



4266 Casey Boulevard | Williamsburg, VA 23188

CONFIDENTIAL DIVORCE QUESTIONNAIRE

This questionnaire will be used by your attorney's office only. Your response to these questions will help to organize your case and will save you on your attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. Please answer as completely as possible. Thank you.

Your Personal Information

Legal Name: _____

First

Middle

Last

What is your maiden name (if applicable)? _____

Do you wish to resume your maiden name?

Yes

No

Social Security Number: _____

Driver's License Number & State: _____

Birth Date: _____

Birth Place: _____

City

County

State

What race or ethnic origin are you? _____

What is the extent of your education? _____

Are you a member of the military or National Guard?

Yes

No

If previously married, please state number of times and how each marriage ended:

Are you a resident of Virginia? If so, how long have you resided in Virginia? _____

Please specify preferred contact information.

Current Address: _____

Street

City

County

State

Zip

Mailing Address: _____

Street

City

County

State

Zip

Home Telephone: _____

Cellular Phone: _____

Email: _____

Work Phone: _____

Employer: _____

Employer Phone: _____

Employer Address: _____

Street

City

County

State

Zip

If applicable, please provide your professional license/certification number: _____

Spouse Information

Legal Name: _____
First Middle Last

What is your spouse's maiden name (if applicable)? _____

Does your spouse wish to resume her maiden name? Yes No

Social Security Number: _____ Driver's License Number & State: _____

Birth Date: _____ Birth Place: _____
City County State

What race or ethnic origin is your spouse? _____

What is the extent of your spouse's education? _____

Is your spouse a member of the military or National Guard? Yes No

If previously married, please state number of times and how each marriage ended:

Is your spouse a current resident of Virginia? If so, how has he/she resided in Virginia? _____

Please specify preferred contact information for your spouse.

Current Address: _____
Street City County State Zip

Can he/she be served there? Yes No

If no, then where? _____
Street City State Zip

Home Telephone: _____ Cellular Phone: _____

Email: _____ Work Phone: _____

Does your spouse have an attorney? _____ Name? _____

Employer: _____ Employer Phone: _____

Employer Address: _____
Street City County State Zip

If applicable, please provide your spouse's professional license/certification number: _____

Marital Information

Date of Marriage: _____ Place of Marriage: _____
City County State

Have you provided us with a certified copy of your Marriage License? If not, will you be able to provide us with a copy of it? Yes No

Are you currently living apart from your spouse? Yes No

If so, what is your physical date of separation? _____

Where did you last reside with your spouse? Please include the full address below:

Street City County State Zip

What were the circumstances of your separation? (who moved out, by mutual agreement, etc.)

Have you and your spouse resumed living together since the date of your separation? Yes No

Have you and your spouse engaged in sexual relations since the date of your separation? Yes No

Is your spouse guilty of any ground for divorce such as adultery, cruelty, or desertion? If so, please state:

Has a divorce proceeding ever been instituted regarding this spouse? Yes No

Do you believe your spouse will contest the divorce? Yes No

Are there any property matters in dispute? Yes No

If you have not already signed one, do you feel that your spouse would be willing to sign a separation agreement as to property matters, support, etc.? Yes No

If you have already entered into a written separation agreement with your spouse, please attach a copy.

Has there ever been a Court Order entered as to child support, custody or alimony? If so, please attach a copy of the aforesaid Orders. Yes No

Child Information

Child(ren): (Yours with your spouse. Please indicate whether born or adopted.)

Name: _____ Sex (M/F): _____ Date of Birth: _____

Birth Place: _____ Social Security No: _____
City County State

Current Residence: _____ Child lives with: _____

Name: _____ Sex (M/F): _____ Date of Birth: _____

Birth Place: _____ Social Security No: _____
City County State

Current Residence: _____ Child lives with: _____

Name: _____ Sex (M/F): _____ Date of Birth: _____

Birth Place: _____ Social Security No: _____
City County State

Current Residence: _____ Child lives with: _____

Name: _____ Sex (M/F): _____ Date of Birth: _____

Birth Place: _____ Social Security No: _____
City County State

Current Residence: _____ Child lives with: _____

Who currently provides health insurance for the minor child(ren) and is he/she to resume? Please provide the health insurance company's name, address, telephone number, and policy number.

Other Children: (yours or hers from other relationships, please specify.)

Name: _____

Sex (M/F): _____ Date of Birth: _____ Birth Place: _____
City County State

Social Security No: _____ Child lives with: _____

Name: _____

Sex (M/F): _____ Date of Birth: _____ Birth Place: _____
City County State

Social Security No: _____ Child lives with: _____

Who has Duty of Support? _____ Amount of Support (\$) _____ Monthly _____

With whom do these children live? _____

Please provide any additional information you feel is important in the space below.

Additional Information: