



Thank you for choosing Baxley Maniscalco, LLP. To get your consultation started, please complete this questionnaire as fully and accurately as you can. Our attorneys and staff are ethically bound and personally committed to maintaining the confidentiality of all of your personal information.

IDENTIFYING INFORMATION

Table with 4 columns: You (First Name, Middle Name, Last Name, Maiden Name, Nickname, Date of Birth, Race, Social Security #, Education, Have you already spoken to an attorney?, Physical Address, Mailing Address, Phone, Email) and Opposing Party (First Name, Middle Name, Last Name, Maiden Name, Nickname, Date of Birth, Race, Social Security #, Education, Attorney, Physical Address, Mailing Address, Phone, Email).

List any other people we may discuss your case with	Name	Relationship to You

E M P L O Y M E N T

If either party is unemployed, please provide information for his or her most recent employment.

You		Opposing Party	
Currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name		Employer Name	
Address		Address	
Phone Number		Phone Number	
Job Title		Job Title	
Average Monthly Pay		Average Monthly Pay	
Member of Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Member of Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

R E F E R R A L S O U R C E

<i>How did you hear about us? Please check all that apply.</i>			
<input type="checkbox"/>	Avvo.com	<input type="checkbox"/>	Magazine Ad
<input type="checkbox"/>	Billboard	<input type="checkbox"/>	Newspaper Ad
<input type="checkbox"/>	Bar Referral Service	<input type="checkbox"/>	Radio Ad
<input type="checkbox"/>	Direct Mail	<input type="checkbox"/>	Referral From:
<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Speaking Engagement
<input type="checkbox"/>	Friend of Firm Employee:	<input type="checkbox"/>	TV Ad
<input type="checkbox"/>	Google	<input type="checkbox"/>	Website (lawoxford.com)
<input type="checkbox"/>	Other:		

MARRIAGE INFORMATION

Date of Marriage			
Location of Marriage (City & State)			
Date of Separation (if any)			
Has either party cheated on the other?	You <input type="checkbox"/>	Opposing Party <input type="checkbox"/>	Neither <input type="checkbox"/>
Has either party been physically abusive?	You <input type="checkbox"/>	Opposing Party <input type="checkbox"/>	Neither <input type="checkbox"/>
Has either party been emotionally abusive?	You <input type="checkbox"/>	Opposing Party <input type="checkbox"/>	Neither <input type="checkbox"/>
Has either party used drugs or abused alcohol?	You <input type="checkbox"/>	Opposing Party <input type="checkbox"/>	Neither <input type="checkbox"/>
Is there any chance that the parties may reconcile?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you attempted marital counseling?	Yes <input type="checkbox"/> No <input type="checkbox"/>

WIFE'S FORMER NAME

If wife desires to return to her maiden name or former married name, please state full name as it would appear on newly issued ID: _____
 and indicate whether it is: maiden name or former married name

VITAL STATISTIC INFORMATION
 (Required by Court)

Number of Previous Marriages, if any	You _____	Ended by divorce <input type="checkbox"/> death <input type="checkbox"/> other <input type="checkbox"/>
		Ended by divorce <input type="checkbox"/> death <input type="checkbox"/> other <input type="checkbox"/>
		Ended by divorce <input type="checkbox"/> death <input type="checkbox"/> other <input type="checkbox"/>
	Opposing party _____	Ended by divorce <input type="checkbox"/> death <input type="checkbox"/> other <input type="checkbox"/>
		Ended by divorce <input type="checkbox"/> death <input type="checkbox"/> other <input type="checkbox"/>
		Ended by divorce <input type="checkbox"/> death <input type="checkbox"/> other <input type="checkbox"/>
Education – highest level completed	You: High School _____ ; College _____	
	Opposing party: High School _____ ; College _____	

REAL ESTATE

Include all real estate owned by either party, no matter whose name is on the deed.

Type	Address	Name(s) on Deed	Estimated Value	Mortgage Balance	Property Should Be:
<input type="checkbox"/> House <input type="checkbox"/> Land <input type="checkbox"/> Condo <input type="checkbox"/> Farm					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> House <input type="checkbox"/> Land <input type="checkbox"/> Condo <input type="checkbox"/> Farm					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> House <input type="checkbox"/> Land <input type="checkbox"/> Condo <input type="checkbox"/> Farm					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> House <input type="checkbox"/> Land <input type="checkbox"/> Condo <input type="checkbox"/> Farm					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> House <input type="checkbox"/> Land <input type="checkbox"/> Condo <input type="checkbox"/> Farm					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> House <input type="checkbox"/> Land <input type="checkbox"/> Condo <input type="checkbox"/> Farm					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.

VEHICLES

Type	Make/Model/Year	Name(s) on Title	Estimated Value	Loan Balance	Vehicle Should Be:
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> RV <input type="checkbox"/> Other					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> RV <input type="checkbox"/> Other					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> RV <input type="checkbox"/> Other					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> RV <input type="checkbox"/> Other					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> RV <input type="checkbox"/> Other					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> RV <input type="checkbox"/> Other					<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.

OTHER PERSONAL PROPERTY

Cash, Jewelry, Guns & Other Items of Significant Value

Description	Estimated Value	Item Should Be:
		<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
		<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
		<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
		<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
		<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.
		<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Sold & money divided.

SAVINGS, RETIREMENT & INVESTMENTS

Account Type	Bank/Plan Name	Name(s) on Account	Estimated Value	Account Should Be:
<input type="checkbox"/> Checking/Savings <input type="checkbox"/> Retirement/401k <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other				<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Checking/Savings <input type="checkbox"/> Retirement/401k <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other				<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Checking/Savings <input type="checkbox"/> Retirement/401k <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other				<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Checking/Savings <input type="checkbox"/> Retirement/401k <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other				<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Checking/Savings <input type="checkbox"/> Retirement/401k <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other				<input type="checkbox"/> Kept by me. <input type="checkbox"/> Kept by opposing party. <input type="checkbox"/> Divided.

D E B T S

Debt Type	Creditor	Name(s) on Account	Balance Owed	Debt Should Be:
<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Student <input type="checkbox"/> Other				<input type="checkbox"/> Paid by me. <input type="checkbox"/> Paid by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Student <input type="checkbox"/> Other				<input type="checkbox"/> Paid by me. <input type="checkbox"/> Paid by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Student <input type="checkbox"/> Other				<input type="checkbox"/> Paid by me. <input type="checkbox"/> Paid by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Student <input type="checkbox"/> Other				<input type="checkbox"/> Paid by me. <input type="checkbox"/> Paid by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Student <input type="checkbox"/> Other				<input type="checkbox"/> Paid by me. <input type="checkbox"/> Paid by opposing party. <input type="checkbox"/> Divided.
<input type="checkbox"/> Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Student <input type="checkbox"/> Other				<input type="checkbox"/> Paid by me. <input type="checkbox"/> Paid by opposing party. <input type="checkbox"/> Divided.

A L I M O N Y

Alimony is awarded to keep the parties in the same financial position they were in during the marriage, taking into account their respective incomes and earnings abilities.

Should alimony be awarded to either party?	<input type="checkbox"/> No.	<input type="checkbox"/> Yes, to me.	<input type="checkbox"/> Yes, to the opposing party.
If yes, what amount?			

O T H E R R E L I E F

	You	Opposing Party
Does either party wish to resume use of a former name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Former Name (if yes)		
Is either party currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

GOALS STATEMENT

Use this space to briefly describe what you would like to achieve from this divorce action.

ATTESTATION

By signing, you affirm that the information provided above is true and accurate to the best of your knowledge.

CLIENT

DATE