

Family Law Questionnaire

EZ Justice, P.L.C.
1420 Spring Hill Road, Suite 210
McLean VA 22102-3026
Telephone: 703-748-0600 -- Facsimile: 703-783-0537

Please complete and return this questionnaire.

This section has information about you:

Full name: _____

How should Mr. Long to address you? (Dr., Mr., Mrs., Ms., by your first name?)

Your present *residence* address including your zip code:

If you would like first class mail from our office to be delivered to you at a different address, what is that address?

Your Work Phone: _____ Home Phone: _____

Fax number: _____ Would you like to be telephoned *before* any fax is sent to you? Yes / No

Personal E-mail address: _____ (If none, skip next two lines).

Create a case-sensitive password of at least six (6) characters for opening files attached to email, using both letters and numbers (for example, k4C99e):

Place of Birth: _____ Date of Birth: _____ SSN: _____

Driver's License Issuing State and Number: _____

Race: _____ Number of this Marriage (first, second, etc.): _____

Education (specify only *highest* level completed):

Elementary / High School ____ Years; College: ____ Years; Graduate School ____ Years

Degrees Obtained: _____

The next section contains information about *your spouse or domestic partner or the other parent of your child/ren*):

Full Name: _____

Present residence address including zip code: _____

Work Phone with area code: _____ Home Phone: _____

Social Security Number: _____

Driver's License Issuing State and Number: _____

Place of Birth: _____ Date of Birth: _____

Race: _____ Number of this Marriage (first, second, etc.): _____

Education (specify only highest level completed):

Elementary / High School ____ Years; College: ____ Years; Graduate School ____ Years

Degrees Obtained: _____

How did you find out about our services? (Please name the referral source.)

If you are a *Hyatt Legal Plan* referral, please provide your authorization number(s).

1. Residency:

- I am not yet separated. (Skip to Section 2.)
- We never lived together. (Skip to Section 2.)

(a) If you lived together in the past and are separated now, list all your addresses from the Date of Separation until the present:

Address: _____

This is where you lived on the Date of Separation.

Address: _____

You lived here from the Date of Separation to _____ (date).

Address: _____

You lived here from _____ (date) to _____ (date).

Address: _____

You lived here from _____ (date) to _____ (date).

- (b) List *the other person's* addresses from the date of separation until the present:
 They have lived at the same address since the day we separated.

Address: _____
This is the address they moved to on the Date of Separation.
They lived at this address until _____ (date).

Address: _____
They lived here from _____ (date) to _____ (date).

Address: _____
They lived here from _____ (date) to _____ (date).

Address: _____
They lived here from _____ (date) to the present.

2. Prior Litigation:

Have you gone to court about this already? _____ If yes, date: _____

Court: _____ Case No.: _____

Attorney's Name: _____

Address: _____

Complaint filed?	Yes / No.	If yes, date:	_____
Papers Served?	Yes / No.	If yes, date:	_____
Hearing held?	Yes / No.	If yes, date:	_____
Judgment?	Yes / No.	If yes, date:	_____
Mediation?	Yes / No.	If yes, date:	_____

3. Counseling:

Have you ever been to a marriage counselor, psychologist or psychiatrist regarding this matter? Yes / No.

Has the other person or a child of yours ever been to one? Yes / No.

Name and address of therapist: _____

4. Grounds for Divorce: (Skip this section if you are not married.)

(a) **VOLUNTARY OR INVOLUNTARY SEPARATION OR DESERTION:**

Date of Separation or desertion: _____

Circumstances (Who left? Why did they leave?): _____

On what date did it become the intention of at least one of you that the separation be permanent? _____

Has there been any attempt at reconciliation? _____

If yes, date of last attempt: _____

Circumstances: _____

Is there any hope of getting back together? Yes / No.

(b) **FELONY CONVICTION:** (You / them?)

Crime: _____

Conviction Date: _____

Length of Sentence (Years imprisoned, years suspended): _____

(c) **CRUELTY OR DESERTION:** (You / them?)

Most recent dates and circumstances: _____

(d) **ADULTERY:** (You / them?)

Most recent date and circumstances: _____

(e) **CONDONATION:**

In the past 12 months, when did you and your spouse last have sexual relations?

5. Marriage Information: (Skip this section if you are unmarried.)

Date married: _____ Place married: _____

Do you have a copy of marriage license? Yes / No.

Does the wife want her former (maiden) name restored? Yes / No.

Please provide full maiden name of wife regardless of intent to restore that name (required for Commonwealth of Virginia paperwork) : _____

6. Children: (Skip this section if there are no children.)

Name	Birth date	Present Custody	Agreed Change or Future Custody Sought

Does spouse / other parent deny being parent of any of the above children? Yes / No.

Does custodial parent object to reasonable or liberal visitation? Yes / No.

