

SPOUSE'S MARITAL HISTORY

Date of Current Marriage: ____/____/____ City, State: _____ Type of Marriage: COMMON LAW / CEREMONIAL

Date of Separation: ____/____/____

REASON FOR SEPARATING (BE DETAILED): _____

LIST ALL PREVIOUS MARRIAGES: (Date of Marriage, Name and Date of Divorce)

First Marriage:

Name: _____ Date of Marriage: _____ Date of Divorce: _____

Reason for Divorce: _____

First Marriage:

Name: _____ Date of Marriage: _____ Date of Divorce: _____

Reason for Divorce: _____



SPOUSE'S EDUCATION

	Name of School & Location	Highest Grade	Date Last Attended
High School:	_____	_____	_____
College:	_____	_____	_____
Trade School:	_____	_____	_____
Other:	_____	_____	_____



SPOUSE'S MILITARY SERVICE

Branch: _____ Years of Service: _____ Type of Discharge: _____ Rank at Discharge: _____

List Honors and Medals: _____

Any Courts-Martial Charges: _____



SPOUSE'S EMPLOYMENT

Current Employer: _____ Type of Business: _____ Yearly Salary: _____

Address: _____ Supervisor: _____ Employed Since: _____

Describe Work You Perform: _____

1st Previous Employer: _____ Type of Business: _____ Yearly Salary: _____

Address: _____ Supervisor: _____ Years Employed: _____

Describe Work You Perform: _____

2nd Previous Employer: _____ Type of Business: _____ Yearly Salary: _____
Address: _____ Supervisor: _____ Years Employed: _____
Describe Work You Perform: _____

SPOUSE'S MEDICAL CONDITION

List type/frequency of illegal drug use (now or in past): _____

Frequency of alcohol consumption: Never / Couple of Times a Year / Once a Month / Once a Week / Everyday
Heavy drinker since (Date): _____

Describe any treatment for a drug problem: _____

Describe any disabilities, illnesses, or injuries that you have: _____

MISCELLANEOUS QUESTIONS

- | | | |
|---|-----------|----------|
| 1. Have you ever been a victim of abuse by your spouse? | Yes _____ | No _____ |
| 2. Have you ever abused your spouse? | Yes _____ | No _____ |
| 3. Has your spouse ever abused your child(ren)? | Yes _____ | No _____ |
| 4. Have you ever abused your child(ren)? | Yes _____ | No _____ |
| 5. Have you ever been arrested or charged with a crime? | Yes _____ | No _____ |
| 6. Has your spouse ever been arrested or charged with a crime? | Yes _____ | No _____ |
| 7. Do you have any child(ren) from a previous marriage? | Yes _____ | No _____ |
| 8. Does your spouse have any child(ren) from a previous marriage? | Yes _____ | No _____ |

CHILDREN

<u>FULL NAME OF ALL CHILDREN BY WIFE</u>	<u>BIRTHDATE</u>	<u>SOCIAL SECURITY #</u>	<u>FATHER</u>
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____
_____	____/____/____	____-____-____	_____

IS WIFE PREGNANT AT THIS TIME? _____ DUE DATE: ____/____/____ FATHER: _____

TYPE OF CUSTODY? (Circle one)

SOLE—Only one who makes major decisions.

JOINT—Makes major decisions together. If joint custody, who should have primary caretaking responsibility? _____

VISITATION: (Circle one)

STANDARD (alternating weekends, specific alternating holidays, two two-week periods in summer, etc.)

REASONABLE (Typically by agreement of the parties)

SUPERVISED. Who should supervise and where? _____

NO VISITATION (must have good reasons - list) _____

ALL ADDRESSES WHERE CHILDREN HAVE LIVED IN THE PAST FIVE YEARS:

1. _____
2. _____
3. _____
4. _____
5. _____

ALL **CUSTODIANS** OF CHILDREN FOR PAST FIVE YEARS:

Name	<u>Present</u> Address
_____	_____
_____	_____
_____	_____

Education Expenses of the Children \$ _____ School: _____

Daycare Expenses: \$ _____ Daycare: _____

Monthly Medical Insurance Premium (children only) \$ _____ Company: _____

RESTORE MAIDEN/FORMER NAME OF WIFE? YES / NO

What will the spouse contest? (Circle) CUSTODY CHILD SUPPORT VISITATION PROPERTY DIVISION ALIMONY

