



BROWN & ASSOCIATES, PLLC
Attorneys & Counselors at Law

SEPARATION AGREEMENT QUESTIONNAIRE

The information you supply in this Questionnaire will be used to prepare a Separation Agreement. In order to accurately reflect your commitments as well as protect your interests, it is necessary for you to follow instructions carefully and respond to all questions accurately and fully.

Once the Separation Agreement is signed by all parties, it becomes binding on both parties and its provisions can only be changed by mutual consent through a written or signed modification. Only in some rare instances can the court change a provision of the agreement. It is highly unlikely that you will be able to change the Separation Agreement, so be certain it covers all of your present and future concerns and that you are satisfied with it.

Indicate your concerns, preferences and desires; be clear about which terms you consider non-negotiable. Your attorney 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.

REMEMBER: Attach all documentation possible including, but not limited to, the pay stubs of both spouses (and/or other documentation demonstrating incomes), recent bank statements proving values of assets, credit card statements to verify current debts, deeds to property and all other documentation related to any asset or debt referred to in this Questionnaire. Gathering these documents as quickly as possible can save you considerable time, effort and money.

Should any questions or problems arise, please do not hesitate to call me. Do the best you can filling out this questionnaire and write down any questions you have. By sharing your questions with your attorney you help me to better explain the various factors of your case and to better address your individual concerns. I am pleased to represent you in this matter and look forward to working with you

Regards,

Donald M. Brown, Jr.
Attorney

PERSONAL INFORMATION OF SPOUSE

- 1. Full name of Spouse: _____
- 2. Home Address: _____
County: _____ State: _____ Zip: _____
- 3. Home Telephone: (____) _____
- 4. Employer: _____
- 5. Address of Employer: _____
- 6. Work Telephone: (____) _____
- 7. Years Employed: _____ Social Security Number: _____
- 8. Does the employer provide any of the following:
Retirement Fund? Yes____ No____ Vested \$ _____
Pension Fund? Yes____ No____ Vested \$ _____
Profit Sharing? Yes____ No____ Vested \$ _____
Stock Purchase? Yes____ No____ Vested \$ _____
401K Plan? Yes____ No____ Vested \$ _____
Frequent Flyer Point? Yes____ No____ Vested \$ _____
Other: _____
- 9. Other Military Pension? _____ \$ _____ Month

MARITAL DATA

- 1. Date of Marriage: _____
- 2. Place of Marriage (City, State and County): _____

- 3. Date of Separation: _____

PLEASE BE THOROUGH WITH YOUR ANSWERS and do any investigation into figures that may be necessary. An incomplete questionnaire makes this process more difficult.

PERSONAL INFORMATION OF CLIENT

1. Full name of Client: _____
2. Home Address: _____
County: _____ State: _____ Zip: _____
3. Home Telephone: (____) _____
4. Employer: _____
5. Address of Employer: _____
6. Work Telephone: (____) _____
7. Years Employed: _____ Social Security Number: _____
8. Does the employer provide any of the following:

Retirement Fund?	Yes_____	No_____	Vested \$_____
Pension Fund?	Yes_____	No_____	Vested \$_____
Profit Sharing?	Yes_____	No_____	Vested \$_____
Stock Purchase?	Yes_____	No_____	Vested \$_____
401K Plan?	Yes_____	No_____	Vested \$_____
Frequent Flyer Points?	Yes_____	No_____	Vested \$_____

Other: _____
9. Other Military Pension? _____ \$ _____ Month
10. Reason for Separation:
____ Adultery
____ Physical Abuse of Spouse _____ child(ren) _____
Date of Last Incident: _____ Reported? Yes _____ No _____
____ Verbal Abuse
____ Drug/Alcohol Abuse
____ Gambler/Spendthrift

- _____ Chronically Unemployed
 - _____ Abandonment
 - _____ Mutual Consent
 - _____ Other (Please Specify) _____
-
-

CUSTODY

1. Full Name and Date of Birth of each child:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

2. Please indicate what custodial pattern you prefer:
 - a. Joint Legal Custody _____, with primary physical custody to:
Client _____ Spouse _____
 - b. Sole Custody to Client _____
 - c. Sole Custody to Spouse _____

VISITATION

1. Every other weekend with alternate holiday schedule _____
2. Number of weeks during summer _____
3. Other (Please Specify) _____

4. 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 sources 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 sources 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 child(ren) 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?

\$ _____ per _____

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 years and graduate 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 than that required by the judicial guidelines? _____

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: _____

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

_____ Husband
_____ Wife
_____ Every Year
_____ Alternate Years

ALIMONY

Your attorney will explain the law applicable to alimony during your consultation. A waiver of alimony is usually irrevocable.

