

## CLIENT QUESTIONNAIRE

### Section 1: Client's Information

Name: \_\_\_\_\_

Previous Names (including maiden name, if applicable): \_\_\_\_\_

Do you wish to return to your maiden name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Description of Home and Neighborhood: \_\_\_\_\_

\_\_\_\_\_

Members of Household (names, ages, and relationship): \_\_\_\_\_

\_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Addresses:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Appearance (please provide a color picture, if possible):

Complexion: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Tattoos (please describe): \_\_\_\_\_

Scars/Birthmarks (please describe): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthplace (please include country, state, county, and town/city): \_\_\_\_\_

Citizenship: \_\_\_\_\_ How long you have lived in Maryland: \_\_\_\_\_

Education (please indicate name, dates attended, and degrees awarded/in progress):

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Technical or Career Training: \_\_\_\_\_

Additional Skills: \_\_\_\_\_

Employment History (please provide information for the length of the marriage):

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of Employment Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wage/Salary; Pay Period: \_\_\_\_\_

Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_

Number of Exemptions Claimed: \_\_\_\_\_

Deductions:

Federal: \$ \_\_\_\_\_ FICA: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Other sources of income, whether taxable or non-taxable:

Source: \_\_\_\_\_ Period: \_\_\_\_\_ Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Source: \_\_\_\_\_ Period: \_\_\_\_\_ Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Other relevant employment history \_\_\_\_\_

Personal Gross Income for 201\_\_ : \_\_\_\_\_

Personal Gross Income for 201\_\_ : \_\_\_\_\_

Personal Gross Income for 201\_\_ : \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_

Benefits: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Religion: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Criminal History:

Arrests: \_\_\_\_\_

Charges: \_\_\_\_\_

Convictions: \_\_\_\_\_

Dates of Any Incarcerations: \_\_\_\_\_

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Driving Record: \_\_\_\_\_

Disabilities/Illnesses: \_\_\_\_\_

Prescription/Non-Prescription Medication History: \_\_\_\_\_

Drug/Alcohol Abuse: \_\_\_\_\_

Smoker/Non-Smoker: \_\_\_\_\_

Bankruptcies (yes or no): \_\_\_\_\_ If yes, please provide the following information:

Case Caption/Title: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Pregnant/Not Pregnant: \_\_\_\_\_

Abortions: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Location of Parents/Immediate Family: \_\_\_\_\_

Military/Reserve Service (including nature of discharge): \_\_\_\_\_

Pets: \_\_\_\_\_

Clubs, Hobbies, Etc.: \_\_\_\_\_

Social Media Profiles: \_\_\_\_\_

Relocation Plans (when, where, etc.): \_\_\_\_\_

Pending or Former Cases/Orders: \_\_\_\_\_

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Previous Marriages:

Name: \_\_\_\_\_ Date Ended: \_\_\_\_\_ How: \_\_\_\_\_

Name: \_\_\_\_\_ Date Ended: \_\_\_\_\_ How: \_\_\_\_\_

**Section 2: Spouse's Information**

Name: \_\_\_\_\_

Previous Names (including maiden name, if applicable): \_\_\_\_\_

Does he/she wish to return to his/her maiden name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Description of Home and Neighborhood: \_\_\_\_\_

Members of Household (names, ages, and relationship): \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Addresses:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Appearance (please provide a color picture, if possible):

Complexion: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Tattoos (please describe): \_\_\_\_\_

Scars/Birthmarks (please describe): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthplace (please include country, state, county, and town/city): \_\_\_\_\_

Citizenship: \_\_\_\_\_ How long you have lived in Maryland: \_\_\_\_\_

Education (please indicate name, dates attended, and degrees awarded/in progress):

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Technical or Career Training: \_\_\_\_\_

Additional Skills: \_\_\_\_\_

Employment History (please provide information for the length of the marriage):

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of Employment Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wage/Salary; Pay Period: \_\_\_\_\_

Gross Pay: \$ \_\_\_\_\_ Net Pay: \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_

Number of Exemptions Claimed: \_\_\_\_\_

Deductions:

Federal: \_\_\_\_\_ FICA: \_\_\_\_\_ State: \_\_\_\_\_

Retirement \_\_\_\_\_ Other \_\_\_\_\_

Other sources of income, whether taxable or non-taxable:

Source: \_\_\_\_\_ Period: \_\_\_\_\_ Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Source: \_\_\_\_\_ Period: \_\_\_\_\_ Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Other relevant employment history \_\_\_\_\_

