

CONFIDENTIAL DIVORCE CLIENT HISTORY

DATE: _____

To represent you in your divorce in the most effective and efficient manner, we require detailed information about your marriage. Completion of this questionnaire, fully and accurately, will serve to expedite the handling of your case and aid in keeping fees in line.

DATE: _____

1. FULL NAME _____

Former name(s) (if applicable): _____

Do you wish to resume your former name? _____ Home address:

With whom residing: _____

Work address: _____

Home phone: _____ Work phone: _____

Lived at present address since: _____

Date of birth: _____ Age: _____

Social Security number: _____

Who referred you to us? _____

2. SPOUSE'S FULL NAME

Former name(s) (if applicable): _____

Spouse's home address: _____

With whom residing: _____

Spouse's work address: _____

Home phone: _____ Work phone: _____

Lived at present address since: _____

Spouse's date of birth: _____ Age: _____

Spouse's Social Security number: _____

Address: _____ Spouse's attorney:

Phone: _____

3. MARRIAGE

Date: _____ Place: _____

Do you have a marriage certificate available? _____

Age at marriage: Self: _____ Spouse: _____

4. CHILDREN OF THIS MARRIAGE

Full Name	Date of Birth	Grade in School	Living With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. ARE YOU AND YOUR SPOUSE LIVING TOGETHER NOW?

If so, when did you begin to live separate and apart?
 If not, state date of separation and where you were living at the time of separation:

Have there been previous separations? Please describe briefly:

6. _____ HAVE YOU AN I

7. MARRIAGE COUNSELING

Please give dates and names of any personal or marital counsellors seen by you and/or your spouse:

8. CUSTODY OF CHILDREN

Do you anticipate a dispute about custody of the children?

9. EMPLOYMENT

Self: Employer: _____
 Address: _____
 Telephone: _____
 Job title: _____
 Starting date: _____
 Nature of job: _____
 Salary: _____
 Base: _____
 Gross: _____
 Net: _____
 Overtime & bonus: _____

Previous employment and dates:

Employer:	From:	To:
_____	_____	_____
Employer:	From:	To:
_____	_____	_____
Employer:	From:	To:
_____	_____	_____
Employer:	From:	To:
_____	_____	_____

Spouse: Employer:

Address: _____

Telephone: _____

Job title: _____

Starting date: _____

Nature of job: _____

Salary: _____

Base: _____

Gross: _____

Net: _____

Overtime & bonus: _____

Previous employment and dates:

Employer:	From:	To:
_____	_____	_____
Employer:	From:	To:
_____	_____	_____
Employer:	From:	To:
_____	_____	_____
Employer:	From:	To:
_____	_____	_____

I have either you or your spouse temporarily or permanently interrupted your career(s) due to family obligations? If so, please explain:

Have either you or your spouse ever changed jobs due to a career move by the other party? If so, please explain:

10. EDUCATIONAL BACKGROUND

Please include dates attended and any degrees received from high school, college, graduate school, extra courses or seminars, etc.

Self

Spouse: _____

Did you at any point begin an educational program but not complete it? If so, please explain:

Are you presently attending any other educational programs or courses? If so, please describe:

If you or your spouse were enrolled in an educational program during your marriage, how was that paid for?

Who supported you and/or your spouse and/or children during that time? Please explain:

Do you or your spouse have any vocational or other marketable skills which might provide a source of future income? If so, please explain:

11. PRIOR MARRIAGES

List all prior marriages of yourself and of your present spouse. Include names of all prior spouses of each, how, when and where prior marriages terminated.

Self: _____

Spouse: _____

12. CHILDREN FROM PRIOR MARRIAGES

List names and ages of *any* children of yourself or your spouse other than those listed in #4, state with whom such children live, who has their legal custody, whether they have been adopted, whether there is any child support, education or maintenance ordered for the benefit of that child and the specific nature. **Self**

Spouse: _____

13. EXTENDED FAMILY

Please indicate names and addresses of your living parents and siblings and those of your spouse:

Are either you or your spouse financially dependent upon your _____ original families?

What contributions have you or your spouse's parents made to your marriage (financial or otherwise)?

