

DATE: _____

QUESTIONNAIRE FOR POST-DECREE MATTERS

GENERAL INFORMATION

1. Your full name: _____
2. Full name of former spouse: _____

Your full address: _____
Former spouse's full address: _____

Your residence phone number: _____
Home phone number: _____

Your business phone number: _____
Business phone number: _____

Your cell phone or pager number: _____
Cell phone or pager: _____

Your E-mail Address: _____

Date & place of birth: _____
Date & place of birth: _____

Social Security Number: _____
Social Security Number: _____

2. Children of the parties:

Full Name	D.O.B.	Sex	SSN	Occupation/School	Living With
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Have you remarried? _____

4. If so, please state the name of your present spouse and the date of your marriage?

5. Children you have other than those listed in Question 2.

Full Name D.O.B. Sex Occupation/School Living With

6. Amount of support being paid/received, if any? _____

7. Has your former spouse remarried? _____

8. If so, please state the name of his/her present spouse and date of marriage.

9. Other children former spouse has other than those listed in Question 2.

Full Name D.O.B. Sex Occupation/School Living With

10. Amount of support being paid/received, if any? _____

EMPLOYMENT INFORMATION

1. Your employer: _____
Address: _____
Your occupation: _____
Date employment began: _____
Gross earnings: \$ _____ per _____. Net earnings: \$ _____ per _____
Gross annual wages for prior year: _____
2. Formerspouse's employer: _____
Address: _____
Occupation: _____
Date employment began: _____
Gross earnings: \$ _____ per _____. Net earnings: \$ _____ per _____
Gross annual wages for prior year: _____
3. Your spouse's employer: _____
Your spouse's earnings for prior year: _____
4. Your former spouse's present spouse's employer: _____
Your former spouse's present spouse's earning for prior year: _____

COURT ORDERS

1. Support paid/payable to you: _____
2. Who is presently paying the reasonable & necessary medical, pharmaceutical, dental & optical expenses for the children? _____
3. Who presently has the tax exemption for the minor children?

4. Is the payment of child support presently in arrears? _____ Are there any unpaid or unreimbursed medical, pharmaceutical, dental and optical bills?

5. 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 the children and, if so, the additional amounts paid. _____

6. Date of previous Court Orders: _____

7. Please list any other provisions relevant to this case:

8. What provisions are presently in your Court order for visitation?

9. Is there anything you will be requesting be changed concerning the visitation presently ordered by the Court? If so, please state what you wish changed and why.

10. What provisions are presently in your Court order for custody?

11. Is there anything you will be requesting be changed concerning the custody situation presently ordered? If so, please state what you wish changed and why.

12. What provisions are presently in your Court order for support?

13. Is there anything you will be requesting be changed concerning support presently ordered? If so, please state what you wish changed and why.

14. Are there any other provisions of your Court Order you are requesting be modified?

15. Are there any provisions of your Court Order which have not been complied with by your former spouse?

MONTHLY EXPENSES

1. Mortgage or Rent: \$ _____
2. Utilities: Gas: \$ _____ Electric: \$ _____ Water \$ _____
Telephone: \$ _____ Other: \$ _____
3. Food: \$ _____ 4. Clothing: \$ _____ 5. Gas/Maintenance: \$ _____
6. Car payments: \$ _____ 7. Car insurance: \$ _____ 8. Cable: \$ _____
9. School Expenses: \$ _____ 10. Medical/pharmaceutical: \$ _____
11. Life insurance premiums: \$ _____