

# Divorce Questionnaire

## **BUYERS & KULKARNI, P.L.C.**

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The following is a questionnaire form for you to fill out and sign. Feel free to use abbreviations wherever clear and helpful to you. If you have any questions, please do not hesitate to contact us. Thank you for your cooperation.

### **CLIENT**

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers Lic # & State \_\_\_\_\_

Armed Forces Status \_\_\_\_\_

### **SPOUSE**

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers Lic # & State \_\_\_\_\_

Armed Forces Status \_\_\_\_\_

Please indicate any restrictions on where and how we should contact you:

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### **MARRIAGE**

Where were you married? City /Village / Twp. \_\_\_\_\_

County where you were married: \_\_\_\_\_

State / Foreign Country of marriage: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of separation: \_\_\_\_\_

Have you lived in Michigan for the last 180 days? \_\_\_\_\_

Have you lived in your current county for the last 10 days? \_\_\_\_\_

Number of previous marriages: Yours \_\_\_\_\_ Spouse \_\_\_\_\_

Your maiden name \_\_\_\_\_

Your name before this marriage \_\_\_\_\_

Your spouse's name before their first marriage: \_\_\_\_\_

Do you desire a name change after your divorce? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to what? \_\_\_\_\_

Do you and your spouse have an antenuptial (prenuptial) or a postnuptial agreement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach.

Does your spouse have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of attorney \_\_\_\_\_

### **CHILDREN**

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Living with \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Living with \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Living with \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

(Please use additional sheet of paper to list additional children.)

Please state where your children have resided over the last five years:

1) Address: \_\_\_\_\_

With Whom \_\_\_\_\_ How Long \_\_\_\_\_

2) Address: \_\_\_\_\_

With Whom \_\_\_\_\_ How Long \_\_\_\_\_

3) Address: \_\_\_\_\_

With Whom \_\_\_\_\_ How Long \_\_\_\_\_

Are you or your spouse pregnant? \_\_\_\_\_ If yes, due date \_\_\_\_\_

Name of health care provider(s) for children \_\_\_\_\_

Policy, group, or contract no. \_\_\_\_\_

Paid by whom \_\_\_\_\_

Does the health insurance require that the children are dependents in order to qualify for health insurance for them? \_\_\_\_\_

Child care? \_\_\_\_\_ How many weeks per year \_\_\_\_\_

Paid by whom \_\_\_\_\_

Cost per week during school \_\_\_\_\_ summer \_\_\_\_\_

Are you *paying* or *receiving* support for other children? (circle one)

How much per week? \_\_\_\_\_

Number of children for whom support is paid \_\_\_\_\_

Is your spouse *paying* or *receiving* support for other children? (circle one)

How much per week? \_\_\_\_\_

Number of children for whom support is paid \_\_\_\_\_

(Please provide copies of court support orders.)

Does either party have children from a prior relationship?

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_

### **CUSTODY AND SUPPORT**

If joint physical and legal custody of the children is not appropriate in your circumstance, please state the reasons why. How are the best interests of the children served regarding custody? (Who should have primary physical and/or legal custody and why?)

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If you and your spouse have agreed on custody, describe.

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Do you know anyone else who claims parenting time rights with your children? \_\_\_\_\_  
If yes, please state the person's name, address, and relationship.

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Has child support been paid since separation? \_\_\_\_\_ If yes, how much per week? \_\_\_\_\_

If you and your spouse have agreed on child support, how much per week?

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**PRIOR LITIGATION**

Do you or your spouse have a previous divorce, custody, or other domestic relations case against each other? If yes, indicate when and where filed, status of case, case number, and name of judge.

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Has there been any previous domestic relations case filed in this country involving any other family member? Indicate when and where filed, status of case, case number, and name of judge.

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Does anyone else claim custody over children of you or your spouse? Indicate when and where filed, status of case, case number, and name of judge.

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Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason? Indicate when, where filed, status of case, case number, and name of judge.

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Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage? Indicate when, where filed, status of case, case number, and name of judge.

