

# Carl E. Sears Law Office

Attorney and Counselor



17360 West 12 Mile Road, Ste. 105  
Southfield, MI 48076-2117

Phone: (248) 399-5606

Fax: (248) 399-0357

e-mail: carlsearsatty@gmail.com

Web: carlsearsattorney.com

## DOMESTIC INFORMATION QUESTIONNAIRE

Date:

GENERAL INFORMATION			
Where did you learn of Carl E. Sears?:			
How do you prefer to receive documents and correspondence?		Postal mail	email (circle one)
How do you prefer to be addressed?		By Mr./Ms. (last name)	By first name (circle one)
Do you want to be added as a 'friend' to the Carl E. Sears Facebook page?		Yes	No (circle one)
CLIENT		OTHER PARTY	
Full Name		Full Name	
Birth Date		Birth Date	
Birth Place		Birth Place	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell, Pager, Fax		Cell, Pager, Fax	
email		email	
Social Security No		Social Security No	
Driver's license No		Driver's license No	
Occup. license No		Occup. license No	
Armed Forces status		Armed Forces status	

MARRIAGE			
Date of Marriage			
Place of Marriage (city & state)			
Date of Separation			
Lived in Michigan how long?			
Lived in County how long?			
Does wife desire name change? If yes, to what?			
Prenuptial or postnuptial agreement? If yes, attach			
CLIENT		OTHER PARTY	
No previous marriages		No previous marriages	
How ended		How ended	
Maiden name		Maiden name	
Name before this marriage		Name before this marriage	

CHILDREN	
Full Name	
Birth Date	
S.S. №	
School	
Living with	
Residence for last 5 years	
Full Name	
Birth Date	
S.S. №	
School	
Living with	
Residence for last 5 years	
Full Name	
Birth Date	
S.S. №	
School	
Living with	
Residence for last 5 years	
Full Name	
Birth Date	
S.S. №	
School	
Living with	
Residence for last 5 years	
Full Name	
Birth Date	
S.S. №	
School	
Living with	
Residence for last 5 years	
Wife pregnant? If yes, when is birth expected?	
Health care insurance provider for children	
Policy, group, or contract №	
Health care insurance paid by	
Does your/spouse's health insurance require that he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)	
CHILDREN FROM PRIOR RELATIONSHIP	
CLIENT'S	OTHER PARTY'S
Name	Name
Birth Date	Birth Date
Social Security №	Social Security №
Living with	Living with
Paying or receiving support? If so, how much?	Paying or receiving support? If so, how much?
Name	Name
Birth Date	Birth Date
Social Security №	Social Security №
Living with	Living with

Paying or receiving support? If so, how much?		Paying or receiving support? If so, how much?	
Name		Name	
Birth Date		Birth Date	
Social Security №		Social Security №	
Living with		Living with	
Paying or receiving support? If so, how much?		Paying or receiving support? If so, how much?	
<b>CHILD CARE</b>			
<b>CLIENT'S</b>		<b>OTHER PARTY'S</b>	
Cost per week during school:		Cost per week during school:	
During Summer:		During Summer:	

<b>CUSTODY &amp; SUPPORT</b>
How are the "best interests of the children" served regarding custody? (Who should have custody & why?)
If you & the other party have agreed on custody, describe.
Do you know of anyone else claiming parenting time rights with your children? If yes, state the person's name, address, & relationship

<b>SUPPORT</b>	
Has support been paid since separation? If yes, how much per week?	
Have you & the other party agreed on child support? If yes, how much per week?	

<b>PRIOR LITIGATION</b>	
Have you or the other party previously filed for divorce, custody, etc., in this county or elsewhere? If so, indicate when & where filed, status of case, case №, & name of judge.	
Has there been any previous domestic relations case filed in this county involving you and/or the other party or any other family member? If so, indicate when & where filed, status of case, case №, & name of judge.	
Does anyone else claim custody over children of you and the other party in this case? If so, Indicate when & where filed, status of case, case №, & name of judge.	
Is there an order or judgment for continuing jurisdiction over children of you and the other party for any other reason? If so, indicate when & where filed, status of case, case №, & name of judge.	
Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage? If so, indicate when & where filed, status of case, case №, & name of judge.	

<b>FAMILY HEALTH &amp; SOCIAL ISSUES</b>	
Do you, the other party, or your children have any serious physical or mental disability, disorder, handicap, or incurable disease? If yes, explain.	
Do you, the other party, or your children have any problem with substance abuse (e.g., drugs, alcohol)? If yes, explain.	
Any particular interest in another person by either party? If yes, explain.	
Any problem with debts? If yes, explain.	
Any problem with gambling? If yes, explain.	
Any marriage counseling? Will you begin or continue counseling?	
Any personal counseling (either yours or the other party's)? Would you begin or continue counseling?	
What is yours & the other party's attitude toward reconciliation?	
Are you or the other party receiving ADC? If yes, provide your caseworker & case No.	