Please indicate the names of your siblings and those of your spouse:

14. ANNUAL INCOME

Self:

Employment income: _____
Dividend income: _____
Interest income: _____
Income from trusts: _____
Rental income: _____
Other income: _____
Non-monetary income (use of automobiles, free trips or meals, etc.): _____

(Sum of above): _____

Spouse:

Employment income: _____
Dividend income: _____
Interest income: _____ If _____
Rental income: _____
Other income: _____

Non-monetary income: _____
(Sum of above): _____

TOTAL ANNUAL INCOME: _____

Existing arrangements, including court orders, as to support, visitation family finances:

Deductions from Salary (Indicate whether weekly/monthly/bi-weekly):

Self:

Federal income tax: _____
State income tax: _____
F.I.C.A.: _____
Medicare tax: _____
Medical insurance: _____
Union dues: _____
Credit union: _____
Other: _____

Spouse:

Federal income tax: _____
State income tax: _____
F.I.C.A.: _____
Medicare tax: _____
Medical insurance: _____
Union dues: _____
Credit union: _____ Other: _____

15. ASSETS (of you and your spouse)

Estimate the value of each of the following items of property. If any item is located outside of Massachusetts, indicate where such item is located and, if necessary, give details on a separate sheet. Indicate how much of each asset was contributed by husband (H) and how much by wife (W), or, where noted, whether the asset is held in joint names (J).

Bank Accounts (savings and checking)

Savings and Checking	In Whose Name(H/W/J)	Percent Contributed By Each (H,W)	Present Value	Location of Article
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Stocks and Bonds

Number of Shares	Name	In Whose Name (H/W/J)	Percent Contributed By Each	Value	Present Location of Articles
_____					_____
_____					_____
_____					_____
_____					_____

Miscellaneous Property

Please describe in detail any patents; trademarks; copyrights; royalties; partnerships and limited partnerships; interests; proprietary interests; and other investments:

Significant Personal Effects

Please describe in detail any jewelry; art; antiques; collections; furs; tangible personal property:

Automobiles, Boats and Aircraft

Please describe in detail and list the fair market value and any encumbrances on each:

Real Estate

Location	Purchase Date	Purchase Price	Present Value	Owned By (H/W/J)	Mortgage Balance	Percent Contributed By Each
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Business Interests (including sole proprietorship, corporations and partnerships)

Description of Item	Owned by (H/W/J)	Location of Item	Value of Item
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Money Owed to You or Your Spouse			
By Whom	Amount	Reason	When Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Benefits

Please list any pension, retirement and profit sharing plans, regardless of whether presently vested or by whom contributed; company car; expense account; etc.

Item	Value (if any)
_____	_____
_____	_____
_____	_____
_____	_____

Insurance a) Life insurance for you and your spouse (individually acquired):

	Insured (H or W)	Company	Face Value	Owner	Beneficiary
Policy 1:	_____	_____	_____	_____	_____
Policy 2:	_____	_____	_____	_____	_____
Policy 3:	_____	_____	_____	_____	_____
Policy 4:	_____	_____	_____	_____	_____
	Existing Loan	Premium & Who Pays		Cash Surrender Value	
Policy 1 cont'd:			_____		_____
Policy 2 con't:			_____		_____
Policy 3 cont'd:			_____		_____
Policy 4 cont'd			_____		_____

b) Life insurance for you and your spouse (employment related):

	Insured (H or W)	Company	Face Value	Owner	Beneficiary
Policy 1:	_____	_____	_____	_____	_____
Policy 2:	_____	_____	_____	_____	_____
Policy 3:	_____	_____	_____	_____	_____
Policy 4:	_____	_____	_____	_____	_____
	Existing Loan	Premium & Who Pays		Cash Surrender Value	
Policy 1 cont'd:			_____		_____
Policy 2 con't:			_____		_____
			_____		_____

Policy 3 cont'd:

Policy 4 cont'd _____

Other Insurance

Please include the insurer, policy number, member, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final:

1. Medical:

Hospital: _____

Dental: _____

Other: _____

2. Disability:

3. Legal Insurance: 4.

Other:

Children's Assets and Income

Please describe in detail, including how the items were acquired:

Expected Gifts or Inheritance

Please describe any expected gifts or inheritances for you, your spouse, and children; when, by whom, from whom, and in what amount (if known):

Trust Information

Name of Trust Trustees	Type of Interest	Beneficiary	(H/W/J) Received	When Income
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

Does trust beneficiary have access to principal? _____

16. LIABILITIES (of you and your spouse)

Mortgages on Real Estate

Item	Owned by (H/W/J)	Present Amount	When Due
_____		_____	
_____		_____	
_____		_____	

Other Debts

(i.e., car and tuition loans, consumer credit, or alimony obligations)

Item	Owned by (H/W/J)	Present Amount	When Due
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Credit Cards & Charge Cards

Item	Owned by (H/W/J)	Present Amount	When Due
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Special Medical and Educational Needs

What is the Need?	For Whom	Approximate Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. CONTRIBUTIONS OF THE PARTIES

Residences During the Marriage

Did you make any geographic moves during the marriage? When and to where?