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**FAMILY HEALTH AND SOCIAL ISSUES**

Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap, or incurable disease? If yes, please explain.

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Have you or your spouse ever been hospitalized for mental health treatment? If yes, please provide a brief explanation.

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Any problems with substance abuse (drugs, alcohol)? If yes, what type of drugs, what treatment and by whom, when, place of treatment.

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Has either party engaged in a physical and/or emotional extramarital relationship? If yes, please provide brief details.

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Any problems with debts or gambling? Please explain.

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Has there been any physical or mental/verbal abuse in the marriage? If yes, please provide a brief explanation.

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Have you or your spouse ever been arrested, charged with a crime, and/or convicted of a crime? If yes, please provide a brief explanation.

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Is there any other information pertinent to the breakdown of the marriage that you want us to know about? If yes, please provide a brief explanation.

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Any marriage counseling? \_\_\_\_\_

Personal counseling (you/your spouse)? \_\_\_\_\_

Would you begin or continue counseling? \_\_\_\_\_

Would you sign a waiver of confidentiality so that we may have access to your records?  
\_\_\_\_\_

Attitudes toward reconciliation (you/your spouse)?

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Are you or your spouse receiving Aid to Dependent Children? If yes, what is the case number and the name of the caseworker? \_\_\_\_\_

\_\_\_\_\_

**INFORMATION FOR FRIEND OF THE COURT/PERSONAL PROTECTION**

What physical abuse, if any, has occurred and on what dates?

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Physical Description of Client

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Glasses? \_\_\_\_\_ If yes, are they worn all the time? \_\_\_\_\_

Mustache/Beard? \_\_\_\_\_ If yes, color? \_\_\_\_\_

Distinguishing scars/tattoos? \_\_\_\_\_

Any current restraining orders? \_\_\_\_\_

Physical Description of Spouse

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Glasses? \_\_\_\_\_ If yes, are they worn all the time? \_\_\_\_\_

Mustache/Beard? \_\_\_\_\_ If yes, color? \_\_\_\_\_

Distinguishing scars/tattoos? \_\_\_\_\_

Any current or prior restraining orders? \_\_\_\_\_ If yes, please provide a copy and/or a brief explanation (which court, when issued, and the reason for the issuance of the personal protection order). \_\_\_\_\_

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**EMPLOYMENT**

**CLIENT**

**SPOUSE**

**CLIENT**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Hire \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly take home pay \_\_\_\_\_

Pension \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

Signing bonus or any special payment  
\_\_\_\_\_

Profit sharing \_\_\_\_\_

Income last year \_\_\_\_\_

**SPOUSE**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Hire \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly take home pay \_\_\_\_\_

Pension \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

Signing bonus or any special payment  
\_\_\_\_\_

Profit sharing \_\_\_\_\_

Income last year \_\_\_\_\_

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), e.g., union dues, pension, etc. Please also attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

**CLIENT**

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Annual Income \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Annual Income \_\_\_\_\_

**SPOUSE**

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Annual Income \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Annual Income \_\_\_\_\_

(Please use a separate sheet if you wish to provide additional employment history information.)

Other income sources, e.g., pension, public assistance, veterans benefits Social Security, disability, Supplemental Security Income (SSI), annuity funds:

1. Type \_\_\_\_\_ Gross per year \_\_\_\_\_ In whose name? \_\_\_\_\_

2. Type \_\_\_\_\_ Gross per year \_\_\_\_\_ In whose name? \_\_\_\_\_

3. Type \_\_\_\_\_ Gross per year \_\_\_\_\_ In whose name? \_\_\_\_\_

**CLIENT**

Highest degree obtained? \_\_\_\_\_

High School \_\_\_\_\_

Date of diploma/GED? \_\_\_\_\_

Univ./College \_\_\_\_\_

Degree/Date obtained: \_\_\_\_\_

Univ./College \_\_\_\_\_

Degree/Date obtained: \_\_\_\_\_

Additional training? \_\_\_\_\_

\_\_\_\_\_

**SPOUSE**

Highest degree obtained? \_\_\_\_\_

High School \_\_\_\_\_

Date of diploma/GED? \_\_\_\_\_

Univ./College \_\_\_\_\_

Degree/Date obtained: \_\_\_\_\_

Univ./College \_\_\_\_\_

Degree/Date obtained: \_\_\_\_\_

Additional training? \_\_\_\_\_

\_\_\_\_\_

Did either spouse contribute to the graduate education of the other? If yes, please describe.

