

HELEN SIGMAN & ASSOCIATES, LTD.

FAMILY LAW ATTORNEYS

105 WEST MADISON STREET
SUITE 1900
CHICAGO, ILLINOIS 60602

TEL: 312/419-1133
FAX: 312/419-9636

222 EAST WISCONSIN AVENUE
SUITE 4B
LAKE FOREST, ILLINOIS 60045

TEL: 847/295-6147
BY APPOINTMENT ONLY

MARITAL INTAKE QUESTIONNAIRE

(Please fill out as completely as possible)

Date: _____

CLIENT

Name _____

Maiden Name _____

Address _____

Home Phone _____

Work Phone _____

Email _____

Cell Phone _____

Length of Residence in Illinois _____

Soc. Sec. No. _____

Date of Birth _____ Age _____

Place of Birth (included city, state, county) _____

Occupation _____

How Long _____

Employer _____

Employer Address _____

Net Salary (take home) Monthly _____

List Voluntary Deductions from Pay _____

Bonus/Commission/Overtime _____

Last Year My Total Gross Earnings Were _____

Other Sources of Income _____

Present Health _____ Doctor _____

Treating For _____

Date of Marriage _____

Place of Marriage (include county) _____

Date of Separation of this Marriage _____

Prior Marriages: Yes _____ No _____

If yes, how many _____

Date of Prior Marriage _____

Date Prior Marriage was Terminated _____

How was Prior Marriage Terminated (Death/Divorce) _____

County Prior Marriage Terminated _____

Money Paid or Received as a Result of Previous Marriage

Maintenance _____

Child Support _____

YOUR SPOUSE

Name _____

Maiden Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Length of Residence in Illinois _____

Soc. Sec. No. _____

Date of Birth _____ Age _____

Place of Birth (included city, state, county) _____

Occupation _____

How Long _____

Employer _____

Employer Address _____

Net Salary (take home) Monthly _____

List Voluntary Deductions from Pay _____

Bonus/Commission/Overtime _____

Last Year Spouse's Total Gross Earnings Were _____

Other Sources of Income _____

Present Health _____ Doctor _____

Treating For _____

Spouse's Prior Marriages: Yes _____ No _____

If yes, Date of Prior Marriage _____

Date Terminated _____

How Terminated (Death/Divorce) _____

County Terminated _____

Money Paid or Received as a Result of Previous Marriage

Maintenance _____

Child Support _____

Summons to Be Served at _____

Hours for Service _____

CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Social Security Number</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who has Possession of Children Now? _____

Special Health or Educational Needs _____

REAL ESTATE

Address _____

Who Holds Title _____

Occupied By _____

Purchase Price _____ Date of Purchase _____

Downpayment _____ Source _____

Estimated Current Value _____

Present Mortgage Balance _____

Estimated Equity _____

Mortgage Holder _____

Monthly Payments _____ Taxes _____

JOINT BANK ACCOUNTS

Bank	Checking/Saving	Amount	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Safety Deposit Box _____

Number _____ Key Held by _____

NON-MARITAL PROPERTY (acquired by gift, inheritance or before marriage)

Property	How Acquired	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INDIVIDUAL BANK ACCOUNTS (include credit union)

Bank	Checking/Saving	Amount	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STOCKS OR BONDS

Institutions	How Held	No. of Shares	Value	Source
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BUSINESS INTERESTS

Type of Business _____
How Held _____
Source of Investment _____
Lien or Other Interests _____

Annual Net Income \$ _____ Value _____

CARS

Driven By: _____
Year _____ Make _____
Title in Name of _____
Balanced owed _____ Monthly Payment _____
Driven By: _____
Year _____ Make _____
Title in Name of _____
Lien Holder _____
Balance Owed _____ Monthly Payment _____

HUSBAND

Education Completed:

Specify Years i.e. 2, 3, 4

High School _____

Junior College _____

College/University _____

Graduate _____

Special Trade _____

WIFE

Education Completed:

Specify Years i.e. 2, 3, 4

High School _____

Junior College _____

College University _____

Graduate _____

Special Trade _____

MISC. NOTES