships, if any, other than marriage (living together)

Dates of Cohabitation	Place	Name of Cohabitant

(c) List below each minor child of a prior marriage or relationship, and each adult child.

Child's Name	Birthdate	Current Address	Other Parent's Name

(d) List below the information regarding any amount paid or received by you for the support of each child mentioned above:

Child's Name	\$ Paid or Recv'd	Date of Order	Court Making Order

B. ABOUT YOUR SPOUSE

1. Personal Data

(a) Name (first, middle, and last):

(b) Birth or former name:

(c) Date and place of birth:

(d) Social security #: _____ Driver's license number:

(e) Religious denomination:

(f) Does your spouse have any physical or mental incapacities? **Y/N** If so, please describe on separate attachment.

(g) Does your spouse have any physical or mental incapacities which might in the future affect his or her ability to work or care for himself or herself? **Y/N** If so, please describe on a separate attachment.

2. Residence

(a) Address:

(b) Nature of address (e.g., yours and spouse's home or apartment; parents' home;

friend's apartment/home; etc.):

(c) How long at this address:

(d) Contacts:

E-MAIL:

HOME: _____

BUSINESS: _____

CELL: _____ FAX:

(e) Date residence in county commenced: _____ In
California _____

3. Employment/Employability

(a) Highest school grade completed:

(b) Degrees, if any, received:

Degree	Date Received	College or University

(c) Professional or occupational licenses held:

(d) Union memberships:

(e) Is your spouse employed? **Y/N** If so:

1) Name, address and telephone number of employer:

2) Date employment commenced:

3) Industry and job title:

4) Paid \$_____ per _____; Average per month:
\$ _____

(f) If your spouse is self-employed, describe your spouse's occupation, industry and name of business:

1) Date business commenced:

2) Average monthly income (draw and profit):
\$ _____

(g) Employment benefits (health, dental, vision, flexible spending account, life, disability, car, phone, company funding for home office, personal use of business frequent flyer miles, etc.):

(h) Prior employment, if any (use additional pages if necessary):

1) Name, address and telephone number of employer: _____

2) Date employment commenced: _____

3) Industry and job title:

4) Paid \$ _____ per _____; Average month:
\$ _____

5) Termination date/reason:

(i) Special employment skills, if any, other than the above (specify):

4. Prior Marriages or Other Family Relationships

(a) Information re: prior marriages

Date of Marriage	Place	How Terminated	When

(b) Family relationships, if any, other than marriage (living together):

Dates of Cohabitation	Place	Name of Cohabitant

(c) List below each minor child of a prior marriage or relationship, and each adult child.

Child's Name	Birthdate	Current Address	Other Parent's

(d) List below the information regarding any amount paid or received by your spouse for the support of each child mentioned above:

Child's Name	\$ Paid or Recv'd	Date of Order	Court Making Order

C. PRESENT MARRIAGE

1. Statistical Facts Concerning Marriage

(a) Date (month, day and year) and place (city, county and state or country) of marriage:

(b) Date you separated from your spouse: _____

(c) Date you and your spouse began residing in separate residences:

(d) Date either you or your spouse first told the other one that the marriage was finally

and irretrievably over and could not continue:

(e) If you and your spouse engaged in marriage counseling, when was the last session:

(f) Residence address (city, county and state or country) at the time of separation:

(g) Date you commenced living together if prior to marriage:

2. Children

(a) Wife G Is G Is Not Pregnant

(b) Frozen embryos? No / Yes. If yes, attach page with information.

(c) Please list the following information for each child of this marriage:

Child's Full Name	Sex	Date of	Place of Birth	Social Security	Adopted
	M/F				Y/N
	M/F				Y/N

	M/F				Y/N
	M/F				Y/N

(d) Please list the following regarding residences of the children since birth:

Dates of Residence	Address	Name of Person(s) Lived	Relationship to Child
To			
To			
To			
To			

(e) Name and address of any person other than your spouse who has physical custody or claims to have custody or visitation rights with respect to any of the minor children:

(f) Have you ever participated as a party, witness, or in any other capacity in any other litigation or custody proceeding in this or any other state concerning the custody of any of the children of this marriage whose custody will be an issue in this proceeding? If so, state the name of the child, your capacity in the litigation, the name of the court and state, and the substance and date of the court order or judgment, if any:

(g) Do you have any information of any custody proceeding pending in a court of this state or any other state concerning any of the children of this marriage whose custody will be an issue in the proceeding? If so, state the name of the child, the nature of the proceeding, the name of the court and state, and the status of that proceeding:

(h) Do any of your children have physical or mental conditions or educational needs which require special attention? If so, please describe for each child:

(i) Please describe special interests and talents of each of your children:

Name	Special Interests and Talents

(j) How are each of your children dealing with the separation/dissolution? Are any of them in therapy, with whom, and for how long?

(k) Any other information about your children that you believe it is important for me to know?

3. Stepchildren

- (a) Do any stepchildren or children of a cohabitant who spend time in your household or your spouse's household have physical or mental conditions which require special attention? If so, please describe for each child and in which household the child spends time:

- (b) Does the time your children are with you or with your spouse need to be coordinated with the schedule for such other children being in your residence or your spouse's residence? Explain.

4. Reasons for Dissolution/Separation:

- (a) Briefly state what you think is wrong with the marriage and what you and your spouse have done to reconcile your differences:

- (b) Do you wish to save your marriage? _____

- (c) Would you like to talk with a trained person about your family situation or your personal circumstances?

(d) Have you engaged in counseling before? **Y/N** If so, with whom, and for what time period?