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

**ASSETS**

(Please attach additional sheets if necessary.)

**A. Real Property**

Resident address \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Down payment \_\_\_\_\_

Source of purchase funds \_\_\_\_\_

Current fair market value \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Principal balance owing: \_\_\_\_\_

Paid by husband? \_\_\_\_\_ Wife? \_\_\_\_\_ Both? \_\_\_\_\_

Home equity loan? \_\_\_\_\_ Account no \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Principal balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in mortgage payment? \_\_\_\_\_

Is there a delinquency? If yes, amount overdue \_\_\_\_\_

**Additional real estate:**

Address \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Down payment \_\_\_\_\_

Source of purchase funds \_\_\_\_\_

Current fair market value \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Principal balance owing: \_\_\_\_\_

Paid by husband? \_\_\_\_\_ Wife? \_\_\_\_\_ Both? \_\_\_\_\_

Home equity loan? \_\_\_\_\_ Account no \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Principal balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in mortgage payment? \_\_\_\_\_

Is there a delinquency? If yes, amount overdue \_\_\_\_\_

Address \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Down payment \_\_\_\_\_

Source of purchase funds \_\_\_\_\_

Current fair market value \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Principal balance owing: \_\_\_\_\_

Paid by husband? \_\_\_\_\_ Wife? \_\_\_\_\_ Both? \_\_\_\_\_

Home equity loan? \_\_\_\_\_ Account no \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Principal balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in mortgage payment? \_\_\_\_\_

Is there a delinquency? If yes, amount overdue \_\_\_\_\_

Please attach copies of mortgage documents, deeds, land contracts, etc.

**B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)**

Year/Make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Whose possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lienholder \_\_\_\_\_ Balance due \_\_\_\_\_

Year/Make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Whose possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lienholder \_\_\_\_\_ Balance due \_\_\_\_\_

**C. Bank Accounts or Credit Union Accounts**

Name of bank and branch \_\_\_\_\_

Account no. \_\_\_\_\_

Type of Account (savings, checking, money market) \_\_\_\_\_

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

Name of bank and branch \_\_\_\_\_

Account no. \_\_\_\_\_

Type of Account (savings, checking, money market) \_\_\_\_\_

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

Name of bank and branch \_\_\_\_\_

Account no. \_\_\_\_\_

Type of Account (savings, checking, money market) \_\_\_\_\_

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

Please attach additional sheets of bank/credit union accounts if needed.

**D. Individual Retirement Accounts**

Please attach the latest statements of all IRA's for both yourself and your spouse.

**E. Retirement Plans, Pensions, Keogh Plans, 401(k) Plans, Profit-Sharing Plans, Stock Bonus or Option Plans, Etc.**

Please attach copies of plan descriptions and most recent statements for each account or plan.

Full legal name of plan \_\_\_\_\_

Name and complete address of plan administrator \_\_\_\_\_

\_\_\_\_\_

Type of plan \_\_\_\_\_ Vested? \_\_\_\_\_

Full legal name of plan \_\_\_\_\_

Name and complete address of plan administrator \_\_\_\_\_

\_\_\_\_\_

Type of plan \_\_\_\_\_ Vested? \_\_\_\_\_

(Use additional sheets to list accounts, if needed.)

**F. Corporate Stocks, Bonds, Notes, Securities, Bills, Brokerage Accounts, CDs, Etc.**

Please attach copies of most recent statements for all assets and accounts.