Who was primarily responsible for arranging for the move(s)? Were any financial contributions made by family members other than you, your spouse or children to the purchase or maintenance of your property? Please describe:

Home Obligations

Who was primarily responsible for such activities as cooking, cleaning, shopping and/or management of family finances during your marriage?

Who was responsible for the maintenance and/or repair of property owned by you during the marriage?

Did you retain outside help for any of these activities (e.g., housecleaner, gardener, cook, nanny, etc.)?

Do you own any pets? Who was primarily responsible for their care?

Child Rearing

Who was primarily responsible for tending to the daily needs of your children (e.g., meal preparation, bathing, dressing, transportation to school and/or day care, play activities, etc.)?

Who was primarily responsible for tending to the educational needs of your children (e.g., helping with homework, reading to children, attending teacher conferences and school activities, etc.)?

Who was primarily responsible for tending to recreational and/or social activities for your children (e.g., sporting activities, museums, parks, playtime with friends, etc.)?

Financial Obligations

Who was primarily responsible for managing the family finances during your marriage?

Were either you or your spouse primarily responsible for earning income for payment of living expenses of the family? Please explain:

What assets did you and/or your spouse bring into the marriage?

Did either you or your spouse quit working outside the home at anytime during the marriage? If so, please explain:

18. LIFESTYLE

Please describe any and all community activities you are or were involved in during the marriage (e.g., volunteer work, parents' associations, sports activities, religious organizations, etc.). **Self:**

Spouse:

Social Club Membership

Please list and describe any memberships to social clubs held by you and your spouse:

Vacations

Please describe how you generally spent vacation time during your marriage, specifying whether or not the vacations included the children:

Who paid for these activities, generally?

Vacation and Summer Homes

Please list and describe any summer or vacation homes owned by you and your spouse:

Location:

How much time was spent there?

Have you ever rented the property to a third party?

Other Recreational Activities (e.g., theatre, music, sports)

19. MARITAL DIFFICULTIES

Please describe problems of any kind, you or your spouse had regarding the following:

Alcohol, Drugs, Gambling

Physical Violence

Finances

Sexual Relations

Infidelity

Extended Absences from the Home

20. MEDICAL HISTORY Physical or

Mental Conditions

Please describe any mental or physical condition suffered by you or your spouse which requires medical attention:

Doctors

Self:

Spouse:

Prescribed Medications

Self:

Spouse:

Cost of Medical Treatments

Self:

Spouse:

Stress Induced Conditions

Please describe any history of physical or mental conditions which may recur on their own or as a result of stress; include a description of the treatment required for such condition(s): Self:

Spouse: _____

Ability to Work

Please explain if any of the conditions outlined above threaten the ability of you or your spouse to work: Self:

Spouse: _____

21. RELIGIOUS AFFILIATION Self: _____

Spouse: _____

Do you foresee any dispute with your spouse concerning religious instructions or affiliations of the children? If so, please explain:

Are your children participating in any religious instruction? If yes, please explain:

22. CRIMINAL HISTORY Self:

Do you have a criminal record? _____

Nature of previous court actions: _____ How long ago?

Results: _____

Spouse:

Does your spouse have a criminal record? _____

Nature of previous court actions: _____ How long ago?

Results: _____

Restraining Orders

Please state if you or your spouse have ever applied for or been granted a 209A Restraining Order, and if so, when and where:

23. CHILDREN

Needs of the Children

Do your children attend school? If so, what is their grade level and/or expected degree and date of graduation?

If education is complete, please list school, degree and date of graduation for high school, college and post graduate study:

If your children have finished school, what are their current occupations and where do they live?

How is the relationship between the children and

You:

Spouse:

How will the children react to separation and divorce?

With whom did your children live during any past separations?

Do your children need child care? If so, what is presently provided for them (e.g., babysitting, preschool, day care)?

Extracurricular Activities

Are your children participating in any extracurricular activities? If so, please describe:

How is transportation for these activities provided?

