

**DIVORCE/SEPARATION QUESTIONNAIRE**

**PLAINTIFF:**

**DEFENDANT:**

**1. CLIENT INFORMATION:**

Full Name:                      First                      Middle                      Maiden                      Last

Address:                      Street Address

City                      State                      Zip Code                      County                      How Long?

SSN:                      Driver's License #:

Phone – Home:                      Work:                      Cell:

Age:                      Date of Birth:                      State of Birth:

Height:                      Weight:                      Hair Color:                      Eye Color:

Race:                      Number of Previous Marriages:

Number of Minor Children by Previous Marriage:

How Much Support Furnished Children by Previous Marriage:

Health:                      Pension:                      Vested:

Last Grade Completed in School:                      Salary:

Occupation:                      How long have you worked there?

Name and Address of Employer:

**2. SPOUSE INFORMATION:**

Full Name:                      First                      Middle                      Maiden                      Last

Address:                      Street Address

City                      State                      Zip Code                      County                      How Long?

SSN:                      Driver's License #:

Phone – Home:    Work:    Cell:  
Age:    Date of Birth:    State of Birth:  
Height:    Weight:    Hair Color:    Eye Color:  
Race:    Number of Previous Marriages:  
Number of Minor Children by Previous Marriage:  
How Much Support Furnished Children by Previous Marriage:  
Health:    Pension:    Vested:  
Last Grade Completed in School:    Salary:  
Occupation:    How long have you worked there?  
Name and Address of Employer:

**3. MARRIAGE INFORMATION:**

Date of Marriage:    County:    State:

**4. SEPARATION INFORMATION:**

Date Parties Separated:    Who has Children Now:

**5. RESIDENCY:**

Both Parties in South Carolina:  
More than three months:    More than One Year:

**6. DIVORCE INFORMATION:**

Grounds for Divorce:    One Year's Separation:    Adultery:  
Physical Abuse:    Habitual Drunkenness/Drug Use:

**ONE YEAR'S SEPARATION:**

Date Began Continuous Separation:

Have you had marital relations with your Spouse since the date of separation:  
Yes  No:

If Yes, Date(s):

Address Last Lived Together:

County:

State:

What happened at the time of the separation:

Give any other pertinent facts:

**ABUSE:**

Was there abuse at the time of separation? Yes  No

Bruises/Marks? Yes  No

Pictures of bruises/marks? Yes  No

State what happened and when:

Witnesses to incident(s):

Witnesses to bruises/marks:

When did you separate:

Describe any prior abuse:

When did it happen?

Witnesses:

Abuse/harassment since separation?

When did it happen?

Witnesses:

**HABITUAL DRUNKENNESS/DRUG USE:**

How much and how often does your spouse drink or use drugs?

What does he/she drink or use?

Witnesses:

Is your spouse still drinking or using drugs since your separation? Yes  No

Witnesses to the continuing drinking or using drugs:

Has your spouse been arrested for drunkenness or drug use? Yes  No

If yes, give dates, locations, results:

Has your spouse been fired from a job due to his/her drinking or drug use? Yes  No

Has your spouse received treatment for drinking or using drugs? Yes  No

If yes, give dates, locations, results:

Witnesses:

**ADULTERY:**

Does your spouse have a girlfriend or boyfriend? Yes  No

Does your spouse live with the girlfriend or boyfriend? Yes  No

Does your spouse and his/her girlfriend or boyfriend have a child? Yes  No

Does your spouse have a sexually transmitted disease? Yes  No

Describe any specific incidents, locations, and dates of your spouse's adultery:

Witnesses:

Will your spouse allege adultery? Yes  No

Can your spouse prove adultery? Yes  No

**7. CHILDREN OF THE MARRIAGE:**

List the children of the marriage (including adopted children):

Name	Date of Birth	Place of Birth	Current Address
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Is wife pregnant? Yes  No  If yes, due date:

Is the husband the father? Yes  No  Not Sure

List every address where the child(ren) have lived for the past five years and the name and address of the persons with whom the child(ren) have lived:

Counties of Residence for Past 5 Years:	Names of Persons With Whom Whom Child(ren) Lived:	Dates
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Please list below any children living with you who are not your spouse's children.  
Check here if none:

Name Date of Birth

Please list below any children living with your spouse who are not your children?  
Check here if none:

Name Date of Birth

**8. CHILD CUSTODY:**

Is there an Order of custody? Yes  No  If yes, date:

Who has physical custody of your child(ren) and for how long?

Have there been any court cases concerning the custody of your children in this or any other state? Yes  No  If yes, give details:

Do you know of any custody cases concerning your child(ren) now pending in a court of this or any other state? Yes  No  If yes, give details:

Do you know of any person(s) who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren)? Yes  No  If yes, who?

Do you want custody? Yes  No  Joint custody? Yes  No

**9. SUPPORT:**

Is there an Order for support? Yes  No  If yes, date: Amount:

How paid? Direct Pay?      Through the Court?      Wage Withholding?

If there is an Order for support, do you want the Order to remain as is? Yes  No

If yes, are payments current? Yes  No

If there is no current Order for support, do you want child support? Yes  No

Are you or the opposing party receiving Temporary Assistant for Needy Families?  
Yes  No

Do you or your spouse have health insurance for the benefit of child(ren)? Yes  No

Who pays for the insurance?      Wife:       Husband:

How much is paid for the children only?      Please provide copy of health  
insurance benefits

Do you pay child support for any other child(ren)? Yes  No   
If yes, how much?      Is it court ordered? Yes  No

Does your spouse pay child support for any other child(ren)? Yes  No   
If yes, how much?      Is it court ordered? Yes  No

**10. MARITAL HOME:**

Who is living in the marital home? You  Spouse  Neither

If your spouse is living in the marital home, do you want it?      Yes  No

Is yes, can you afford payments? Yes  No

**11. ALIMONY:**

Do you want alimony? Yes  No

If no, do you want alimony:      Waived       Reserved       Barred

**12. CHILD CARE:**

Who pays for child care for the child(ren)? You  Spouse

How Much?      How Paid? Weekly       Bi Weekly       Monthly

**13. PROTECTIVE ORDER:**

Do you have a Protective Order? Yes  No  If yes, date:

Do you want it to continue? Yes  No

If no, do you want a Restraining Order? Yes  No

If yes, state your reason(s)?

**14. MAIDEN NAME:**

If you are the wife, do you wish to resume use of your maiden name? Yes  No

Or do you wish to resume the use of your prior married name? Yes  No

If yes, what is your prior married name?

If you are the husband, will your spouse wish to resume the use of her maiden name?  
Yes  No

Will she want to resume the use of her prior married name? Yes  No

If yes, what is it?

**15. PROPERTY AND DEBTS:**

Make and Year of Vehicles You Own	Names on Title	Debit Owed to Whom	Balance Due	Payment Amount
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Make and Year Of Boats Owned	Names on Title	Debt Owed to Whom	Balance Due	Payment Amount
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Real Estate Houses & Land	Names on Deed	Debt Owed to Whom	Balance Due	Payment Amount
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Other Titled	Names on Title	Debt Owed	Balance Due	Payment
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Property

to Whom

Amount

Names of Other  
Creditors

In Whose Name?

Balance Due

Payment  
Amount

Collateral