Personal Gross Income for 201\_\_ : \_\_\_\_\_

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Personal Gross Income for 201\_\_ : \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_

Benefits: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Religion: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Criminal History:

Arrests: \_\_\_\_\_

Charges: \_\_\_\_\_

Convictions: \_\_\_\_\_

Dates of Any Incarcerations: \_\_\_\_\_

Driving Record: \_\_\_\_\_

Disabilities/Illnesses: \_\_\_\_\_

Prescription/Non-Prescription Medication History: \_\_\_\_\_

Drug/Alcohol Abuse: \_\_\_\_\_

Smoker/Non-Smoker: \_\_\_\_\_

Bankruptcies (yes or no): \_\_\_\_\_ If yes, please provide the following information:

Case Caption/Title: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Pregnant/Not Pregnant: \_\_\_\_\_

Abortions: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Location of Parents/Immediate Family: \_\_\_\_\_

Military/Reserve Service (including nature of discharge): \_\_\_\_\_

Pets: \_\_\_\_\_

Clubs, Hobbies, Etc.: \_\_\_\_\_

Social Media Profiles: \_\_\_\_\_

Relocation Plans (when, where, etc.): \_\_\_\_\_



Pending or Former Cases/Orders: \_\_\_\_\_

Previous Marriages for Spouse (indicate date of marriage and divorce): \_\_\_\_\_

**Section 3: Relationship History**

When you first met your spouse: \_\_\_\_\_

How you first met your spouse: \_\_\_\_\_

When you started dating: \_\_\_\_\_

When your relationship became serious: \_\_\_\_\_

When you moved in together: \_\_\_\_\_

Breakups in the relationship (prior to marriage, please indicate date and cause): \_\_\_\_\_

Cause of fights: \_\_\_\_\_

How finances were handled in the relationship: \_\_\_\_\_

How general decision-making took place in the relationship: \_\_\_\_\_

Positive/Negative qualities of yourself in the relationship: \_\_\_\_\_

Positive/Negative qualities of your spouse in the relationship: \_\_\_\_\_

**Section 4: Marriage History**

Date of marriage: \_\_\_\_\_ Length of marriage: \_\_\_\_\_

Location (city, county, and state) of marriage: \_\_\_\_\_

Whether you had a civil or religious ceremony: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Cause of separation: \_\_\_\_\_

Last date you had sex with your spouse: \_\_\_\_\_

Any physical abuse (please indicate if it was towards you or your child(ren)): \_\_\_\_\_

Whether you have a protective order against your spouse (if so, please indicate case number and date of order): \_\_\_\_\_

Any verbal abuse (please indicate if it was towards you or your child(ren)): \_\_\_\_\_

Any adultery by client: \_\_\_\_\_ If so, name of current significant other: \_\_\_\_\_

Any adultery by spouse: \_\_\_\_\_ If so, name of current significant other: \_\_\_\_\_

Reason you are seeking divorce: \_\_\_\_\_

Reason your spouse is seeking divorce: \_\_\_\_\_

## **Section 5: Children from the Marriage**

### **Child 1:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Will the child be in high school when he/she turns 19 (yes/no): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Health Insurance Provided by (Cl./Sp.): \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Where does the child reside: \_\_\_\_\_

Name/Location of School and/or Daycare: \_\_\_\_\_

Current grade in school: \_\_\_\_\_

Location of Supplies for Child (i.e. car seat, crib, toys, clothes, food, etc.): \_\_\_\_\_

Location of Child's Friends: \_\_\_\_\_

Drug/Alcohol Use: \_\_\_\_\_

Times/Locations of Extracurricular Activities: \_\_\_\_\_

Doctor(s): \_\_\_\_\_

Dentist(s): \_\_\_\_\_

Likely Preference of the Child (not parents) Regarding Custody and Visitation: \_\_\_\_\_

All addresses where child has lived during the last five (5) years (please include the time frame for each address & the names of all persons who resided at the address during that time): \_\_\_\_\_

Work-related daycare expenses for the child: \_\_\_\_\_

## Child 2:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Will the child be in high school when he/she turns 19 (yes/no): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Health Insurance Provided by (Cl./Sp.): \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Where does the child reside: \_\_\_\_\_

Name/Location of School and/or Daycare: \_\_\_\_\_

\_\_\_\_\_

Current grade in school: \_\_\_\_\_

Location of Supplies for Child (i.e. car seat, crib, toys, clothes, food, etc.): \_\_\_\_\_