(e) Is any person influencing the decisions of you or of your spouse as to the continuation of the marriage, or as to the property division and support arrangements? **Y/N** If so, identify the person, who is being influenced, and in what respect the influence is occurring.

(f) Is there a particular “trigger” or “hot button” issue or event around which conflict has been a long-standing pattern for you and your spouse?

5. Prior Proceedings Involving this Marriage

(a) Have either you or your spouse initiated any prior legal proceeding in this county or any other county or state concerning the present marriage? **Y/N** If so, specify when, the title and location of the court, and describe what the proceeding was and how it terminated.

6. Property

(a) Property Agreements/Statements:

- (1) Have you and your spouse at any time entered into any written agreements concerning your existing or prospective rights between yourselves with respect to any property? **Y/N** If so, please provide a copy of the agreement. If a copy is unavailable, briefly describe the substance of the agreement and the location of the original.

- (2) Have you and your spouse entered into any oral agreement concerning your existing or prospective rights between yourselves with respect to any property? **Y/N** If so, please specify the date of the agreement, its substance, and describe what was done to carry out the terms of the agreement:

- (3) Have either you or your spouse entered into any agreement (written or oral) concerning the value of any property? **Y/N** If in writing, please provide a copy of the agreement or indicate its location. In any event, please describe the agreement.

E. Separate Property

The purpose of the following questions is to identify property which either you or your spouse own individually, or in which one of you may have a greater interest than the other. Generally speaking, such individual interests are acquired where a gift is made to one spouse, an inheritance is received by one spouse, or premarital property is brought by one spouse into the marriage.

Property in which the law recognizes the individual interest of one spouse is referred to as "separate property." Many factors enter into determining whether or not individually acquired property is "separate property."

(a) Describe your earnings and accumulations since separation from your spouse:

(b) Did either spouse make a gift of unusual value to the other during the marriage? **Y/N** If so, please describe the gift, the value and the circumstances of the gift.

Were there documents concerning any such gift? **Y/N** If so, please describe them.

F. MAINTENANCE OF FINANCIAL RECORDS

(a) As between you and your spouse, who has been primarily responsible for maintaining the family's financial records?

(b) Are the family's financial records maintained with any computer software programs? **Y/N**

If so, which software?

_____ Quicken _____ Quickbooks _____ Excel

_____ Other (please specify) _____

(c) Do you have the knowledge and access to copy those financial records on diskettes?

G. Wills & Trusts

(a) Do you have a current will? **Y/N**

(b) Does your spouse have a current will? **Y/N**

(e) Do you and/or your spouse have a trust? **Y/N**

(g) Does either spouse anticipate substantial gifts or inheritances in the future?
Y/N

If so, please describe on a separate sheet of paper.

H. Alcohol, Drugs & Tobacco

If you do not wish to answer the questions in this section in writing place an "X" in the box at the end of this sentence and I will discuss your concerns with you. G

(a) Do you consume alcohol? **Y/N** If so, describe the frequency and amount of alcohol

which you consume

1) Are you an alcoholic? **Y/N**

- 2) Are you an active or former participant in any alcohol treatment programs? **Y/N**
- 3) For what time period? _____
- 4) Identify program _____
- 5) Was your participation required by any employer or court order? **Y/N**
Explain:

(b) Do you ingest drugs which are not prescribed by a physician? **Y/N** If so, describe the drugs which you use, the quantity ingested and the frequency of your use.

1) Are you an active or former participant in any drug treatment programs? **Y/N**

2) For what time period? _____

3) Identify program _____

4) Was your participation required by any employer or court order?
Explain

(c) Do you take prescription drugs? _____ If so, describe the drugs and the condition for which you are being treated.

-
-
-
- (d) Do you smoke tobacco or marijuana? **Y/N** If so, identify which substance you smoke, the frequency and quantity, and any efforts you have made to quit smoking.

G. DOMESTIC CONFRONTATIONS

If you do not wish to answer the questions in this section in writing place an "X" in the box at the end of this sentence and I will discuss your concerns with you.

1. During your marriage have either you or your spouse threatened the other with physical violence? **Y/N** If so, please describe each such incident which incurred within the past two years below or on a separate sheet of paper.
2. During your marriage have either you or your spouse physically confronted the other? **Y/N** (Pushing, shoving, grabbing or physically restraining the other person, or throwing an object at the other person, falls within this category as well as actual hitting.) If so, please describe each such incident which occurred within the past two years below or on a separate sheet of paper.
3. Have your children ever witnessed any physical confrontations between you and your spouse? **Y/N** If so, please describe below or on a separate sheet of paper.
4. Do you believe that your spouse has been verbally or psychologically abusive to you during your marriage? **Y/N** If so, please describe below or on a separate sheet of paper.
5. Do either you or your spouse use corporal punishment on your children? **Y/N** If so, please describe the nature and frequency of such punishments below or on a separate sheet of paper.

H. NEW/FAMILY RELATIONSHIPS

1. Are you currently in a new relationship? **Y/N**
2. If so, please provide the following information:

Name: _____

Length of relationship: _____

Are you cohabiting? **Y/N**

3. Is your spouse currently in a new relationship? **Y/N**

4. If so, please provide the following information:

Name: _____

Length of relationship: _____

Are they cohabiting? **Y/N**

5. Does the new mate, cohabitant, or extended family of either you or your spouse contribute to an increase in conflict between you and your spouse? **Yes/No**

6. If so, please describe how:

I. ADDITIONAL INFORMATION

Please state any additional information which you believe it is important for me to know:

Date completed: _____