<b>PHYSICAL INJUNCTION INFORMATION</b>			
What physical abuse, if any, has occurred & on what dates?			
Has either party ever been arrested, convicted, imprisoned, or placed on probation? If yes, explain.			
<b>PHYSICAL DESCRIPTION</b>			
<b>CLIENT</b>		<b>OTHER PARTY</b>	
Race		Race	
Height		Height	
Weight		Weight	
Eye color		Eye color	
Hair color		Hair color	
Glasses? Worn all the time?		Glasses? Worn all the time?	
Mustache/beard color		Mustache/beard color	
Distinguishing scars or tattoos		Distinguishing scars or tattoos	
Any current restraining orders?		Any current restraining orders?	
Carrying a weapon as condition of employment?		Carrying a weapon as condition of employment?	

<b>EMPLOYMENT</b>			
Attach a copy of your last 3 pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Attach the last 2 income tax returns (personal & business) with their schedules & W-2 forms.			
<b>CLIENT</b>		<b>OTHER PARTY</b>	
Employer name		Employer	
Street address		Street address	
City, state, zip		City, state, zip	
Telephone		Telephone	
Date of hire		Date of hire	
Occupation		Occupation	

Weekly gross pay		Weekly gross pay	
Weekly take home		Weekly take home	
Pension		Pension	
Income last year		Income last year	
Previous employer		Previous employer	
Street address		Street address	
City, state, zip		City, state, zip	
Telephone		Telephone	
Weekly gross pay		Weekly gross pay	
Weekly take home		Weekly take home	
Other income (e.g. pension, retirement, public assistance, ADC, VA benefits, Soc. Security, annuity, etc.)		Other income (e.g. pension, retirement, public assistance, ADC, VA benefits, Soc. Security, annuity, etc.)	

EDUCATION			
CLIENT		OTHER PARTY	
Highest degree obtained		Highest degree obtained	
High school		High school	
Date of diploma or GED		Date of diploma or GED	
University or college		University or college	
Degree		Degree	
Date obtained		Date obtained	
University or college		University or college	
Degree		Degree	
Date obtained		Date obtained	
Additional training		Additional training	
Did spouse contribute to client's education? If so, describe.		Did client contribute to spouse's education? If so, describe.	

ASSETS (attach additional sheets if necessary)	
PRIMARY RESIDENCE	
Street address	
City, state, zip	
Date purchased	
Purchase price	
Mortgage co.? In whose name?	
Account No.	
Balance due? Monthly pay'ts?	
Specify whether paid by husband, wife, or both	
Amount of property taxes? Included in monthly payment?	
Land contract? In whose name?	
Home equity loan? In whose name? Account No.?	
ADDITIONAL REAL ESTATE	
Street address	
City, state, zip	
Date purchased	
Purchase price	
Mortgage co.? In whose name?	
Account No.	
Balance due? Monthly pay'ts?	
Specify whether paid by husband, wife, or both	

Amount of property taxes? Included in monthly payment?	
Land contract? In whose name?	
Home equity loan? In whose name? Account №?	
<b>VEHICLES</b> (e.g., car, boat, trailer, motorcycle, snowmobile, etc.)	
Year, make, & model	
Vehicle identification №	
Titled in whose name?	
In whose possession?	
Purchase price? Monthly pay'ts?	
Lien holder? Balance due?	
Year, make, & model	
Vehicle identification №	
Titled in whose name?	
In whose possession?	
Purchase price? Monthly pay'ts?	
Lien holder? Balance due?	
Year, make, & model	
Vehicle identification №	
Titled in whose name?	
In whose possession?	
Purchase price? Monthly pay'ts?	
Lien holder? Balance due?	
Year, make, & model	
Vehicle identification №	
Titled in whose name?	
In whose possession?	
Purchase price? Monthly pay'ts?	
Lien holder? Balance due?	
Year, make, & model	
Vehicle identification №	
Titled in whose name?	
In whose possession?	
Purchase price? Monthly pay'ts?	
Lien holder? Balance due?	
<b>BANK &amp; CREDIT UNION ACCOUNTS</b>	
Name of bank & branch	
Account №	
Type of account (e.g., savings, checking, money market)	
Signatories	
Source of monies	
Balance	
Name of bank & branch	
Account №	
Type of account (e.g., savings, checking, money market)	
Signatories	
Source of monies	
Balance	
Name of bank & branch	
Account №	
Type of account (e.g., savings, checking, money market)	
Signatories	
Source of monies	
Balance	

Name of bank & branch	
Account №	
Type of account (e.g., savings, checking, money market)	
Signatories	
Source of monies	
Balance	
Name of bank & branch	
Account №	
Type of account (e.g., savings, checking, money market)	
Signatories	
Source of monies	
Balance	
INDIVIDUAL RETIREMENT ACCOUNTS	
Financial institution	
Account №	
In whose name	
Balance	
Financial institution	
Account №	
In whose name	
Balance	
Financial institution	
Account №	
In whose name	
Balance	
Financial institution	
Account №	
In whose name	
Balance	
Financial institution	
Account №	
In whose name	
Balance	
RETIREMENT, PENSIONS, KEOGHS, 401(k)S, PROFIT SHARING, STOCK BONUS OR OPTION PLANS, etc. (attach copies of plan descriptions & annual reports for each)	
Employer or financial institution	
Type of plan? Vested?	
Account №	
In whose name?	
Balance	
Employer or financial institution	
Type of plan? Vested?	
Account №	
In whose name?	
Balance	
Employer or financial institution	
Type of plan? Vested?	
Account №	
In whose name?	
Balance	
Employer or financial institution	
Type of plan? Vested?	
Account №	
In whose name?	
Balance	
Employer or financial institution	
Type of plan? Vested?	

