
Your Name

Date

Referred by

POST-DECREE MATTERS QUESTIONNAIRE

CONFIDENTIAL

**PLEASE READ THESE
INSTRUCTIONS CAREFULLY**

You are having difficulties of one kind or another, and have sought the advice of this law firm. In order to properly advise you, we need certain basic information about your situation and the history of your case.

In order to handle your case efficiently and at the least cost to you, we are asking you to complete this Post-Decree Matters Questionnaire.

The following information is for the sole use of your attorney. All answers that you give will be held **STRICTLY CONFIDENTIAL**, and will not be released to any unauthorized person. If you wish, this questionnaire will be returned to you when your matter has been concluded.

Answer each question fully and accurately. Success in your case depends upon mutual confidence and complete cooperation between client and attorney. We cannot stress too strongly the importance of answering every question fully, even though it may be embarrassing, or you do not think it is important.

Even if you do not understand why a question has anything to do with your particular problem, answer the question and we will be happy to discuss its bearing.

GENERAL INFORMATION

Your full name:

First, Middle, Last

Your address:

Street

City, State, Zip

Indiana County: _____

Your home phone number:

Your cell phone number:

Your business phone number:

Your date and place of birth:

Date

City, State

Your Social Security Number:

Your e-mail address:

Full name of your former spouse:

First, Middle, Last

Former spouse's address (if different than yours):

Street

City, State, Zip

Indiana County: _____

Former spouse's home phone number:

Former spouse's cell phone number:

Former spouse's business phone number:

Former spouse's date and place of birth:

Date

City, State

Former spouse's Social Security Number:

Former spouse's physical attributes:

Height

Weight

Hair Color

Eye Color

Race

*Distinguishing Marks:
(i.e., tattoos, birth marks,
etc.)*

Date of your Decree of Dissolution: _____

Have you remarried? No Yes

If yes, please state the name of your present spouse and the date of your marriage:

Children of yours with your former spouse: (Please give all requested information)

<u>Full Name</u>	<u>Date Born</u>	<u>City, ST born:</u>	<u>Gender:</u>	<u>SSN:</u>	<u>School/Occupation</u>	<u>Resides with:</u>
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are any of your children disabled? No Yes

Children of yours prior to or after your former spouse: (Please give all requested information)

<u>Full Name</u>	<u>Date Born</u>	<u>City, ST born:</u>	<u>Gender:</u>	<u>SSN:</u>	<u>School/Occupation</u>	<u>Resides with:</u>
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Has your former spouse remarried? No Yes

If yes, please state the name of their present spouse and the date of their marriage:

Other Children of former spouse:

Convicted of Criminal Offense? You, former spouse, current spouse (if applicable).

*Are there any attorneys involved representing either of you? _____

* Are there currently any pending civil, family, or criminal cases/lawsuits involving you, your former spouse, or your current spouse (if applicable)? _____

EMPLOYMENT INFORMATION

Your employer: _____

Employer's address: _____
Street

City, State and Zip

Your occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____

Former spouse's employer: _____

Employer's address: _____
Street

City, State and Zip

Former spouse's occupation: _____

Start date: _____

Gross earnings: \$ _____ per _____ Net earnings: \$ _____ per _____

Your current spouse's employer: _____

Your current spouse's earnings for the prior year: \$ _____

Your former spouse's current spouse's employer: _____

Your former spouse's current spouse's gross earnings for the prior year: \$ _____

COURT ORDERS

Support paid/payable to you: \$ _____

Who is presently paying the reasonable and necessary medical, pharmaceutical, dental and optical expenses for your child(ren)?:

Who presently has the tax exemption for your minor child(ren)?: _____

Is the payment of child support presently in arrears? No Yes: _____

Are there any unpaid or unreimbursed medical, pharmaceutical, dental and/or optical bills? No Yes

If yes, please specify: _____

Are there any unpaid or unreimbursed extracurricular expenses? No Yes

If yes, please specify: _____

Are any deductions being taken from your paycheck for health insurance coverage or is this solely paid by your employer?

If deductions are being made, how much is taken each month and state whether you pay additional premiums for covering your child(ren) and, if so, the additional amounts paid. (PLEASE provide this information as it is used in determining the child support to be paid).

Dates of previous Court Orders: _____

Please list any other provisions relevant to this case: _____

What provisions are presently in your Court Order for parenting time? _____

Will you be requesting any changes concerning the parenting time presently ordered by the Court? No Yes

If yes, please state what you wish changed and why:

What provisions are presently in your Court Order for custody? _____

Will you be requesting changes concerning the custody situation presently ordered? No Yes

If yes, please state what you wish changed and why:

What provisions are presently in your Court Order for support? _____

Will you be requesting any changes concerning the support presently ordered? No Yes

If yes, please state what you wish changed and why:

Are there any other provisions of your Court Order you are requesting be modified? No Yes

If yes, please specify: _____

Has your former spouse not complied with any provisions of your Court Order? No Yes

If yes, please specify: _____

LIST OF MONTHLY LIVING EXPENSES

HOUSING

1. Rent/Mortgage _____
2. Gas & Electric _____
3. Telephone & Cell _____
4. Water _____
5. Sanitation _____
6. Cable _____
7. Internet _____
8. Taxes _____
9. Insurance (Home) _____
10. Maintenance _____
11. Lawn Care _____
12. Water Softener _____
13. Pool Costs _____

GROCERIES

1. Food _____
2. Toiletries _____
3. Paper Products _____
4. Cleaning Supplies _____
5. Other (list items) _____

BEAUTY CARE

1. Hair Cuts _____
2. Cosmetics _____
3. Other (list items) _____

CLOTHING

1. Clothes _____
2. Shoes _____
3. Sporting Gear/Uniforms _____

INFANT CARE (IF APPLICABLE)

1. Diapers _____
2. Formula/Food _____
3. Doctor (Shots) _____

SCHOOL SUPPLIES (IF APPLICABLE)

1. Lunches _____
2. Books _____
3. Tuition _____

TRANSPORTATION

1. Car Payment _____
2. Gasoline _____
3. Oil Changes _____
4. Maintenance _____
5. Vehicle Insurance _____
6. Car Washes _____
7. Vehicle Repairs _____

MISCELLANEOUS

1. Church Donations _____
2. Health Insurance _____
3. Doctor Visits _____
4. Dentist _____
5. Child Care _____
6. Newspapers, Books, Magazines _____
7. Cigarettes _____
8. Dry Cleaning _____
9. Medicine _____
10. Entertainment _____
11. Extracurriculars _____
12. Pets _____
13. Other (list items) _____