



LAW OFFICES OF
MATTHEW R.
KESSLER L.L.C.

CONFIDENTIAL INFORMATION ATTORNEY WORK PRODUCT

DOMESTIC QUESTIONNAIRE

1. Your name (include middle and maiden) and address including county of residence:

Name: _____

Address: _____

Telephone: _____

County: _____

Email Address: _____

Social Security #: _____

2. How long have you resided at this address, and do you intend to remain at this address?

3. How long have you resided in the Commonwealth of Pennsylvania prior to today's date?

4. Your place and date of birth, including city and state, and present age:

Place of Birth: _____

Date of Birth: _____

City: _____

State: _____

Present age: _____

5. Occupation, name and address of employer, including approximate monthly take home pay:

Occupation: _____

Employer: _____

Address: _____

Telephone: _____

Monthly "take home" pay: _____

6. What is your race? _____ Are you a U.S. Citizen? _____

7. Spouse's name (include middle and maiden) and address including county of residence:

Spouse's name: _____

Address: _____

County: _____ Social Security #: _____

8. How long has your spouse resided at this address, and does your spouse intend to remain at this address?

9. How long has your spouse resided in the Commonwealth of Pennsylvania?

10. Spouse's place and date of birth, including city and state, and present age:

Place of birth: _____ Date of birth: _____

City: _____ State: _____

Present age: _____

11. Spouse's occupation, name and address of employer, including approximate monthly "take home" pay:

Occupation: _____

Employer: _____

Address: _____

Telephone: _____

Monthly "take home" pay: _____

12. What is your spouse's race? _____ Is your spouse a U.S. citizen? _____

13. Have you been previously married? _____

a. If "yes", please state:

1. Number of previous marriages?

2. Name(s) of previous spouses(s)?

3. Date(s) of previous marriage(s)?

4. Dates(s) of previous divorce(s)?

5. Name(s) of your previous divorce attorney(s)?

14. Has your spouse previously been married? _____

a. If "yes", please state?

1. Number of spouse(s) previous marriages?

2. Name(s) of spouse(s) previous spouses(s)?

3. Date(s) of spouse(s) previous marriage(s)?

4. Dates(s) of spouse(s) previous divorce(s)?

5. Name(s) of spouse(s) previous divorce attorney(s)?

15. Date of your marriage, place or marriage including city, county and state:

Date of marriage: _____

Place: _____

City and State: _____

County: _____

16. Date of separation from your spouse: _____

17. Has there ever been any prior action for divorce or annulment of the marriage between you and your spouse? _____ If "yes", please give specifics, including prior attorneys involved:

18. Children born to this marriage – Names, birth dates and ages and with who they currently reside:

Name: Birth Date: Age: Reside With:

- a. Have there ever been any prior actions for custody involving the above-named children? _____ If “Yes”, give specifics:

- b. Where and with whom have the above-named children resided in the past five (5) years?

19. Children of you or your spouse which were not born to this marriage – Names, birth dates and ages and with whom they currently reside:

Name: Birth Date: Age: Reside With:

20. Your spouse's current attorney: _____

21. Have you been represented by any other attorney in relation to this matter? _____

If "yes", please identify that attorney: _____

22. Briefly explain the reasons and circumstances of your separation from your spouse:

23. Are either you or your spouse presently in the military service? _____ If "yes", please provide details:

24. Have either you or your spouse filed for bankruptcy or are contemplating filing for bankruptcy?

25. The name and address of any psychiatrist, psychologist, counselor, or therapist whom you are presently seeing:

26. The name and address of any psychiatrist, psychologist, counselor, or therapist whom your spouse is presently seeing:

27. The name and address of any psychiatrist, psychologist, counselor, or therapist whom your child/children is/are presently seeing:

28. Please answer the following:

ASSET INFORMATION

If either you or your spouse or both of you jointly and together own any of the following types of assets, place a check in the box appearing before the numbered asset. If in doubt, place a “?” in the box before the asset.

