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PROVIDING:  
ELDER LAW SERVICES  
ESTATE PLANNING AND TRUST ADMINISTRATION  
MEDICAID AND PUBLIC BENEFITS PLANNING  
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COLLABORATIVE LAW  
MEDIATION SERVICES  
SOCIAL SECURITY DISABILITY APPEALS

## CONFIDENTIAL DIVORCE QUESTIONNAIRE

This questionnaire is intended to elicit the basic information we need to help you with your divorce. The more complete and accurate your responses, the better we will be able to help you. **Be assured that all information will be kept in the strictest confidence.** Please bring the completed form with you to our first meeting.

Today's Date \_\_\_\_\_

### I. GENERAL INFORMATION.

#### YOUR BACKGROUND

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

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

Maiden Name to be resumed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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

Tel. Home: \_\_\_\_\_ Tel. Bus: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

US Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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



Years NJ Resident: \_\_\_\_\_

High School or Trade School Education: \_\_\_\_\_

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

Professional Education: \_\_\_\_\_

**SPOUSE'S/PARTNER'S BACKGROUND**

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

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

Maiden Name to be resumed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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

Tel. Home: \_\_\_\_\_ Tel. Bus: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

US Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Years NJ Resident: \_\_\_\_\_

High School or Trade School Education: \_\_\_\_\_

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

Professional Education: \_\_\_\_\_



**II. FAMILY, FRIENDS, and OTHERS.**

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Your Prior Marriages: \_\_\_\_\_

How Terminated: Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ (State \_\_\_\_\_)

Spouse's Prior Marriages: \_\_\_\_\_

How Terminated: Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ (State \_\_\_\_\_)

Children from Prior Marriages: \_\_\_\_\_

Continuing Support Obligations: \_\_\_\_\_

Date of Separation from Spouse: \_\_\_\_\_

Child Custody Dispute Anticipated: \_\_\_\_\_

Interest in Reconciliation? \_\_\_\_\_ Spouse? \_\_\_\_\_

Previous Actions (Type/Court/Docket) \_\_\_\_\_

Did you sign a Prenuptial Agreement with your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy.

**CHILDREN**

Name	Address	Age	Sex	Telephone Number	Spouse's Name

Please explain any special medical, educational, or other extraordinary personal or financial needs of any child:

\_\_\_\_\_

\_\_\_\_\_

**GRANDCHILDREN**

Name	Address/Parent Name	Age	Sex	Marital Status	Spouse's Name

Please explain any special medical, educational, or other extraordinary personal or financial needs of any grandchild:

\_\_\_\_\_

\_\_\_\_\_



**CRIMINAL HISTORY**

Does husband have a criminal record: \_\_\_\_\_

Does wife have a criminal record: \_\_\_\_\_

Nature of any previous court actions: \_\_\_\_\_

Either spouse represented by counsel in this divorce action: Yes:\_\_\_ No: \_\_\_

If yes, provide name, address and phone number of:

Husband's Lawyer: \_\_\_\_\_

Wife's Lawyer: \_\_\_\_\_

**HEALTH AND MEDICAL**

Are parties presently in good health: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Either party on any medication of any kind: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Any serious illnesses, operations, diseases for either spouse: \_\_\_\_\_

Any history of mental illness in parties, children, family: \_\_\_\_\_

Describe suicide attempts by the parties: \_\_\_\_\_

Are the parties covered by medical insurance: \_\_\_\_\_

What type of medical insurance: \_\_\_\_\_

Who pays the premiums: \_\_\_\_\_

What religion are the parties: \_\_\_\_\_

Is religion an issue in the divorce: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**YOUR EMPLOYMENT**

Name and Address of Your Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed Since \_\_\_\_\_

Job Duties: \_\_\_\_\_

Compensation:

Prior Calendar Year: \_\_\_\_\_

This Year to Date: \_\_\_\_\_

Basis (Salary, Bonus, Commission, etc.): \_\_\_\_\_

Benefits:

Prior Employment Information: \_\_\_\_\_



**SPOUSE'S EMPLOYMENT**

Name and Address of Spouse's Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed Since \_\_\_\_\_

Job Duties: \_\_\_\_\_

Compensation:

Prior Calendar Year: \_\_\_\_\_

This Year to Date: \_\_\_\_\_

Basis (Salary, Bonus, Commission, etc.): \_\_\_\_\_

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

Prior Employment Information: \_\_\_\_\_

**III. GENERAL FINANCIAL INFORMATION.**

Your Estimated Net Worth: \$\_\_\_\_\_.