**G. Patents, Inventions, Copyrights, Etc.**

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**H. Life Insurance and/or Annuities**

**CLIENT**

Name of Insurer \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_  
Type of insurance (term, whole life, etc.)  
\_\_\_\_\_  
Policy no. \_\_\_\_\_  
Amount of policy \_\_\_\_\_  
Cash surrender value \_\_\_\_\_  
Loans against policy \_\_\_\_\_

**SPOUSE**

Name of Insurer \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_  
Type of insurance (term, whole life, etc.)  
\_\_\_\_\_  
Policy no. \_\_\_\_\_  
Amount of policy \_\_\_\_\_  
Cash surrender value \_\_\_\_\_  
Loans against policy \_\_\_\_\_

**I. Business Interests (corporations, partnerships, sole proprietorships, etc.)**

Name and full address of business \_\_\_\_\_  
\_\_\_\_\_

Type of business interest \_\_\_\_\_

Type of ownership interest \_\_\_\_\_

Percentage of ownership \_\_\_\_\_

Full name and address for each partner or other owner

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Number of shares (if applicable) \_\_\_\_\_

Annual income from business \_\_\_\_\_

Date interest acquired \_\_\_\_\_

Source of any funds invested in business \_\_\_\_\_

Additional amounts invested and when \_\_\_\_\_

Is there any written business agreement, articles of incorporation, partnership papers, etc?  
If so, please attach a copy or state where documents are located, if known.

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Current value of interest \_\_\_\_\_

**J. Community property**

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)? If yes, provide details and the status of assets brought into this state. \_\_\_\_\_

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**K. Military Benefits**

Branch of service \_\_\_\_\_

Name of service member \_\_\_\_\_

Rank/pay grade \_\_\_\_\_

Starting date of creditable service \_\_\_\_\_

Status of service member (active, reserve, or retired) \_\_\_\_\_

**L. Miscellaneous Assets**

Jewelry \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Artwork \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Antiques \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Coin and other collections \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Inheritance \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Electronics and computers \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Sporting goods and firearms \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Safe deposit box? If yes, full name and address of institution where located

\_\_\_\_\_

Describe contents

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M. Accounts Receivable (Money owed to you)**

Name of debtor \_\_\_\_\_

Debtor's relationship to you and to your spouse \_\_\_\_\_

Purpose of loan \_\_\_\_\_

Written evidence of loan? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a copy.

Is debt secured? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the security.

\_\_\_\_\_

Repayment terms (principal, interest (if any), schedule for repayment, and current status of repayment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of debtor \_\_\_\_\_

Debtor's relationship to you and to your spouse \_\_\_\_\_

Purpose of loan \_\_\_\_\_

Written evidence of loan? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a copy.

Is debt secured? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the security.

\_\_\_\_\_

Repayment terms (principal, interest (if any), schedule for repayment, and current status of repayment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **N. Gifts**

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than your spouse? If yes, provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**M. Trust Beneficiaries**

Are you or your spouse the beneficiary under any trust? If yes, provide details.

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**O. Premarital Assets**

List the assets that you and/or your spouse owned when you entered the marriage, indicating the type and value at date of marriage.

**CLIENT**

**SPOUSE**

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List other assets that you consider to be separate, belonging solely to you or to your spouse. For each such asset, describe the asset, what you believe the value for that asset to be, and the basis for believing that it is separate and nonmarital. \_\_\_\_\_

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Are you aware of assets being given away, sold, or hidden from you? If yes, please list the asset(s) and briefly explain. \_\_\_\_\_

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**LIABILITIES**

Please indicate with an asterisk any of the following accounts that you have reason to believe are delinquent.

Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

What was the debt incurred for? \_\_\_\_\_

Is the account current? \_\_\_\_\_ Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Interest rate \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

What was the debt incurred for? \_\_\_\_\_

Is the account current? \_\_\_\_\_ Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Interest rate \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

Attach additional sheets of creditors if needed.

**Federal, State, or Local Tax Liability.**

Type of tax owed \_\_\_\_\_

Year(s) tax owed \_\_\_\_\_

Amount owed \_\_\_\_\_

Any tax delinquency payment agreement, offer in compromise, etc.? If yes, please describe.

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Is anyone other than your spouse and identified children financially dependent on you or your spouse? If yes, provide details.

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