\_\_\_\_\_

Location of Child's Friends: \_\_\_\_\_

Drug/Alcohol Use: \_\_\_\_\_

Times/Locations of Extracurricular Activities: \_\_\_\_\_

\_\_\_\_\_

Doctor(s): \_\_\_\_\_

Dentist(s): \_\_\_\_\_

Likely Preference of the Child (not parents) Regarding Custody and Visitation: \_\_\_\_\_

\_\_\_\_\_

All addresses where child has lived during the last five (5) years (please include the time frame for each address & the names of all persons who resided at the address during that time): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work-related daycare expenses for the child: \_\_\_\_\_

Child 3:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Will the child be in high school when he/she turns 19 (yes/no): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Health Insurance Provided by (Cl./Sp.): \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Where does the child reside: \_\_\_\_\_

Name/Location of School and/or Daycare: \_\_\_\_\_

Current grade in school: \_\_\_\_\_

Location of Supplies for Child (i.e. car seat, crib, toys, clothes, food, etc.): \_\_\_\_\_

Location of Child's Friends: \_\_\_\_\_

Drug/Alcohol Use: \_\_\_\_\_

Times/Locations of Extracurricular Activities: \_\_\_\_\_

Doctor(s): \_\_\_\_\_

Dentist(s): \_\_\_\_\_

Likely Preference of the Child (not parents) Regarding Custody and Visitation: \_\_\_\_\_

All addresses where child has lived during the last five (5) years (please include the time frame for each address & the names of all persons who resided at the address during that time): \_\_\_\_\_

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Work-related daycare expenses for the child: \_\_\_\_\_

**Section 6: Children from Previous Relationships/Marriages**

Client's Children:

Child 1:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Health Insurance Provided by (Cl./Sp.): \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Nature of your relationship with the other parent: \_\_\_\_\_

\_\_\_\_\_

Custody/Visitation Arrangements: \_\_\_\_\_

\_\_\_\_\_

Child 2:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Health Insurance Provided by (Cl./Sp.): \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Nature of your relationship with the other parent: \_\_\_\_\_

\_\_\_\_\_

Custody/Visitation Arrangements: \_\_\_\_\_

\_\_\_\_\_

Spouse's Children:

Child 1:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Nature of spouse's relationship with the other parent: \_\_\_\_\_

Custody/Visitation Arrangements: \_\_\_\_\_

Child 2:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Nature of spouse's relationship with the other parent: \_\_\_\_\_

Custody/Visitation Arrangements: \_\_\_\_\_

**Section 7: Child Rearing Patterns/Behaviors**

Who handled the following activities the majority of the time (mother or father):

Bathing/Washing: \_\_\_\_\_ Feeding: \_\_\_\_\_

Cooking meals: \_\_\_\_\_ Packing lunches: \_\_\_\_\_

Dressing/changing: \_\_\_\_\_ Purchase of clothing: \_\_\_\_\_

Assistance with personal items (bras, shaving, etc.): \_\_\_\_\_

Homework: \_\_\_\_\_ Teacher meetings: \_\_\_\_\_

Dropping off at and/or picking up from school: \_\_\_\_\_

Discipline: \_\_\_\_\_ Wake-up/Bedtime: \_\_\_\_\_

Laundry: \_\_\_\_\_ Extracurricular activities: \_\_\_\_\_

Doctor/Dentist appointments: \_\_\_\_\_

Giving medicine: \_\_\_\_\_ Haircuts: \_\_\_\_\_

Weekends: \_\_\_\_\_

Custody/Visitation History and Pattern Since Separation: \_\_\_\_\_

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## Section 8: Assets/Debts

### Marital Home:

How titled: \_\_\_\_\_ Purchase date and price: \_\_\_\_\_

Amount and source of down payment: \_\_\_\_\_

Current market value (can be an estimate): \$ \_\_\_\_\_

Encumbrances/Liens: \$ \_\_\_\_\_ Equity: \$ \_\_\_\_\_

Monthly mortgage payment and how paid: \$ \_\_\_\_\_

### Improved Realty (including the marital or family home):

Address: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Mortgage with whom: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

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

Market Value: \$ \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_

Taxes: \$ \_\_\_\_\_ Ins.: \$ \_\_\_\_\_



Motor Vehicles:

Client's Vehicle(s):

Vehicle 1: Year/Make/Model: \_\_\_\_\_

How titled: \_\_\_\_\_ Overall condition of vehicle: \_\_\_\_\_

Lien holder(s) and loan balance: \_\_\_\_\_

Monthly payment and how paid: \_\_\_\_\_

Vehicle 2: Year/Make/Model: \_\_\_\_\_

How titled: \_\_\_\_\_ Overall condition of vehicle: \_\_\_\_\_

Lien holder(s) and loan balance: \_\_\_\_\_

Monthly payment and how paid: \_\_\_\_\_

Spouse's Vehicle(s):

