

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

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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.

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

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

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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.

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

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

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

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

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## 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: \$ \_\_\_\_\_