Have either you or your spouse assumed extracurricular obligations with regard to your children (i.e., coaching, teaching, leadership)? If so, please explain:

Summer Activities

Have the children participated in activities during summer school vacations (summer camp, sports, trips, etc.)? If so, please explain:

Do you expect these activities to continue? _____

Medical Needs

Have any of your children had a physical or mental condition which required or continues to require special attention? If so, please explain:

What are the costs of treatment for this special condition?

Who assumed responsibility for attending to his or her special circumstances?

Do you foresee any future medical needs for the children? If so, please explain:

24. WEEKLY **EXPENSES**

Please itemize your weekly expenses (divide monthly expenses by 4.3):

AMOUNT

Mortgage:

principal

interest

taxes

Apartment/House Rent:

parking other fees

Vacation/House:

principal

interest taxes

maintenance

utilities

Heating Fuel:

service insurance

Telephone:

Electricity:

Natural Gas:

AMOUNT

Water/Sewer:

Cable T.V.:

Groceries and Household Supplies:

Automobile:

loan payment

gasoline

repair/maintenance

insurance excise tax

registration

depreciation license

renewal fee

inspection fee other

Clothing (including accessories):

self

children

House Repairs & Maintenance:

House Cleaning & Domestic Help:

Ground Maintenance:

Insurance:

homeowners or contents

life

medical (policy # _____)

other

Dry Cleaning and Laundry:

Uninsured Medical Expenses:

general practitioner

gynecologist

psychiatrist/psychologist

optometrist/glasses dentist

other

Cosmetics/Sundries:

Contributions/Donations:

Gifts:

Haircuts/Hairdresser:

Babysitter & Child Care:

Education:

tuition

room and board

books and expenses
student fees

AMOUNT

travel expense
Entertainment:
self
children

Summer Camp:

Vacation:

Country, Tennis and/or Summer Clubs:

Children's Allowances:

Books/TJ ewspapers/Magazines:

Credit Card Installments (if not reflected above):

Card #1

Card #2

Card #3

Other Debts not Reflected Above:

Pets:

Support/Alimony Payments:

Miscellaneous Incidentals:

Allowance for Home Improvement (painting, etc):

Allowance for Home Repairs: Allowance

for Replacement of Furniture:

Allowance for Replacement of Automobile:

Transportation to/from Work (Train/Bus/Parking):

Estimated Tax Payments (if any):

TOTAL:

(Date you completed this section: _____)

**STATUTORY FACTORS CONSIDERED BY THE COURT
PURSUANT TO G.L. c. 208, § 34**

LENGTH OF THE MARRIAGE

Please state the date and location of your marriage. If this is not the first marriage for either you or your spouse, please indicate prior marriages, the length thereof and how terminated. As to children of the prior marriage, please indicate with whom the children currently reside and whether child support is received or paid. Is alimony paid to a prior spouse? Include as child support or alimony not only amounts of weekly support but other special fees such as tuitions, uninsured medical expenses and provision of insurances, if applicable.

CONDUCT OF THE PARTIES DURING THE MARRIAGE

Please describe in detail, providing dates and circumstances where applicable, your marital history. Emphasis should be placed on the changing nature of the relationship between the parties from the onset of the marriage to the time of separation setting forth the sources of stress, difficulties in communication, differing lifestyles, goals and objectives, lack of affection and/or sexual intimacy, conflict, incidents of cruel and abusive treatment including description of conduct, dates and locations and witnesses, if any, substance abuse or other habits interfering with home, family life and the marital relationship.

Please indicate also how you copes with these matters during the marriage and indicate as well if either you or your spouse or both of you engaged in any form of professional counselling identifying the physician, therapist or other counsellor and the periods of time involved. What were the results of such counselling'?

Please describe the circumstances leading to your present separation and any prior separations that have occurred during the marriage.

Does either you or your spouse have an interest in reconciliation'?

Please describe any other significant problems which have developed since the marital separation.

AGE OF THE PARTIES

Please indicate your date of birth and your spouse's date of birth.

HEALTH OF THE PARTIES

Please indicate any notable physical and mental health problems, hospitalizations or other treatment for episodic or chronic illness or conditions required by you and your spouse as well as by any of your children which have occurred during the marriage. Please also describe any special needs posed by your children during the marriage and describe the manner in which these needs have been addressed, again providing the names of physicians, therapists, counsellors, educational specialists who have been consulted with respect to these matters. Include also your opinion of your children's adjustment to the separation and describe the current relationship of the children to each parent.

