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SEPARATION AND PROPERTY SETTLEMENT AGREEMENT QUESTIONNAIRE

We will use the information you supply in this Questionnaire to prepare a Separation and Property Settlement Agreement. You should complete this worksheet in as much detail as possible. If you do not have the information needed to complete any part, attempt to obtain such information from your spouse or from other sources.

Once the Separation and Property Settlement Agreement is executed, it becomes binding on both parties and its provisions can only be changed by mutual consent through a written and signed modification. Only in some instances can the court change a provision of the Agreement.

Indicate your preferences and desires and state which terms you consider non-negotiable. Be fair and be reasonable. We will discuss the proposed provisions with you and will negotiate with your spouse, or your spouse's attorney, in the event of controversy. It may become necessary to go to court to defend your interests if a reasonable compromise cannot be reached.

Should any questions or problems arise, please do not hesitate to call at (919) 424-8319 or leave a message. You may also transmit a message or documentation via facsimile at (919) 424-8320. We consider it our pleasure to represent you and look forward to working with you in this matter.

Please be thorough with your answers and do any investigation into figures that is necessary. An incomplete questionnaire makes this process more difficult.

MARITAL DATA

- 1. Date of Marriage: _____
- 2. Place of Marriage: _____
- 3. Date of Separation: _____
- 4. Reason for Separation:

5. Children:

Names:

DOB:

_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL INFORMATION OF CLIENT

1. Full Name of Client: _____

2. Home Address: _____ City _____

County _____, State _____ Zip _____

3. Home Telephone: (_____) _____

4. Email: _____

5. Employer: _____

6. Years Employed: _____ Social Security No. _____

7. Annual Salary? _____

PERSONAL INFORMATION OF SPOUSE

1. Full Name of Spouse: _____

2. Home Address: _____ Town _____

County _____, State _____ Zip _____

3. Home Telephone: (_____) _____

4. Employer: _____

5. Years Employed: _____ Social Security No: _____

6. Annual Salary? _____

PROPERTY SETTLEMENT

1. Address of marital home (include county):

Property purchased in _____ by Client _____ Spouse _____

Property is deeded to Client _____ Spouse _____ both _____

Disposition of Property:

_____ Title and possession to Client

_____ Title and possession to Spouse

_____ Possession only to Client until:

_____ Possession only to Spouse until:

_____ 30 days from date of sale

_____ Other (please specify) _____

Property to be sold for \$ _____

Estimated mortgage balance is \$ _____

Property will belong to:

_____ Client

_____ Spouse

_____ Equally shared

Exemption to be claimed by Client _____ Spouse _____

House Related Expenses:

To be paid by Client _____ Spouse _____:

_____ Mortgage payments, including principal and interest

_____ Property taxes & assessments

_____ Insurance costs

_____ Utilities

SEPARATE PROPERTY:

“Separate property” means all real and personal property acquired by a spouse before marriage or after the date of separation, or acquired by a spouse by bequest, devise, descent, or gift during the course of the marriage.

CLIENT	SPOUSE

DIVISION OF MOTOR VEHICLES:

_____ There are no jointly titled vehicles

_____ Each spouse keeps vehicle titled in his/her name

Client will have the following vehicles and car payments will be made by

Client_____ Spouse_____

Year Make Model Name(s) on Title Now

a. _____

b. _____

Spouse will have the following vehicles and car payments will be made by

Client_____ Spouse_____

Year Make Model Name(s) on Title Now

c. _____

d. _____

Amount owed on each vehicle is as follows:

Name of Lender Account Number Balance due Monthly

a. _____ \$ _____ \$ _____

b. _____ \$ _____ \$ _____

c. _____ \$ _____ \$ _____

d. _____ \$ _____ \$ _____

How is your automobile insurance titled:

_____ Jointly

_____ Each person has a separate policy

***I will need a copy of all loan documentation, title, lien and current balance due.**

DIVISION OF ASSETS

List all stocks, bonds, bank accounts (savings and checking) certificates of deposit, etc.

Please list these assets regardless if you have already agreed to a division. Be specific.

Type of Asset	Account Number	Name of Bank/Broker	Current Value

INDIVIDUAL RETIREMENT ACCOUNTS AND OTHER RETIREMENT BENEFITS

CLIENT:

Retirement fund? Yes___; No___ Vested \$_____ Provided by Employer___

Pension fund? Yes___; No___ Vested \$_____ Provided by Employer___

Profit sharing? Yes___; No___ Vested \$_____ Provided by Employer___

Stock purchase? Yes___; No___ Vested \$_____ Provided by Employer___

401K Plan? Yes___; No___ Vested \$_____ Provided by Employer___

Frequent Flyer Yes___; No___ Vested \$_____ Provided by Employer___

Other:_____

Any military pension?___ \$_____/month

***I will need a copy of all retirement account statements, 401(k), Stock Plan, Pension and life insurance documentation.**

SPOUSE:

Retirement fund? Yes____; No____ Vested \$_____ Provided by Employer____

Pension fund? Yes____; No____ Vested \$_____ Provided by Employer____

Profit sharing? Yes____; No____ Vested \$_____ Provided by Employer____

Stock purchase? Yes____; No____ Vested \$_____ Provided by Employer____

401K Plan? Yes____; No____ Vested \$_____ Provided by Employer____

Frequent Flyer Yes____; No____ Vested \$_____ Provided by Employer____

Other:_____

Any military pension?_____ \$_____/month

***I will need a copy of all retirement account statements, 401(k), Stock Plan, Pension and life insurance documentation.**

DIVISION OF UNSECURED DEBTS:

Please list all debts regardless if they are separate or joint debts as of the date of separation or anticipated date of separation. For each debt, designate whether the debt is held jointly or individually.

