



**SMITH & SMITH**  
*Attorneys At Law*

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*\*Also admitted in Michigan*

Referred By: \_\_\_\_\_ Date: \_\_\_\_\_

**MARITAL INFORMATION QUESTIONNAIRE**

**NEW CLIENT**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Present Residential Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Nos. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_ (Fax): \_\_\_\_\_

(Cellular): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Criminal Record? \_\_\_\_\_

**EDUCATION:** Specify Highest Grade Completed and/or Training, Degrees or Certificates:  
(H.S. 1-4; College 1-4; Major, Masters' Degree; Technical or Trade): \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_ Number of This Marriage: \_\_\_\_\_

Personal Health: \_\_\_\_\_

Physician Name and Treatment: \_\_\_\_\_

\_\_\_\_\_

**PREVIOUS MARRIAGES (if any):**

Previous Spouse's Name: \_\_\_\_\_

Dates of Marriage & Divorce: \_\_\_\_\_ How Marriage Terminated: \_\_\_\_\_

\_\_\_\_\_

Children of Previous Marriage (Names and Date of Birth): \_\_\_\_\_  
\_\_\_\_\_

Maintenance and Obligation to Dependents: \_\_\_\_\_

### **CLIENT'S OCCUPATION**

**A. EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Hourly Gross: \$ \_\_\_\_\_

Salary – Annual Gross and Net: \$ \_\_\_\_\_ GROSS \$ \_\_\_\_\_ NET

Pay Frequency (Weekly, Bi-Weekly, Twice Per Month, etc.): \_\_\_\_\_

Gross and Net Per Pay Period: \$ \_\_\_\_\_ GROSS \$ \_\_\_\_\_ NET

Bonus: \_\_\_\_\_ Commissions: \_\_\_\_\_

Expense Account: \_\_\_\_\_ Stock Interests: \_\_\_\_\_

Health Insurance (Cost and Frequency of Payment): \_\_\_\_\_

Health Insurance Premium Attributed to Child/Children: \_\_\_\_\_

Life Insurance (Cost and Frequency of Payment): \_\_\_\_\_

Dates Contributions Started and Amounts and Frequency of Contributions:

Pension: \_\_\_\_\_ Credit Union: \_\_\_\_\_

401(k) or Savings Plan: \_\_\_\_\_ Value of Account: \_\_\_\_\_

Contribution Amount and Frequency: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_ Value of Account: \_\_\_\_\_

Contribution Amount and Frequency: \_\_\_\_\_

Stock Options: \_\_\_\_\_ IRA: \_\_\_\_\_

**B. IF LENGTH OF EMPLOYMENT IS LESS THAN DURATION OF MARRIAGE, PLEASE LIST PREVIOUS EMPLOYERS, ADDRESSES, SALARIES, AND JOB TITLES ON A SEPARATE SHEET OF PAPER.**

**C. ANY EMPLOYER OTHER THAN CURRENT ONE LISTED IN A?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF SO, PLEASE LIST PREVIOUS EMPLOYERS, ADDRESSES, SALARIES, AND JOB TITLES, ON A SEPARATE SHEET OF PAPER.**

**D. BUSINESS NAME:** \_\_\_\_\_

( ) Self-Employed ( ) Corporation ( ) Partnership ( ) Sole Proprietorship

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

Phone No.: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Date and How Acquired: \_\_\_\_\_ Cost or Investment: \_\_\_\_\_

Position: \_\_\_\_\_ Other Partners: \_\_\_\_\_

Stock Interest: \_\_\_\_\_ Number of Shareholders: \_\_\_\_\_

Name of Shareholders and Percent (%) Interest:

\_\_\_\_\_

Names of Directors: \_\_\_\_\_

Name of Officers: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Bonus: \_\_\_\_\_ Commission: \_\_\_\_\_

Expense Account: \_\_\_\_\_ Profit Sharing: \_\_\_\_\_

Insurance: \_\_\_\_\_ Pension: \_\_\_\_\_

**SPOUSE**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Present Residential Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Nos. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_ (Fax): \_\_\_\_\_

(Cellular): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Criminal Record? \_\_\_\_\_

Social Media Accounts (Facebook): \_\_\_\_\_ (Twitter): \_\_\_\_\_

(Instagram): \_\_\_\_\_ (Other): \_\_\_\_\_

**EDUCATION:** Specify Highest Grade Completed and/or Training, Degrees or Certificates:

(H.S. 1-4; College 1-4; Major, Masters' Degree; Technical or Trade): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Maiden Name: \_\_\_\_\_ Number of This Marriage: \_\_\_\_\_

Personal Health: \_\_\_\_\_

Physician Name and Treatment: \_\_\_\_\_

\_\_\_\_\_

**PREVIOUS MARRIAGES (if any):**

Previous Spouse's Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ How Marriage Terminated: \_\_\_\_\_

Children of Previous Marriage (Names and Date of Birth): \_\_\_\_\_

Maintenance and Obligation to Dependents: \_\_\_\_\_

**SPOUSE'S OCCUPATION**

**A. EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Hourly Gross: \$ \_\_\_\_\_

Salary – Annual Gross and Net: \$ \_\_\_\_\_ GROSS \$ \_\_\_\_\_ NET

Pay Frequency (Weekly, Bi-Weekly, Twice Per Month, etc.): \_\_\_\_\_

Gross and Net Per Pay Period: \$ \_\_\_\_\_ GROSS \$ \_\_\_\_\_ NET

Bonus: \_\_\_\_\_ Commissions: \_\_\_\_\_

Expense Account: \_\_\_\_\_ Stock Interests: \_\_\_\_\_

Health Insurance (Cost and Frequency of Payment): \_\_\_\_\_

Health Insurance Premium Attributed to Child/Children: \_\_\_\_\_

Life Insurance (Cost and Frequency of Payment): \_\_\_\_\_

Dates Contributions Started and Amounts and Frequency of Contributions:

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401(k) or Savings Plan: \_\_\_\_\_ Value of Account: \_\_\_\_\_

Contribution Amount and Frequency: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_ Value of Account: \_\_\_\_\_

Contribution Amount and Frequency: \_\_\_\_\_

Stock Options: \_\_\_\_\_ IRA: \_\_\_\_\_

**B. IF LENGTH OF EMPLOYMENT IS LESS THAN DURATION OF MARRIAGE, PLEASE LIST PREVIOUS EMPLOYERS, ADDRESSES, SALARIES, AND JOB TITLES ON A SEPARATE SHEET OF PAPER.**

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

Phone No.: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Date and How Acquired: \_\_\_\_\_ Cost or Investment: \_\_\_\_\_

Position: \_\_\_\_\_ Other Partners: \_\_\_\_\_

Stock Interest: \_\_\_\_\_ Number of Shareholders: \_\_\_\_\_

Name of Shareholders and Percent (%) Interest:

\_\_\_\_\_

Names of Directors: \_\_\_\_\_

Names of Officers: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Bonus: \_\_\_\_\_ Commission: \_\_\_\_\_

Expense Account: \_\_\_\_\_ Profit Sharing: \_\_\_\_\_

Insurance: \_\_\_\_\_ Pension: \_\_\_\_\_

## MARRIAGE INFORMATION

### CHILDREN

Name(s) of Child/Children	Resides with Mr. or Mrs.	Date of Birth	SSN	Age	School or Day Care
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Educational Costs (Registration, Tuition, Books, etc.): \_\_\_\_\_

Private or Public School? \_\_\_\_\_ How will you split cost? \_\_\_\_\_

Extracurricular Activities or Lessons (Soccer, Dance, Swimming, etc.): \_\_\_\_\_

How will you split costs for Extracurriculars? Equally \_\_\_\_\_ Proportion \_\_\_\_\_

Day-Care or Baby-Sitters (Names, Cost per Week, etc.): \_\_\_\_\_

Any Children Adopted? \_\_\_\_\_ Is Wife Currently Pregnant? \_\_\_\_\_

Children's Disabilities (if any): \_\_\_\_\_

Who will maintain Health Insurance? Husband \_\_\_\_\_ Wife \_\_\_\_\_

How will you split uncovered Medical Expenses? Equally \_\_\_\_\_ Proportion \_\_\_\_\_

How many **Overnight Visits** do you expect with the Child/Children? \_\_\_\_\_

For your Spouse with the Child/Children? \_\_\_\_\_

## **FACTS**

Date of Present Marriage: \_\_\_\_\_ Pre-nuptial Agreement? \_\_\_\_\_

Place Marriage Performed: \_\_\_\_\_

(City)

(State)

(County)

Domiciled in \_\_\_\_\_, Illinois, \_\_\_\_\_ County for \_\_\_\_\_ years.

Are Parties Sharing the Same Household? \_\_\_\_\_ If **NO**, Give Date of Separation: \_\_\_\_\_

If **YES**, Give Date that "Irretrievable Breakdown" Started: \_\_\_\_\_

Previous Separation(s), Dates and Reasons: \_\_\_\_\_

Previous Counseling Dates and By Whom: \_\_\_\_\_

(Social Worker, Marriage Counselor, Psychologist, Priest, Rabbi, Minister, Doctor)

Previous Court Action: \_\_\_\_\_ Case No.: \_\_\_\_\_

Attorney: \_\_\_\_\_ Disposition: \_\_\_\_\_

(Check Client's Grounds)

( ) No Fault: \_\_\_\_\_ Separated Six (6) Months **OR** \_\_\_\_\_ Separated Two (2) Years

( ) Adultery ( ) Bigamy ( ) Desertion ( ) Physical Cruelty

( ) Mental Cruelty ( ) Conviction of a Felony ( ) Impotency ( ) Habitual Drunkenness

( ) Attempt on Life of the Other ( ) Communicable Venereal Disease ( ) Use of Habitual Drugs

Facts, Dates, and Places: \_\_\_\_\_

\_\_\_\_\_

Witness' Names and Addresses: \_\_\_\_\_

\_\_\_\_\_

**PLEASE INDICATE WHETHER YOU OR YOUR SPOUSE IS CURRENTLY A NAMED PLAINTIFF OR DEFENDANT IN ANY LAWSUIT. IF SO, PLEASE PROVIDE INFORMATION BELOW.**



Plaintiff: \_\_\_\_\_ Plaintiff's Attorney: \_\_\_\_\_

Defendant: \_\_\_\_\_ Defendant's Attorney: \_\_\_\_\_

County and State: \_\_\_\_\_ Case No.: \_\_\_\_\_

Nature of the Cause of Action: \_\_\_\_\_

Amount in Dispute (i.e. Damages): \_\_\_\_\_

Status of Case: \_\_\_\_\_

### **INCOME TAXES**

Joint Returns Filed: YES \_\_\_\_\_ NO \_\_\_\_\_

If So, Years Joint Returns Filed: \_\_\_\_\_

Credit Due for Overpayment of Estimated Taxes? \_\_\_\_\_

If So, Indicate Amount of Estimated Tax Paid and Date: \_\_\_\_\_

If Refund is Due, Did You Elect Refund in the Form of Check or Credit? (Circle One)

Federal Refund Due: Year \_\_\_\_\_ Amount \_\_\_\_\_

State Refund Due: Year \_\_\_\_\_ Amount \_\_\_\_\_

Federal Liability Due: Year \_\_\_\_\_ Amount \_\_\_\_\_

State Liability Due: Year \_\_\_\_\_ Amount \_\_\_\_\_

**Future Returns:** Will you both alternate claiming the Child/Children? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to claim the Child/Children each year? Yes \_\_\_\_\_ No \_\_\_\_\_

Your spouse will claim the Child/Children each year. Yes \_\_\_\_\_ No \_\_\_\_\_

## **ASSETS**

### **REAL ESTATE:**

Location: \_\_\_\_\_

Names on Title: \_\_\_\_\_ Joint Tenancy? \_\_\_\_\_ Trust? \_\_\_\_\_

Present Value: \_\_\_\_\_ Date of Most Recent Appraisal: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Price Paid: \_\_\_\_\_

Total Capital Improvement Since Purchase: \_\_\_\_\_

Mortgage Holder and Address: \_\_\_\_\_

Monthly Mortgage Amount: \_\_\_\_\_ Present Mortgage Balance: \_\_\_\_\_

(Includes Taxes: YES \_\_\_\_\_ NO \_\_\_\_\_ Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_)

If **NO**, State Cost of Insurance and Taxes: \_\_\_\_\_

Second Mortgage: NO \_\_\_\_\_ YES \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Name of Lien Holder: \_\_\_\_\_

Original Amount of Loan and Date: \_\_\_\_\_ Amount of Balance: \_\_\_\_\_

Balloon Payment: YES \_\_\_\_\_ Due On: \_\_\_\_\_ NO \_\_\_\_\_

Down Payment: \_\_\_\_\_ Source of Funds to Pay Down Payment: \_\_\_\_\_

Net Equity: \_\_\_\_\_

**(PLEASE BRING THE TITLE POLICY CONTAINING THE LEGAL DESCRIPTION OF THE AFOREMENTIONED PROPERTY.)**

### **ADDITIONAL REAL ESTATE:**

**PROVIDE ALL INFORMATION REQUESTED ABOVE ON ADDENDUM ATTACHED.**

**LIFE INSURANCE:**

	CLIENT	SPOUSE
Policy No		
Company		
Amount Insured		
Beneficiary		
Premium and Loan		
Whole Life or Term		
Cash Value		
Death Benefit Amount to Child/Children (Naming Each Other as Guardian)		

**MOTOR VEHICLES: (CARS, BOATS, MOTORCYCLES, ETC.)**

(1)

(2)

(3)

(4)

Year, Make and Model				
Date Purchased and Price				
Current Lien Balance				
Monthly Lien Payments				
Current Value				
Lien in Mr., Mrs., Or Both Names?				
Title in Mr., Mrs., or Both Names?				
Driven By Mr. or Mrs.?				

