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DIVORCE QUESTIONNAIRE

Please answer all questions on this questionnaire pertaining to "Client" and "Spouse". Please attempt to fill in all blanks; if you do not know certain information or it is not applicable, then state that the information is "unknown" or "not applicable" or "not available". By following this procedure, we are in a better position to evaluate the information and it removes uncertainty of whether or not you overlooked any of the questions.

	CLIENT	SPOUSE
Name (First, middle, last):	_____	_____
Address:	_____	_____
City, State, Zip:	_____	_____
Date of Birth:	_____	_____
Age:	_____	_____
Race:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Social Security No.:	_____	_____
State of Birth:	_____	_____
Birth Surname:	_____	_____
Does wife want Maiden name restored?:	_____	_____
Highest level of education completed:	_____	_____

MARRIAGE OF PARTIES

Place of Marriage (city, county, state):	_____	
Date of Marriage:	_____	
# of this Marriage (1st, 2nd, etc.):	_____	_____
Other Marriage (if any) ended by:	_____	_____
	(death, divorce, annulment)	(death, divorce, annulment)

Is client presently living with spouse?: \_\_\_\_\_

If not, who left and when?: \_\_\_\_\_

Has either party previously started an action for divorce, legal separation, annulment, or support against current spouse? \_\_\_\_\_ If so, state the following:

Commenced by whom?:	_____
Year commenced:	_____
Court, State, County:	_____
Disposition, dismissed, etc.:	_____
Date of dismissal or decree:	_____

If either party was previously divorced, for each divorce state the following:

Names of parties to the action: \_\_\_\_\_

Court (State, County): \_\_\_\_\_

Date decree or divorce granted: \_\_\_\_\_

Granted to (client or spouse): \_\_\_\_\_

**CHILDREN OR OTHER DEPENDENTS: List all children born of this marriage:**

Name:	Social Security No:	Birthdate:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List all children adopted:**

Name:	Social Security No:	Birthdate:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Natural parent: \_\_\_\_\_

Adoptive parent: \_\_\_\_\_

If there are minor children, list the places of residence where the children have lived with client or spouse and dates of residence within the last five (5) years: \_\_\_\_\_

\_\_\_\_\_

Do any of client's children have extraordinary medical or dental needs? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Does the client want joint or sole legal custody of the minor children? \_\_\_\_\_

Does client or spouse have any minor children not born of this marriage? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL STATUS:**

Health of client (excellent, average, poor / explain): \_\_\_\_\_

Health of spouse (excellent, average, poor / explain): \_\_\_\_\_

Is wife pregnant?: \_\_\_\_\_

**RECONCILIATION EFFORTS:**

\_\_\_\_\_ Explain: \_\_\_\_\_

(yes) (no)

**ARMED FORCES:**

Was client or spouse in Armed Forces? \_\_\_\_\_ If so, list which party and the years and branch of service: \_\_\_\_\_

\_\_\_\_\_

How long have you lived in the County in which you presently reside? \_\_\_\_\_

How long have you been a resident of the State of Wisconsin? \_\_\_\_\_

Do client, spouse or children receive any State or County aid (including Badger Care)? \_\_\_\_\_ If yes, list what benefits are received: \_\_\_\_\_

**ASSETS OF PARTIES**

**REAL ESTATE:**

Type of real estate: \_\_\_\_\_  
(residence, investment property, summer home, vacant land, etc.)

Address, City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_

Original cost: \_\_\_\_\_ Present value: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_ Basis of valuation: \_\_\_\_\_

Is the property encumbered? \_\_\_\_\_

If the property is encumbered, answer the following:

1st mortgage lien holder: \_\_\_\_\_

Current balance due: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Title on Deed (husb., wife, joint, other): \_\_\_\_\_

Real estate taxes - amount: \_\_\_\_\_ Included in mortgage payment? \_\_\_\_\_

Is this property used directly to earn your livelihood? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any reason why this property could not be converted to cash if you were otherwise unable to meet your child support or other obligations arising out of this divorce? \_\_\_\_\_

Please provide the legal description of said real estate when you are able.