Name of Lender	Account Number	Balance due	Husband/Wife/Joint

***I will need the most recent statement or record of all debt.**

ALIMONY

We will explain the law applicable to alimony during your consultation. A Waiver of Alimony is usually irrevocable.

1. Do you wish to waive post separation support or alimony? _____

2. If alimony is to be paid, indicate who will pay:

Husband _____

Wife _____

3. It is customary to continue existing medical insurance coverage on the spouse until date of divorce. Please indicate who will be responsible for medical expenses not covered by insurance:

_____ Spouse

_____ Client

***I will need a copy of your last two years of tax returns, three most recent paystubs and a completed Financial Affidavit.**

PARENTING

CUSTODY

If you have any minor children, please indicate what you and your spouse have agreed upon or if you haven't discussed the arrangements with your spouse, please indicate what you would like to do.

1. Full name, date of birth, and social security number of each

child:

a. _____

b. _____

c. _____

d. _____

2. Please indicate what custodial pattern you prefer:

a. Sole (otherwise known as Joint Custody) Custody _____

Primary physical custody to Client _____ Spouse _____

b. Shared Custody of Child _____

c. Split Custody of Children _____

VISITATION

1. Every other weekend _____

2. One weekend a month _____

3. Number of weeks during summer _____

4. Holiday visitation: Please refer to even and/or odd years in designating your specific pattern of visitation.

Easter weekend:

Spring break:

Thanksgiving:

Christmas:

Mother's Day/Father's Day:

Birthdays:

Other 3 day holidays:

Other (please specify)

5. Restricted Visitation? _____

If Yes, state reasons

CHILD SUPPORT

- 1. Client's monthly gross income: \$ _____
- 2. Overtime: _____ hours per _____ \$ _____
- 3. Bonus: _____ per _____ \$ _____
- 4. Tips: _____ per _____ \$ _____
- 5. Other source of income: _____ \$ _____

Please attach pay stubs or recent documentation verifying income.

- 6. Spouse's monthly gross income: \$ _____
- 7. Overtime: _____ hours per _____ \$ _____
- 8. Bonus: _____ per _____ \$ _____
- 9. Tips: _____ per _____ \$ _____
- 10. Other source of income: _____ \$ _____

Please attach pay stubs or recent documentation verifying income.

11. Who maintains health insurance on the child(ren) and what is the monthly cost for such insurance, including cost of coverage for parent paying for the insurance?

Client _____ Spouse _____ Monthly Cost \$ _____

12. Have you and your spouse agreed to an amount of child support?

Yes _____ No _____ Amount: \$ _____ per month

13. Will you agree to a modification to child support? _____

If Yes, on which of the following grounds:

- _____ Change in physical custody
- _____ Increase in Payor's income
- _____ Loss of Payor's employment
- _____ Reduction of Payor's income
- _____ Private tuition

_____ Tutorial expenses

_____ Other (please specify) _____

14. Do you feel it appropriate that an Escalator Clause be included in this agreement providing periodic support increases? _____

15. Do any of the children require extraordinary expenses, e.g. speech or physical therapy, special instruction, private school, tutoring, coaching, daycare, transportation, etc.?

Yes _____; No _____.

\$ _____ per _____ for _____

16. Will you agree to contribute to any of the above? _____

If yes, how much \$ _____, for how long _____

17. It is standard practice for parents to equally divide medical expenses of the minor(s) which are not covered by insurance.

Please check which of the following you will agree to include:

_____ Dental

_____ Orthodontic

_____ Psychiatric/psychological

_____ Pharmaceutical

_____ Other (please specify) _____

18. Child support will cease upon the first of the following:

_____ death of the child

_____ marriage of the child

_____ when child is 18 yrs and graduates from high school

_____ when child moves away from custodial parent

_____ other (please specify) _____

19. Will you agree to pay, in full or in part, college expenses of the child(ren)? _____. If Yes, indicate the following:

- _____ Accredited state college
- _____ Any college of child's choice
- _____ Any college with approval of parents
- _____ Only if enrolled in a four year academic program
- _____ Only if child maintains 2.5 GPA
- _____ Any technical school
- _____ Only until age 22
- _____ Other (please specify) _____

20. In your opinion are there any reasons why you should pay/receive more or less child support?

21. Life insurance should be maintained to ensure continuation of support payments. Please indicate what you feel would be a reasonable amount and who will provide the policy:

- _____ Husband \$ _____
- _____ Wife \$ _____
- _____ Both \$ _____

22. If there is currently a life insurance policy, who owns the policy:

Who is the named insured:

Who is the beneficiary:

What is the payoff amount:

What is the policy number:

23. Who will claim the child(ren) as tax exemption?

_____ Husband

_____ Wife

_____Every year

_____Alternate years

OTHER CONCERNS