**SAVINGS OR CHECKING ACCOUNTS, CREDIT UNIONS:**

Bank or Name of Fund, Address, and Phone No.: \_\_\_\_\_

\_\_\_\_\_

Names on Title: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Account No.: \_\_\_\_\_ Balance: \_\_\_\_\_

**SAVINGS OR CHECKING ACCOUNTS, CREDIT UNIONS:**

Bank or Name of Fund, Address, and Phone No.: \_\_\_\_\_

\_\_\_\_\_

Names on Title: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Account No.: \_\_\_\_\_ Balance: \_\_\_\_\_

**CD'S, IRA'S, MUTUAL FUNDS:**

Bank or Name of Fund, Address, and Phone No.: \_\_\_\_\_

\_\_\_\_\_

Names on Title: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Account No.: \_\_\_\_\_ Balance: \_\_\_\_\_

**CD'S, IRA'S, MUTUAL FUNDS:**

Bank or Name of Fund, Address, and Phone No.: \_\_\_\_\_

\_\_\_\_\_

Names on Title: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Account No.: \_\_\_\_\_ Balance: \_\_\_\_\_

**STOCKS AND BONDS:**

<u>Name of Company</u>	<u>No. of Shares</u>	<u>Present Value</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TRUSTS:**

<u>Corpus</u>	<u>Income</u>	<u>Trustee</u>	<u>Beneficiary</u>	<u>Date Created and By Whom</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SAFE DEPOSIT BOX:**

Location: \_\_\_\_\_

Names on Title: \_\_\_\_\_ Who Has Access: \_\_\_\_\_

Contents: \_\_\_\_\_

**PRIVATE MEMBERSHIPS:**

Where: \_\_\_\_\_

Initiation Fee: \_\_\_\_\_ Yearly/Monthly Dues: \_\_\_\_\_

**OTHER MARITAL PROPERTY:**

EXPLAIN IN FULL DETAIL ANY OTHER PROPERTY OBTAINED, PURCHASED OR ACQUIRED BY EITHER YOU OR YOUR SPOUSE DURING THE MARRIAGE:

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**NON-MARITAL PROPERTY:**

EXPLAIN IN FULL DETAIL ANY OTHER PROPERTY OBTAINED, PURCHASE OR ACQUIRED BY EITHER YOU OR YOUR SPOUSE **BEFORE OR DURING (VIA INHERITANCE OR GIFT ONLY)** THE MARRIAGE:

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**DISSIPATION:**

EXPLAIN IN FULL DETAIL ANY PROPERTY SOLD, TRANSFERRED, CASHED IN, ENCUMBERED, DAMAGED, DESTROYED, ETC. BY EITHER YOU OR YOUR SPOUSE SINCE YOUR MARRIAGE BEGAN TO BREAKDOWN:

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**DEBTS**

	Incurred by Mr.,			Monthly
<u>To Whom Owed</u>	<u>Mrs., or Both</u>	<u>Account No.</u>	<u>Total Amount</u>	<u>Payments</u>


(IF NECESSARY, PLEASE USE A SEPARATE SHEET OF PAPER.)

**PRIORITIES**

Please List Your Expectations, Priorities, and What You Consider to Be an Equitable Resolution to This Divorce: \_\_\_\_\_


**MISCELLANEOUS NOTES**

**ADDITIONAL REAL ESTATE:**

Location: \_\_\_\_\_

Names on Title: \_\_\_\_\_ Joint Tenancy? \_\_\_\_\_ Trust? \_\_\_\_\_

Present Value: \_\_\_\_\_ Date of Most Recent Appraisal: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Price Paid: \_\_\_\_\_

Total Capital Improvement Since Purchase: \_\_\_\_\_

\_\_\_\_\_  
Mortgage Holder and Address: \_\_\_\_\_

Monthly Mortgage Amount: \_\_\_\_\_ Present Mortgage Balance: \_\_\_\_\_

(Includes Taxes: YES \_\_\_\_\_ NO \_\_\_\_\_ Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_)

If **NO**, State Cost of Insurance and Taxes: \_\_\_\_\_

Second Mortgage: NO \_\_\_\_\_ YES \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Name of Lien Holder: \_\_\_\_\_

Original Amount of Loan and Date: \_\_\_\_\_ Amount of Balance: \_\_\_\_\_

Balloon Payment: YES \_\_\_\_\_ Due On: \_\_\_\_\_ NO \_\_\_\_\_

Down Payment: \_\_\_\_\_ Source of Funds to Pay Down Payment: \_\_\_\_\_

\_\_\_\_\_  
Net Equity: \_\_\_\_\_

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OF THE AFOREMENTIONED PROPERTY.)**