If 2nd mortgage or Home Equity Loan:

2nd mortgage/Home Equity Loan lien holder: \_\_\_\_\_

Current balance due: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

**\*\* Please provide a copy of the Deed(s) for all Real Estate owned by you or your spouse \*\***

(use blank space below to list other real estate and provide the same information requested above)

**ASSETS OF PARTIES**

**PROFIT SHARING / PENSION PLANS / RETIREMENT ACCOUNTS:**

Are you a participant in a retirement plan or benefit at your present place of employment? \_\_\_\_\_

Do you have an interest of any nature whatsoever in retirement benefits at any previous place of employment? \_\_\_\_\_

If your answer is yes, please complete the following for all such retirement benefits:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Do you make any contributions to the plan? \_\_\_\_\_

What is the current cash value of your interest in this plan? \_\_\_\_\_

Could you withdraw this if necessary to meet child support or other obligations arising out of this divorce?: \_\_\_\_\_

Are there any loans outstanding against your retirement account(s)? \_\_\_\_\_ If yes, what is the balance of any such loans? \$ \_\_\_\_\_ And when was this loan taken out? \_\_\_\_\_

(If more than one plan and more space is needed, please use reverse side)

Is your spouse a participant in a retirement plan or benefit at their present place of employment?: \_\_\_\_\_

Does your spouse have an interest of any nature whatsoever in retirement benefits at any previous place of employment? \_\_\_\_\_

If your answer is yes, please complete the following:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Does your spouse make any contributions to the plan? \_\_\_\_\_

What is the current cash value of your spouse's interest in this plan? \_\_\_\_\_

Could your spouse withdraw this if necessary to meet child support or other obligations arising out of this divorce?: \_\_\_\_\_

Are there any loans outstanding against your spouse's retirement account(s)? \_\_\_\_\_ If yes, what is the balance of any such loans? \$ \_\_\_\_\_ And when was this loan taken out? \_\_\_\_\_

(If more than one plan and more space is needed, please use reverse side)

Are you or your spouse a participant in any IRA (Individual Retirement Account) or Keough Plan?:

Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

If yes, please give details below:

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

**\* Please provide copies of the most current benefit / account statements for all listed retirement benefits / accounts \***

ASSETS OF PARTIES

LIFE INSURANCE:

Client

Spouse

A. Face Amount: \_\_\_\_\_

C. \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Is this insurance  
obtained through  
employer?: \_\_\_\_\_

Premium: \_\_\_\_\_

Loan: \_\_\_\_\_

Cash Value: \_\_\_\_\_

Value of dividends  
and accumulations: \_\_\_\_\_

B. Face Amount: \_\_\_\_\_

D. \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Is this insurance  
obtained through  
employer?: \_\_\_\_\_

Premium: \_\_\_\_\_

Loan: \_\_\_\_\_

Cash Value: \_\_\_\_\_

Value of dividends  
and accumulations: \_\_\_\_\_

\*\* Please provide copies of the policies for all listed Life Insurance \*\*

(If more space is needed, please use reverse side)

**ASSETS OF PARTIES**

**AUTOMOBILES / MOTORCYCLES / RECREATIONAL VEHICLES / TRUCKS / TRACTORS / ETC.:**

Type of Vehicle/Year: \_\_\_\_\_  
Make / Model: \_\_\_\_\_  
Title in whom: \_\_\_\_\_  
Approximate value: \_\_\_\_\_  
Loan Balance: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_

Type of Vehicle/Year: \_\_\_\_\_  
Make / Model: \_\_\_\_\_  
Title in whom: \_\_\_\_\_  
Approximate value: \_\_\_\_\_  
Loan Balance: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_

Which, if any, of these vehicles are used directly to earn your livelihood? \_\_\_\_\_  
\_\_\_\_\_

**STOCKS:**

Number of Shares: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Common/preferred: \_\_\_\_\_  
Approximate value: \_\_\_\_\_  
Ownership: \_\_\_\_\_