Your Spouse's/Partner's Estimated Net Worth: \$\_\_\_\_\_.

**BANK ACCOUNTS**

Bank Name and Address	Type of Acct*	Account Number	Owner	Amount on Deposit

\*Checking Account (CA), Savings Account (SA), Certificates of Deposit (C), Money Market Accts (MMA)

**STOCKS, BONDS, TREASURY NOTES AND OTHER SECURITIES**

NAME	ESTIMATED COST	ESTATE VALUE	OWNERSHIP*

\* H=Husband; W=Wife; P=Partner; JT=Joint Tenants; TC= Tenants-in-Common.



**REAL ESTATE**

TYPE AND LOCATION	COST	CURRENT VALUE	OWNERSHIP*

\* H=Husband; W=Wife; P=Partner; JT=Joint Tenants; TC= Tenants-in-Common.

**PARTNERSHIPS AND OTHER INVESTMENTS**

NAME OF INVESTMENT	TYPE OF INVESTMENT	CURRENT VALUE	OWNERSHIP*

\* H=Husband; W=Wife; P=Partner; JT=Joint Tenants; TC= Tenants-in-Common.

**RETIREMENT ACCOUNTS**

TYPE OF ACCOUNT	TAX BASIS	CURRENT VALUE	OWNERSHIP*

\* H=Husband; W=Wife; P=Partner; JT=Joint Tenants; TC= Tenants-in-Common.

**LIFE INSURANCE and ANNUITY CONTRACTS**

Company Name and Address	Owner	Cash Surrender Value / Death Benefit	Policy Number	Primary / Alternate Beneficiaries

**BUSINESS INTERESTS**

Company	Owner	Type*	Percentage Ownership	Value	Buy/Sell**

\*Corporation (C), Sole Proprietorship (SP), Partnership (P), Limited Liability Co. (LLC)

\*\*Please indicate if there is a Buy/Sell Agreement



**AUTOMOBILES, VALUABLE JEWELRY  
AND OTHER PERSONAL PROPERTY**

ASSET	OWNER	VALUE

Total Estimated Value \$ \_\_\_\_\_

Have either you or your spouse inherited significant property? Yes  No

If yes, please explain: \_\_\_\_\_

Are either you or your spouse the beneficiary of any trust? Yes  No  If yes, describe the terms of the trust, amount of principal, and provide a copy of the trust \_\_\_\_\_

**LIABILITIES**

CREDITOR	AMOUNT	PROPERTY SECURED

**SPOUSE'S ACCESS TO ASSETS**

Access to savings accounts and other finances: \_\_\_\_\_

Detail credit card structure: \_\_\_\_\_

Does spouse have authority to charge in client's name: Yes \_\_\_\_\_ No \_\_\_\_\_

Who has possession of the above cards: \_\_\_\_\_

**ESTATE DOCUMENTS**

Do you have a Will: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does spouse have a Will: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Type of Will: Simple / Includes Testamentary Trust

Terms of Will: \_\_\_\_\_

Location of Will: \_\_\_\_\_

Please provide copies of all Wills.



Do you have a Power of Attorney? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Does spouse have a power of attorney? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Please provide copies of all Powers of Attorney.

Do you have a Living Will? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Does spouse have a Living Will? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Please provide copies of all Living Wills.

### **CLIENT'S STORY**

Please briefly describe the history of your marriage:

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(Attach Additional Pages, If Necessary)

### **MISCELLANEOUS.**

Do you believe there is any other information I should be aware of? Yes  No   
If yes, please explain: \_\_\_\_\_

### **REFERRAL.**

By whom were you referred to this office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referral is:

\_\_\_ Attorney \_\_\_ Previous Client of Donald D. Vanarelli

\_\_\_ Financial Planner \_\_\_ Other \_\_\_\_\_

Have you visited our website at [www.dvanarelli.com](http://www.dvanarelli.com)? Yes  No

If yes, do you have any ideas for improving our website? If so, please discuss.

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**CERTIFICATION.**

I understand that the recommendations and advice which you give, and the divorce strategy you pursue, will be based on the accuracy and completeness of the disclosures made herein. **Thus, I certify that the information provided is true and correct in all respects to the best of my knowledge and belief.**

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**Client**

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**Client**