- 1. Real estate
 - a. Please list property.

- 2. Motor vehicles
 - a. Please list vehicle(s).

- 3. Recreational vehicles such as campers, boats and snowmobiles
 - a. Please list what is owned, if any.

- 4. Household furnishings and other personal property in the home
 - a. Please list.

- 5. Personal property stored or located outside of the home
 - a. Please list.

- 6. Antiques, china, silver or crystal.
 - a. Please list.

- 7. Collections such as coins, stamps or guns
 - a. Please list.

- 8. Cash
 - a. Please list amount.

- 9. Safe deposit boxes
 - a. If so, where located?

- 10. Certificates of deposit or savings certificates
 - a. Please list.

- 11. Savings accounts
 - a. If so, please list bank and amount.

- 12. Money market funds.
 - a. Please list.

- 13. Treasury bills or government bonds
 - a. Please list.

- 14. Checking accounts
 - a. If so, please list bank and amount.

- 15. Stocks, corporate bonds or mutual funds
 - a. Please list.

- 16. Life insurance policies
 - a. Please list.

- 17. Trusts
 - a. Please list.

- 18. Annuities
 - a. Please list.

- 19. Gifts
 - a. Please list.

- 20. Inheritances
 - a. Please list.

- 21. Patents or copyrights
 - a. Please list.

- 22. Business owned in whole or part including partnerships and corporations
 - a. Please list.

- 23. Employment termination benefits – severance pay, workmen’s compensation awards
 - a. Please list.

- 24. Disability payments
 - a. Please list.

- 25. Litigation – personal injury claims
 - a. Please list.

- 26. Military-VA benefits
 - a. Please list.

- 27. Educational benefits
 - a. Please list.

- 28. Debts due to you
 - a. Please list.

- 29. Credit union accounts
 - a. Please list.

- 30. Profit-sharing plans
 - a. Please list.

- 31. Pension plans
 - a. Please list.

- 32. Retirement plans including individual retirement accounts.
 - a. Please list.

- 33. Other
 - a. Please list.

LIABILITY INFORMATION

If either you or your spouse or both of you jointly and together owe any of the following types of indebtedness, place a check in the box appearing before the numbered debt. If in doubt, place a “?” in the box before the debt.

- 1. Mortgages
 - a. Name of bank holding the mortgage?

- 2. Judgments
 - a. Amount and against whom?

- 3. Motor vehicle loans-titles encumbered
 - a. Name of bank(s)?

- 4. Household goods and furnishings – security interest.
 - a. Please list.

- 5. Other secured liabilities.
 - a. Please list

UNSECURED DEBTS

- 6. Credit card balances – American Express, Visa, Mastercard, Discover
 - a. Name of credit cards and balances

- 7. Purchases including store charge account balances
 - a. Please list.

- 8. Loans from banks and finance companies
 - a. Name of all banks and/or finance companies.

- 9. Notes payable-personal
 - a. Name of note holder(s).

- 10. Bank credit lines including case reserve accounts – overdraft protection
 - a. Name of bank(s).

- 11. Credit union loans
 - a. Name of credit union(s).

- 12. Other secured liabilities.
 - a. Please name liabilities.

- 13. Contracts, agreements, leases
 - a. Name any of the above held by you.

- 14. Promissory notes due in future-loans from relatives
 - a. Name person note(s) due to and amount(s).

- 15. Education loans
 - a. Name of loan holder(s).

- 16. Unpaid real estate taxes, water and sewer charges, municipal claims and assessments.
 - a. Please list.

- 17. Unpaid income taxes.
 - a. Please list what year and amount owed.

How were you referred to the Law Offices of Matthew R. Kessler, L.L.C.?

Please sign and date below acknowledging that the information provided within this document is true and correct to the best of your knowledge, information and belief.

Client Signature

Date