If yes, explain why: _____

What is the present agreement on custody? _____

What is the present agreement on visitation? _____

7. Support for Spouse or Children: (Skip this section if support is not an issue.)

(a) Previous arrangements for support:

Action Pending: Case # _____ Place: _____ Attorney: _____

Order Entered: Date: _____ Amount: _____ per _____

Can you supply court papers regarding any support action?

(b) Does spouse or other parent seek support?

If yes, give amount requested: _____

Amount agreed to be paid, if any: _____

Your gross annual / monthly / hourly income (before taxes): \$ _____

Your employer's name and address and telephone number:

How often are you paid? _____
(Please attach a recent leave and earnings statement for you -- and for the other person if available.)

Spouse or other parent's gross monthly income (before taxes): \$ _____

Spouse or other parent's employer name and address:

Monthly cost of health insurance? \$ _____
Who pays it: _____ Who is covered by the insurance? _____
What would be the premium to cover just one adult? \$ _____

Monthly cost of childcare? \$ _____ Who pays it? _____

How often is spouse / other parent paid? _____

(c) Have you and the other person signed a written agreement? Yes / No

If so, what was the date of the agreement? Date: _____

Did it cover: **Property** Yes /No; **Custody** Yes / No; **Support** Yes / No?

Any reason the agreement is not valid and enforceable? _____

(d) Any bankruptcy by either of you in past the seven years? Yes / No

If so, provide details: _____

8. Other Dependents of Yours: (Skip this section if there you have no other dependents.)

Name	Birth date	Amount of Support Paid or Received and by Whom	Present Custody

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9. Other Dependents of the Other Parent: (Skip this section if they have no other dependents.)

Name	Birth date	Amount of Support Paid or Received and by Whom	Present Custody

10. Assets and Debts:

(a) **Real Property:** (Houses, condominiums, time shares, vacant land.)

Address: _____

Date Purchased: _____ Purchase Price: \$_____

Owner(s): _____ Name of Lender(s): _____

Lot & Square No. _____. Do you have the deed? Yes / No

What was the amount and source of the down payment? _____

	Date of Purchase	Date of Separation	Today
Fair Market Value	\$	\$	\$
Mortgage Balance (1 st mortgage)	\$	\$	\$
Mortgage Balance (2 nd mortgage)	\$	\$	\$

Who made the payments? _____ Is the mortgage current? Yes / No

Amount of Monthly Mortgage Payment (Principal & Interest Only): \$_____

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Address: _____

Date Purchased: _____ Purchase Price: \$_____

Owner(s): _____ Name of Lender(s): _____

Lot & Square No. _____. Do you have the deed? Yes / No

What was the amount and source of the down payment? _____

	Date of Purchase	Date of Separation	Today
Fair Market Value	\$ _____	\$ _____	\$ _____
Mortgage Balance (1 st mortgage)	\$ _____	\$ _____	\$ _____
Mortgage Balance (2 nd mortgage)	\$ _____	\$ _____	\$ _____

Who made the payments? _____ Is the mortgage current? Yes / No

Amount of Monthly Mortgage Payment(s) (Principal & Interest Only):

\$ _____

(b) Automobiles:

Make & Model & Year: _____

Date purchased: _____ In whose name? _____

Were payments shared? _____ Who has now? _____

Make & Model & Year: _____

Date purchased: _____ In whose name? _____

Were payments shared? _____ Who has now? _____

Make & Model & Year: _____

Date purchased: _____ In whose name? _____

Were payments shared? _____ Who has now? _____

(c) Assets *Other Than Real Property and Automobiles:* (Cash, money market accounts, stock, bonds, furniture, art, collectibles etc.):

Asset Description	Date of Purchase and Purchase Price	Value on Date of Separation	Value Today	Who Owns (H, W, Joint)

(d) Debts:

Creditor & Account Number	Amount Owed on Date of Marriage	Amount Owed on Date of Separation	Amount Owed Today	Who Owes This and Who Made the Payments

11. Location of Spouse or Other Parent:

Complete this section only if you do not know the address of the other person. You will need to help us locate them. If we are unable to deliver court papers to them, that may delay things and cost more. It may require us to publish an announcement in the newspaper.

Last known address: _____

Last known date there: _____
Person(s) living there: _____

Location of their Family and Friends:

Name: _____ Relationship: _____
_Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

12. Separate (non-marital) Assets:

Do you presently own anything of significant value that you acquired (a) *before* your marriage, (b) by gift to you alone or (c) from an inheritance?

Item	Source	Date Received	Present Location

13. (a) Do you have any questions -- or special circumstances -- you would like your attorney to be aware of? (Special circumstances might include physical or mental illness, disability, addiction, criminal activity, a paramour, financial problems, or any other factor you think might affect your case.)

(b) What are your most important goals (for example, obtaining a divorce, acquiring sole custody, receiving or minimizing support, etc.)

Please return the completed questionnaire by –
Email to counsel [insert the “at” symbol] ezjustice [dot] com; or
Fax to 703-783-0537; or
First class mail to:

EZ Justice, P.L.C.
1420 Spring Hill Road, Suite 210
McLean, VA 22102-3026