STATION IN LIFE OF THE PARTIES

Please describe your station in life as it developed or perhaps changed during the course of your marriage. Please indicate if you and/or your spouse held memberships in clubs or organizations which were integral to your lifestyle. Likewise, any form of volunteer work or civic association should be noted as a possible factor in enhancing your or your spouse's professional growth and current status.

Please describe your use of leisure time including activities which you pursued as a couple or individually. Please describe the pattern of vacationing or other travel during the marriage and indicate as well any travel taken for business reasons.

OCCUPATION OF THE PARTIES

Please provide your respective educational backgrounds and a history of your employment and that of your spouse during the marriage and indicate the manner in which income from such employment was applied during the marriage.

AMOUNT AND SOURCES OF YOUR INCOME

This is reflected on your financial statement and your spouse's statement. **VOCATIONAL**

SKILLS OF THE PARTIES AND CURRENT EMPLOYABILITY

Please provide a description of your educational background and that of your spouse including college, graduate schools, dates attended and degrees received. If such education was attained during any part of the marriage, state the source of funds for payment of school tuitions and related fees as well as the source of funds relied on during this period for living expenses and acquisition of assets, if applicable.

Please set forth your employment record and that of your spouse during the marriage and note, if applicable, particular skills of either you or your spouse which suggest potential for current or future employment. Are there any factors currently interfering with your ability or your spouse's ability to work'?

RESPECTIVE ESTATES OF THE PARTIES AND THE MARITAL ESTATE

Please set forth a listing of all assets held, in whatever form, by you, by your spouse and by you jointly indicating the source of funds used for acquisition and the dates acquired.

As to real property held during the course of the marriage, please describe each parcel and indicate the reason acquired, i.e., residence or investment, the dates owned and the source of monies used for down payment, monthly carrying cost, costs of improvements, together with description of financing.

LIABILITIES AND NEEDS OF THE PARTIES

This is reflected on your financial statement and your spouse's statement.

OPPORTUNITY OF EACH PARTY FOR FUTURE ACQUISITION OF CAPITAL ASSETS AND INCOME

Please indicate the extent to which you and/or your spouse have opportunity for future acquisition of an increase in income and capital assets including not only income from salary, investments, rental income, trust income, pension or retirement plans, but also anticipated inheritances.

IN FIXING THE NATURE AND VALUE OF THE PROPERTY TO BE SO ASSIGNED, THE COURT SHALL ALSO CONSIDER THE PRESENT AND FUTURE NEEDS OF THE DEPENDENT CHILDREN OF THE MARRIAGE

This new amendment gives focus to the particular needs of children requiring recognition in dividing assets between the parties; for example, do the needs of the children dictate that they remain in the marital home with the custodial parent, delaying possible division and sale of that asset. Do the children require that additional sums be provided to the custodial parent for the purpose of future education. The scope and extent of how this is applied will evolve since it was enacted in 1990.

CONTRIBUTION OF EACH OF THE PARTIES IN THE ACQUISITION, PRESERVATION OR APPRECIATION IN VALUE OF THEIR RESPECTIVE ESTATES

Please describe in detail the contribution of you and your spouse toward acquisition, preservation or appreciation in value of your respective assets and marital assets and include any contributions that were made during the marriage by your family or your spouse's family or any other source. Please indicate if you or your spouse entered the marriage with significant assets and, if so, how these were used.

CONTRIBUTION OF EACH PARTY AS A HOMEMAKER AND PARENT TO THE FAMILY UNIT

Please describe your role and that of your spouse as to homemaking, home management and child rearing and care during the marriage. Did either you or your spouse contribute primarily to these functions and, if so, what secondary functions and assistance, if any, did the other party provide.

If you were not the party primarily responsible for homemaking, home management and child care, please describe what assistance you provided during the marriage in these areas. Please indicate as well responsibilities assumed as to maintenance, improvement, renovations to your homes including yard and exterior maintenance as well as the tasks of cleaning, laundering, meal planning, preparation, etc.

As to care of the children, please indicate who was responsible for infant and toddler care including supervision and recreation and if, during the course of your marriage, child care, domestic or other services were used.

Please set forth in as much detail as possible your contributions toward parenting, the emotional growth and development of your children, including their schooling, health care, recreational, extracurricular and religious

upbringing.

If applicable, please describe your role and contribution as step-parent.

Please state your children's educational history indicating schools and colleges attended, whether private and source of funds applied for education expenses.