**BONDS:**

Face value: \_\_\_\_\_  
Name of issuer: \_\_\_\_\_  
Certificate No.: \_\_\_\_\_  
Current market value: \_\_\_\_\_  
Ownership: \_\_\_\_\_

(If more space is needed, please use reverse side)

Is there any reason why any of the assets listed on this page could not be converted to cash if required to meet child support or other obligations arising out of this divorce? \_\_\_\_\_ If so, explain: \_\_\_\_\_

**ASSETS OF PARTIES**

BUSINESS INTERESTS (if any):

Name of Company: \_\_\_\_\_

Type of interest:

Sole proprietor: \_\_\_\_\_

Partnership: \_\_\_\_\_

Joint venture: \_\_\_\_\_

Corporation: \_\_\_\_\_

Type of business: \_\_\_\_\_

Ownership: \_\_\_\_\_

Current Market Value: \_\_\_\_\_

Basis of valuation: \_\_\_\_\_

Date of valuation: \_\_\_\_\_

Name, address and telephone number of your or your spouse's business accountant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach annual and/or monthly financial statements (as available) or list all legitimate business expenses. Be prepared for the possibility of having to document expenses.

**ASSETS OF PARTIES**

**BANK ACCOUNTS (CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT, MONEY MARKET CERTIFICATES, ETC.)**

A. Name of Institution: \_\_\_\_\_  
In whose name held: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current balance: \_\_\_\_\_

B. Name of Institution: \_\_\_\_\_  
In whose name held: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current balance: \_\_\_\_\_

C. Name of Institution: \_\_\_\_\_  
In whose name held: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current balance: \_\_\_\_\_

D. Name of Institution: \_\_\_\_\_  
In whose name held: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current balance: \_\_\_\_\_

D. Name of Institution: \_\_\_\_\_  
In whose name held: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current balance: \_\_\_\_\_

Cash on hand exceeding \$100: \_\_\_\_\_  
(Client) (Spouse)

Indicate which, if any, accounts are pledged on a loan or otherwise encumbered. Give details as to any such transaction including all terms and the creditor or institution where debt exists on Schedule of Debts and Obligations (page 12)



**ASSETS OF PARTIES**

HOUSEHOLD ITEMS AND PERSONAL EFFECTS:

Ownership should be indicated by inserting H for Husband, W for Wife, J for Joint.

Furniture, furnishings:

Approximate value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

Antiques, heirlooms:

Approximate value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

China, silver:

Approximate value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

Jewelry:

Approximate value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

Furs:

Approximate value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

Objects of Art:

Approximate value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

Other: \_\_\_\_\_

Approximate value: \$ \_\_\_\_\_

Ownership: \_\_\_\_\_

**ASSETS OF PARTIES**

**MISCELLANEOUS PROPERTY:**

If you or your spouse are the owner(s) of any property not hereinbefore set forth having a value exceeding \$100.00, such as skiing or fishing equipment, camera equipment, guns, coins, stamps, or other valuable collections; mortgages and notes receivable, interests in trusts, interests in estate, liens and judgments owned, or other, please describe same below:

Description:	Current Market Value:	Ownership:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Which, if any, of these items are used directly to earn your livelihood?: \_\_\_\_\_  
\_\_\_\_\_

**NON-MARITAL PROPERTY:**

Did you or your spouse own property or possess funds prior to this marriage or inherit any property or funds during the marriage or receive a gift from a third party during the marriage?: \_\_\_\_\_

If the answer is yes, please complete the following:

Description: \_\_\_\_\_

Value at time of marriage or when  
inherited or received as gift: \$ \_\_\_\_\_

Current Market Value: \$ \_\_\_\_\_

When acquired: \_\_\_\_\_

How acquired: \_\_\_\_\_

Where located: \_\_\_\_\_

Ownership: \_\_\_\_\_

(If more space is needed, please use reverse side)

EMPLOYMENT INFORMATION FOR CLIENT AND SPOUSE:

CLIENT:

Current employer: \_\_\_\_\_

Job description: \_\_\_\_\_

First date of employment with current employer: \_\_\_\_\_

Benefits through current employer:

Retirement/401(k)? Yes \_\_\_\_\_ No \_\_\_\_\_ Current balance: \$ \_\_\_\_\_

Medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Cost to client: \$ \_\_\_\_\_

If yes, what company? \_\_\_\_\_

Medical insurance covers which family members? \_\_\_\_\_

Dental insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Cost to client: \$ \_\_\_\_\_

If yes, what company? \_\_\_\_\_

Dental insurance covers which family members? \_\_\_\_\_

Vision insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Cost to client: \$ \_\_\_\_\_

If yes, what company? \_\_\_\_\_

Vision insurance covers which family members? \_\_\_\_\_

Client's previous employer: \_\_\_\_\_

Job description with previous employer: \_\_\_\_\_

Date of previous employment: From \_\_\_\_\_ to \_\_\_\_\_

SPOUSE:

Current employer: \_\_\_\_\_

Job description: \_\_\_\_\_

First date of employment with current employer: \_\_\_\_\_

Benefits through current employer:

Retirement/401(k)? Yes \_\_\_\_\_ No \_\_\_\_\_ Current balance: \$ \_\_\_\_\_

Medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Cost to spouse: \$ \_\_\_\_\_

If yes, what company? \_\_\_\_\_

Medical insurance covers which family members? \_\_\_\_\_

Dental insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Cost to spouse: \$ \_\_\_\_\_

If yes, what company? \_\_\_\_\_

Dental insurance covers which family members? \_\_\_\_\_

Vision insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Cost to spouse: \$ \_\_\_\_\_

If yes, what company? \_\_\_\_\_

Vision insurance covers which family members? \_\_\_\_\_

Spouse's previous employer: \_\_\_\_\_

Job description with previous employer: \_\_\_\_\_

Date of previous employment: From \_\_\_\_\_ to \_\_\_\_\_

SCHEDULE OF DEBTS AND OBLIGATIONS

Do you or your spouse owe any mortgages, liens or other debts or obligations?: \_\_\_\_\_

If yes, complete the following schedule in as great a detail as possible. Be sure to include charge accounts, automobile payments, personal loans and all outstanding notes and bills.

Creditor's Name:	For:	Current balance:	Monthly payment:
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____



Gross Current MONTHLY Income from:	Husband	Wife
Salary & wages, incl. commissions, allowances and overtime, payable _____ (weekly, biweekly, monthly)	\$	\$
Pension and retirement benefits	\$	\$
Social Security	\$	\$
Disability and unemployment insurance	\$	\$
Maintenance from any prior marriage	\$	\$
Child support from any prior marriage	\$	\$
Dividends and interest	\$	\$
Estates, trusts, royalties	\$	\$
Rents	\$	\$
Bonuses (annual, semiannual, quarterly)	\$	\$
<b>Total Gross Monthly Income:</b>	<b>\$</b>	<b>\$</b>

Itemize Monthly Deductions from Gross Income:		
No. of exemptions claimed:	Husband (_____)	Wife (_____)
State income taxes	\$	\$
Federal income taxes	\$	\$
Social Security	\$	\$
Medicare	\$	\$
Medical or other insurance (describe)	\$	\$
Union or other dues	\$	\$
Retirement or pension fund	\$	\$
Mandatory contribution	\$	\$
Optional contribution	\$	\$
Savings plan	\$	\$
Credit Union (explain)	\$	\$
Other (specify)	\$	\$
<b>Total Monthly Deductions:</b>	<b>\$</b>	<b>\$</b>
<b>Net Monthly Income (Take-Home Pay):</b>	<b>\$</b>	<b>\$</b>

### STATEMENT OF EXPENSES

Specify the number of members in each house hold whose expenses are included and list the member's names and relationships:

Estimated MONTHLY Expenses of Living Apart for:	Husband	Wife
1. Rent or Home Mortgage payments for residence	\$	\$
2. Real property taxes (residence)	\$	\$
3. Real property insurance (residence)	\$	\$
4. Maintenance (home, yard, snow, furnace, etc.)	\$	\$
5. Food and household supplies	\$	\$
6. Utilities (incl. water, elec., gas, heat, trash)	\$	\$

7. Telephone	\$	\$
8. Laundry and cleaning	\$	\$
9. Clothing, shoes & accessories for work and leisure, children's needs	\$	\$
10. Medical and drug expenses not covered by insurance	\$	\$
11. Dental expenses not covered by insurance	\$	\$
12. Insurance (life, health, accident, comprehensive, liability, disability) (exclude payroll deducted)	\$	\$
13. Child care and/or child visitation expenses (incl. baby-sitting and daycare)	\$	\$
14. Payment of child/spousal support re. prior marriage	\$	\$
15. School expenses for child and/or adult (tuition, fees, books, supplies, transportation, tutors)	\$	\$
16. Entertainment (social obligations, recreation, sports, restaurants, self-improvement, cable TV)	\$	\$
17. Incidentals (beauty/personal hygiene, newspapers, periodicals, pets, hobbies, etc.)	\$	\$
18. Transportation (other than auto)	\$	\$
19. Auto expenses (gas, oil, repairs, insurance)	\$	\$
20. Auto payments	\$	\$
21. Installment payments (see schedule below)	\$	\$
22. Professional expenses, dues, etc.	\$	\$
23. Gifts and donations	\$	\$
24. Other expenses (attorneys fees, retirement investments (IRA's), counseling, legal fees, and financial/tax advice)	\$ _____	\$ _____
<b>TOTAL Monthly Expenses:</b>	\$	\$

**MEDICAL, CASUALTY, DISABILITY, AND OTHER INSURANCE**

Name of Co.	Type of Insurance	Policy No.	Group No.	Date Issued or Renewed	Owner

* CLIENT PAYS NOW:	IF CLIENT INSURED THEMSELF & CHILDREN	IF CLIENT ONLY INSURED THEMSELF:
Family Health \$_____/mth	Health \$_____/mth	Single Health \$_____/mth
Family Dental \$_____/mth	Dental \$_____/mth	Single Dental \$_____/mth
Family Vision \$_____/mth	Vision \$_____/mth	Single Vision \$_____/mth
Totaling \$_____/mth	Totaling \$_____/mth	Totaling \$_____/mth

Therefore, client is paying an additional \$\_\_\_\_\_ per month to insure spouse and children. (\$\_\_\_\_\_(family total) less \$\_\_\_\_\_(single total) = \$\_\_\_\_\_.

**\*\*\* Please attach insurance premium information \*\*\***

**Assets Disposed of and Unaccounted for One Year Prior to Filing  
of Petition of Divorce**

Have you disposed of any assets within the one-year period prior to the filing of the divorce petition, the proceeds of which are not already accounted for in the above representation of assets?

( ) Yes      ( ) No

If yes, describe the asset, the date of transfer, to whom it was transferred and the value received, if any:



**Property Acquired by Gift or Inheritance**

List and describe any property valued over \$500 that you acquired by gift or inheritance (not from your spouse).

Give description, when and how acquired, fair market value at time acquired and at present, and how property is currently held.

**Property Owned Prior to Marriage**

List and describe any property valued over \$500 and not acquired by gift or inheritance that you owned prior to this marriage.

Give description, including fair market value at time of marriage and at present and how property is currently held.

**Additional Personal Property and Assets**

**LITIGATION**

Are you a party to any other lawsuits? ( ) Yes ( ) No  
If yes, provide details:

**BANKRUPTCY**

Have you ever filed bankruptcy? ( ) Yes ( ) No  
If yes, provide details:

I declare under penalty of perjury that the foregoing, including any attachments, is true and that this declaration was executed on the \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
(Client's Name)