Vehicle 1: Year/Make/Model: \_\_\_\_\_

How titled: \_\_\_\_\_ Overall condition of vehicle: \_\_\_\_\_

Lien holder(s) and loan balance: \_\_\_\_\_

Monthly payment and how paid: \_\_\_\_\_

Vehicle 2: Year/Make/Model: \_\_\_\_\_

How titled: \_\_\_\_\_ Overall condition of vehicle: \_\_\_\_\_

Lien holder(s) and loan balance: \_\_\_\_\_

Monthly payment and how paid: \_\_\_\_\_

Pension/Retirement Plans (Cl. = Client; Sp. = Spouse, Jt. = Joint):

1. Account institution and #: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2. Account institution and #: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

3. Account institution and #: \_\_\_\_\_

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Cl./Sp./J.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

4. Account institution and #: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## Tax Returns for the Last Five (5) Years (Joint or Separate):

Client's tax returns: \_\_\_\_\_

Spouse's tax returns: \_\_\_\_\_

## Securities (stocks, including options, bonds, debentures, etc.):

Name: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Value: \$ \_\_\_\_\_

How and when acquired: \_\_\_\_\_

Name: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Value: \$ \_\_\_\_\_

How and when acquired: \_\_\_\_\_

## Bank Accounts:

1. Bank/Acct. #: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Chk./Sav.: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

2. Bank/Acct. #: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Chk./Sav.: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

3. Bank/Acct. #: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Chk./Sav.: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

4. Bank/Acct. #: \_\_\_\_\_

Cl./Sp./J.: \_\_\_\_\_ Chk./Sav.: \_\_\_\_\_

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EMPOWERING CLIENTS – ACHIEVING RESOLUTIONS  
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Amount: \$ \_\_\_\_\_

## Tangible Personal Property:

Please create a list of your tangible personal property on a separate sheet of paper and forward to your attorney.

## Inheritances:

Client's inheritances: \_\_\_\_\_

Spouse's inheritances: \_\_\_\_\_

## Insurance:

### Client's Insurance:

Health Insurance: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

Automobile Insurance: \_\_\_\_\_

## Spouse's Insurance:

Health Insurance: \_\_\_\_\_

Life Insurance: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_

Automobile Insurance: \_\_\_\_\_

## Business Interests:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Cl./Sp./J: \_\_\_\_\_ Spouse's %: \_\_\_\_\_

Number of Investors: \_\_\_\_\_ Type: \_\_\_\_\_

Notes on Business: \_\_\_\_\_

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Debts

1. Creditor: \_\_\_\_\_  
Cl./Sp./J: \_\_\_\_\_ Acquired Before or After Marriage: \_\_\_\_\_  
Paid By: \_\_\_\_\_ Balance: \_\_\_\_\_ Installment: \_\_\_\_\_
2. Creditor: \_\_\_\_\_  
Cl./Sp./J: \_\_\_\_\_ Acquired Before or After Marriage: \_\_\_\_\_  
Paid By: \_\_\_\_\_ Balance: \_\_\_\_\_ Installment: \_\_\_\_\_
3. Creditor: \_\_\_\_\_  
Cl./Sp./J: \_\_\_\_\_ Acquired Before or After Marriage: \_\_\_\_\_  
Paid By: \_\_\_\_\_ Balance: \_\_\_\_\_ Installment: \_\_\_\_\_
4. Creditor: \_\_\_\_\_  
Cl./Sp./J: \_\_\_\_\_ Acquired Before or After Marriage: \_\_\_\_\_  
Paid By: \_\_\_\_\_ Balance: \_\_\_\_\_ Installment: \_\_\_\_\_
5. Creditor: \_\_\_\_\_  
Cl./Sp./J: \_\_\_\_\_ Acquired Before or After Marriage: \_\_\_\_\_  
Paid By: \_\_\_\_\_ Balance: \_\_\_\_\_ Installment: \_\_\_\_\_

**Section 9: Miscellaneous**

Your short-term goals: \_\_\_\_\_  
\_\_\_\_\_

Your long-term goals: \_\_\_\_\_  
\_\_\_\_\_

Potential witnesses (please give name, address, phone number, and a description of what each witness might say): \_\_\_\_\_  
\_\_\_\_\_