1. Do you wish to waive alimony? _____

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

_____ Husband
_____ Wife

Amount \$ _____ for _____ years of Lump Sum of \$ _____

3. When will alimony payments end?

_____ Upon death of recipient
_____ Upon death of payor
_____ Upon remarriage of recipient

_____ Upon recipient's cohabitation with a
member of the opposite sex who is not a _____ relative
_____ On the _____ day of _____, 20_____.
_____ Other (Please Specify) _____

4. 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

Payment of uncovered medical expenses will stop upon:

_____ Divorce
_____ Remarriage of dependent spouse
_____ Death of supporting spouse
_____ Other (Please Specify) _____

PROPERTY SETTLEMENT

A. REAL ESTATE

Please provide copies of all Deeds and Deeds of Trust for real property.

1. Address of marital home (include county): _____

Property purchased in 20____ 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: (Check One Below)
_____ Possession only to Spouse until: (Check One Below)
_____ Date of Divorce
_____ 30 days from date of sale
_____ When youngest child turns age 18
_____ Other (Please Specify) _____

Estimated equity is \$_____ and will be the property of:

- _____ Client
- _____ Spouse
- _____ Equally Shared

Exemption to be claimed by: _____ Client _____ Spouse

House Related Expenses:

To be paid by: _____ Client _____ Spouse

- _____ Mortgage payments, including principal & interest
- _____ Property taxes and assessments
- _____ Insurance costs
- _____ Utilities
- _____ Maintenance/repair costs

Until:

- _____ Date of divorce
- _____ 30 days from date of sale
- _____ When youngest child turns age 18
- _____ Other (Please Specify) _____

2. Address of other real property, such as land, townhouse, condo, timeshare (Please Specify) _____

Property purchased in 20____ 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: (Check One Below)
- _____ Possession only to Spouse until: (Check One Below)
 - _____ Date of Divorce
 - _____ 30 days from date of sale
 - _____ When youngest child turns age 18
 - _____ Other (Please Specify) _____

Estimated equity is \$_____ and will be the property of:

- _____ Client
- _____ Spouse
- _____ Equally Shared

Exemption to be claimed by: _____ Client _____ Spouse

House Related Expenses:

To be paid by: _____ Client _____ Spouse

- _____ Mortgage payments, including principal & interest
- _____ Property taxes and assessments
- _____ Insurance costs
- _____ Utilities
- _____ Maintenance/repair costs

Until:

- _____ Date of Divorce
 - _____ 30 days from date of sale
 - _____ When youngest child turns age 18
 - _____ Other (Please Specify) _____
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B. DIVISION OF MOTOR VEHICLES (INCLUDING BOATS):

- _____ 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

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Name(s) on Title Now</u>
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- a.
- b.

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

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Name(s) on Title Now</u>
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- a.
- b.

Name of Lender Account No. Balance Due Monthly Payment

- a.
- b.
- c.
- d.

How is your automobile insurance titled?

_____ Jointly
_____ Each person has a separate policy

Name of automobile insurance company with policy numbers:

C. 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 a joint obligation or a separate liability.

The Spouse shall assume sole responsibility for repaying the balance owing, including interest of the following:

Name of Lender Account No. Balance Due Monthly Payment

- a.
- b.
- c.
- d.

The Client shall assume sole responsibility for repaying the balance owing, including interest, of the following:

Name of Lender Account No. Balance Due Monthly Payment

- a.
- b.

c.

d.

D. 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.

_____ There are no jointly titled assets

_____ Each spouse keeps assets in his/her name

The Client will be entitled to the following jointly held assets:

<u>Type of Asset</u>	<u>Account No.</u>	<u>Name of Bank/Broker</u>	<u>Current Value</u>
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The Spouse will be entitled to the following jointly held assets:

<u>Type of Asset</u>	<u>Account No.</u>	<u>Name of Bank/Broker</u>	<u>Current Value</u>
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E. DIVISION OF OTHER INTANGIBLE PROPERTY:

List cash value of life insurance policies, vested retirement and pension plans, 401K plans, IRA's, etc.

The Client will be entitled to the following jointly held assets:

<u>Full Description of Property</u>	<u>Location of Property</u>	<u>Current Value</u>
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The Spouse will be entitled to the following jointly held assets:

<u>Full Description of Property</u>	<u>Location of Property</u>	<u>Current Value</u>
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F. TAXES

20____ Federal and State taxes to be filed:

____ Jointly
____ Separately

Any tax refund to be the property of:

____ Client
____ Spouse
____ Equally Shared
____ Prorated

Any resultant tax liability to be paid by:

____ Client
____ Spouse
____ Equally Shared
____ Prorated

Your attorney is not an accountant and should you have any questions regarding tax liabilities, please contact your accountant directly to answer any pertinent questions, or ask your attorney for a referral to an accountant.

