



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

Form with columns for 'You' and 'Opposing Party' and rows for personal information such as Name, Date of Birth, Education, and Contact Info.

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 _____			

CHILDREN

List only the biological or adoptive children of the parties, as well as any child born to either party during the marriage.

Name	Sex	Date of Birth	Current Age	Born During the Parties' Marriage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD CUSTODY & PLACEMENT

Below is the calendar for an average month. Please use this calendar to indicate when, if at all, the child or children should live with the opposing party by shading in the days their placement time will occur.

Note: Standard visitation is every other weekend from Friday at 6:00 p.m. to Sunday at 6:00 p.m.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3

The law encourages the preservation of both parties' parental relationship as much as possible. After most custody cases, the parties are required to cooperate with each other in making decisions for their children. Only under extreme circumstances (abuse, abandonment, etc.) does one party have true sole custody and the ability to make decisions independent of the other.

Should you be required to cooperate with the opposing party about decisions you make for the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please briefly state why, then skip to the "Real Estate" section.	

If the parties are able to work together well, sometimes the custody order simply says that they are to cooperate on all decisions. However, if you are concerned about the possibility of constant disagreement, it is probably best to say that one party or the other has the final say (called the "tiebreaker"). If you believe there should be a tiebreaker provision in your custody order, place a check to indicate which should have authority for each area.

Cultural	<input type="checkbox"/> You <input type="checkbox"/> Opposing Party	Medical	<input type="checkbox"/> You <input type="checkbox"/> Opposing Party
Educational	<input type="checkbox"/> You <input type="checkbox"/> Opposing Party	Religious	<input type="checkbox"/> You <input type="checkbox"/> Opposing Party
Extracurricular	<input type="checkbox"/> You <input type="checkbox"/> Opposing Party	Other (describe):	<input type="checkbox"/> You <input type="checkbox"/> Opposing Party

CHILD SUPPORT

Child support is calculated by using the parties' respective incomes and applying the Alabama Child Support Guidelines.

Who will be responsible for the children's health insurance?	<input type="checkbox"/> You <input type="checkbox"/> Opposing Party <input type="checkbox"/> Neither/ALL Kids
How many people does that insurance policy cover?	
What is the monthly premium for that policy?	\$ _____
Will the custodial party have to pay for daycare?	<input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ per _____

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.
<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.

AGREEMENT & ATTESTATION

Has the divorce already been filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you discussed these matters with the opposing party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, are they in agreement with each of these terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

CLIENT

DATE