

# HELEN SIGMAN & ASSOCIATES, LTD.

FAMILY LAW ATTORNEYS

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BY APPOINTMENT ONLY

## **MARITAL INTAKE QUESTIONNAIRE**

(Please fill out as completely as possible)

Date: \_\_\_\_\_

### **CLIENT**

Name \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

Email \_\_\_\_\_

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

Length of Residence in Illinois \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

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

Place of Birth (included city, state, county) \_\_\_\_\_

Occupation \_\_\_\_\_

How Long \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Net Salary (take home) Monthly \_\_\_\_\_

List Voluntary Deductions from Pay \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bonus/Commission/Overtime \_\_\_\_\_

Last Year My Total Gross Earnings Were \_\_\_\_\_

Other Sources of Income \_\_\_\_\_  
\_\_\_\_\_

Present Health \_\_\_\_\_ Doctor \_\_\_\_\_

Treating For \_\_\_\_\_

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

Place of Marriage (include county) \_\_\_\_\_

Date of Separation of this Marriage \_\_\_\_\_

Prior Marriages: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many \_\_\_\_\_

Date of Prior Marriage \_\_\_\_\_

Date Prior Marriage was Terminated \_\_\_\_\_

How was Prior Marriage Terminated (Death/Divorce) \_\_\_\_\_

County Prior Marriage Terminated \_\_\_\_\_

Money Paid or Received as a Result of Previous Marriage

Maintenance \_\_\_\_\_

Child Support \_\_\_\_\_

## **YOUR SPOUSE**

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

Length of Residence in Illinois \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

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

Place of Birth (included city, state, county) \_\_\_\_\_

Occupation \_\_\_\_\_

How Long \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Net Salary (take home) Monthly \_\_\_\_\_

List Voluntary Deductions from Pay \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bonus/Commission/Overtime \_\_\_\_\_

Last Year Spouse's Total Gross Earnings Were \_\_\_\_\_

Other Sources of Income \_\_\_\_\_

\_\_\_\_\_

Present Health \_\_\_\_\_ Doctor \_\_\_\_\_

Treating For \_\_\_\_\_

Spouse's Prior Marriages: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Date of Prior Marriage \_\_\_\_\_

Date Terminated \_\_\_\_\_

How Terminated (Death/Divorce) \_\_\_\_\_

County Terminated \_\_\_\_\_

Money Paid or Received as a Result of Previous Marriage

Maintenance \_\_\_\_\_

Child Support \_\_\_\_\_

Summons to Be Served at \_\_\_\_\_

Hours for Service \_\_\_\_\_

**CHILDREN**

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Social Security Number</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who has Possession of Children Now? \_\_\_\_\_

Special Health or Educational Needs \_\_\_\_\_

**REAL ESTATE**

Address \_\_\_\_\_

Who Holds Title \_\_\_\_\_

Occupied By \_\_\_\_\_

Purchase Price \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Downpayment \_\_\_\_\_ Source \_\_\_\_\_

Estimated Current Value \_\_\_\_\_

Present Mortgage Balance \_\_\_\_\_

Estimated Equity \_\_\_\_\_

Mortgage Holder \_\_\_\_\_

Monthly Payments \_\_\_\_\_ Taxes \_\_\_\_\_

**JOINT BANK ACCOUNTS**

Bank	Checking/Saving	Amount	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Safety Deposit Box \_\_\_\_\_

Number \_\_\_\_\_ Key Held by \_\_\_\_\_

**NON-MARITAL PROPERTY** (acquired by gift, inheritance or before marriage)

Property	How Acquired	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INDIVIDUAL BANK ACCOUNTS** (include credit union)

Bank	Checking/Saving	Amount	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STOCKS OR BONDS**

<u>Institutions</u>	<u>How Held</u>	<u>No. of Shares</u>	<u>Value</u>	<u>Source</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BUSINESS INTERESTS**

Type of Business \_\_\_\_\_  
How Held \_\_\_\_\_  
Source of Investment \_\_\_\_\_  
Lien or Other Interests \_\_\_\_\_  
\_\_\_\_\_

Annual Net Income \$ \_\_\_\_\_ Value \_\_\_\_\_

**CARS**

Driven By: \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_  
Title in Name of \_\_\_\_\_  
Balanced owed \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Driven By: \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_  
Title in Name of \_\_\_\_\_  
Lien Holder \_\_\_\_\_  
Balance Owed \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**LIFE INSURANCE**

Company	InsuredBeneficiary	Face Value	Type	C.S.V.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HEALTH INSURANCE**

Provided By \_\_\_\_\_  
 Persons Covered \_\_\_\_\_ Coverage \_\_\_\_\_  
 Retirement/ Pension/ Ira \_\_\_\_\_  
 \_\_\_\_\_

**DEBTS**

Creditor	Current Balance	Monthly Payments	Purpose of Debt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**STATISTICAL INFORMATION**

HUSBAND

Race \_\_\_\_\_  
 If Hispanic, specify \_\_\_\_\_  
 \_\_\_\_\_  
 State of Birth \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 No. of This Marriage \_\_\_\_\_  
 If previously married last  
 marriage ended by: Divorce  
   Invalidity  
   Death  
  
 Date ended: \_\_\_\_\_

WIFE

Race \_\_\_\_\_  
 If Hispanic, specify \_\_\_\_\_  
 \_\_\_\_\_  
 State of Birth \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 No. of this Marriage \_\_\_\_\_  
 If previously married last  
 marriage ended by: Divorce  
   Invalidity  
   Death  
  
 Date ended: \_\_\_\_\_

**HUSBAND**

Education Completed:

Specify Years i.e. 2, 3, 4

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

Junior College \_\_\_\_\_

College/University \_\_\_\_\_

Graduate \_\_\_\_\_

Special Trade \_\_\_\_\_

**WIFE**

Education Completed:

Specify Years i.e. 2, 3, 4

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

Junior College \_\_\_\_\_

College University \_\_\_\_\_

Graduate \_\_\_\_\_

Special Trade \_\_\_\_\_

**MISC. NOTES**