Account №	
In whose name?	
Balance	
CORPORATE STOCKS, BONDS, NOTES, SECURITIES, BILLS, BROKERAGE ACCOUNTS	
Name of broker & firm holding investments	
Type of investment	
Account №	
In whose name	
Type of account (e.g., savings, checking, money market), etc.	
Purchase price	
Current value	
What was source of stock or funds to purchase?	
Name of broker & firm holding investments	
Type of investment	
Account №	
In whose name	
Type of account (e.g., savings, checking, money market), etc.	
Purchase price	
Current value	
What was source of stock or funds to purchase?	
Name of broker & firm holding investments	
Type of investment	
Account №	
In whose name	
Type of account (e.g., savings, checking, money market), etc.	
Purchase price	
Current value	
What was source of stock or funds to purchase?	
Name of broker & firm holding investments	
Type of investment	
Account №	
In whose name	
Type of account (e.g., savings, checking, money market), etc.	
Purchase price	
Current value	
What was source of stock or funds to purchase?	
PATENTS, INVENTIONS, COPYRIGHTS, etc.	
LIFE INSURANCE	
CLIENT	
OTHER PARTY	
Name of insurer	Name of insurer
Name of insured	Name of insured
Name of beneficiary	Name of beneficiary
Type of insurance (term, whole life, etc.)	Type of insurance (term, whole life, etc.)
Policy №	Policy №
Amount of policy	Amount of policy
Cash surrender value	Cash surrender value
Loans against policy	Loans against policy
BUSINESS INTERESTS (corporations, partnerships, sole proprietorships, etc.)	
Name & type of business interest	
Type of ownership interest	



Value of interest	
Initial investment & when	
Additional amts. invested & when	
<b>COMMUNITY PROPERTY</b> (property acquired with your spouse)	
Have you ever lived in a state with a community property law (i.e., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)? If so, provide details and status of assets brought into Michigan.	
<b>MISCELLANEOUS ASSETS</b>	
<b>ASSET</b>	<b>DESCRIPTION</b>
Accounts receivable	\$
Annuities	\$
Antiques	\$
Artwork	\$
Coin & other collections	\$
Firearms	\$
Furs	\$
Inheritances	\$
Jewelry	\$
Safe deposit box (provide location & describe contents)	\$
Sporting equipment	\$
Other	\$
Other	\$
Other	\$
<b>GIFTS</b>	
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 so, provide details:	

<b>LIABILITIES</b>	
Indicate with an asterisk any accounts that you have reason to believe are delinquent.	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account No	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	
Who will pay until divorce judgment?	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account No	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	
Who will pay until divorce judgment?	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account No	
Is the account current?	

Present balance due? Monthly payment?	
Named borrowers	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account №	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account №	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account №	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	
Who will pay until divorce judgment?	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account №	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	
Who will pay until divorce judgment?	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account №	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	
Creditor	
Type of indebtedness (e.g. credit card, etc.)	
Account №	
Is the account current?	
Present balance due? Monthly payment?	
Named borrowers	

<b>RELIEF TO BE REQUESTED</b>	
	Divorce
	Separate maintenance
	Annulment
	Custody of children
	Parenting time rights
	Child support pay'ts
	Spousal support
	Other party to vacate home
	Contribution to attorney fees
	Restoration of former name
	Procurement of \$ _____ in life insurance to secure child support
	Property division
	Property injunction
	Domestic abuse injunction
	Health insurance for children or yourself
	Home utility pay'ts

	Home insurance (Plaintiff/Defendant)
	Mortgage pay'ts
	Debts
	Attorney fee arrangement
	Other
	Other
	Other
	Other

The items checked below are needed to complete your divorce case file.  
Collect these items & provide copies or originals as soon as possible.

REQ'D	ITEMS NEEDED	DATE PROVIDED
	Tax returns with schedules & W-2s—last two years	
	Paycheck stubs—last two months	
	Mortgage statement	
	Document showing legal description of marital home	
	Document showing legal description of vacation property	
	Document showing legal description of income property	
	Pension or retirement account statement	
	Car titles	
	Life insurance cash value statement	
	Savings account statements	
	Investment account balance statements	
	Appraisal for	
	Appraisal for	
	Appraisal for	
	Prenuptial or postnuptial agreement	
	Other	
	Other	
	Other	