

# DIVORCE QUESTIONNAIRE (Pre-Decree)

This form is extremely important. Your accuracy and completeness in responding will help us to best represent you, discuss matters with you and help us with the preparation of legal documents without interrupting you daily with questions or concerns.

*\* PLEASE PRINT \**

## **PERSONAL INFORMATION**

Name: <i>First</i>		<i>Middle</i>	
<i>Last</i>		<i>Maiden (if applicable)</i>	
Date of Birth: <i>(Month/Day/Year)</i>		Current Age:	
Place of Birth:			
Address: <i>Street</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
How long have you resided in Illinois:			
Email:			

Driver's License Number:	State:
Social Security Number:	
Highest Level of Education:	
No. of Previous Marriages:	
<i>How did previous marriages end?</i>	
Have you ever filed for Bankruptcy?	
<i>If yes, when?</i>	

**Telephone Numbers**

Home:
Work:
Cell:

**Employment Information**

Employer:		
Address: <i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Position:		
Salary / Pay Rate:		
Pay Frequency:		

**INFORMATION REGARDING YOUR SPOUSE**

Name: <i>First</i>		<i>Middle</i>
<i>Last</i>		<i>Maiden (if applicable)</i>
Date of Birth: <i>(Month/Day/Year)</i>		Current Age:
Place of Birth:		
Address: <i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
How long has s/he resided in Illinois:		
Email:		

Driver's License Number:	State:
Social Security Number:	
Highest Level of Education:	

No. of Previous Marriages:
<i>How did previous marriages end?</i>
Has he/she ever filed for Bankruptcy?
<i>If yes, when?</i>

**Spouse’s Telephone Numbers**

Home:
Work:
Cell:

**Spouse’s Employment Information**

Employer:		
Address: <i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Position:		
Salary / Pay Rate:		
Pay Frequency:		

**INFORMATION REGARDING THE MARRIAGE**

Date of Marriage: <i>(Month/Day/Year)</i>	
Place of Marriage: <i>City</i>	<i>State</i>
Separation Date: <i>(Month/Day/Year)</i>	
Do you currently reside in same home?	YES _____ NO _____

**INFORMATION REGARDING THE CHILD(REN)**

Name:	Date of Birth: / /	Age:
Name:	Date of Birth: / /	Age:
Name:	Date of Birth: / /	Age:
Name:	Date of Birth: / /	Age:
Name:	Date of Birth: / /	Age:
Name:	Date of Birth: / /	Age:

Child(ren)'s Residence: \_\_\_\_\_

<b>PLEASE SEND QUESTIONNAIRE BACK TO OUR OFFICE BY ONE OF THE FOLLOWING METHODS:</b>	
<b>Email to:</b> <a href="mailto:lawyers@illinoislawforyou.com">lawyers@illinoislawforyou.com</a>	<b>Fax to:</b> (312) 265-3967
<b>Mail to:</b> Anderson & Boback 120 N. Clark Street 33rd Floor Chicago, IL 60602	