



DOMESTIC RELATIONS QUESTIONNAIRE

YOUR FULL NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

IS THIS YOUR MAILING ADDRESS? YES NO

MAILING ADDRESS, IF DIFFERENT FROM ABOVE: Click or tap here to enter text.

COUNTY: Click or tap here to enter text.

TELEPHONE NUMBERS: HOME: Click or tap here to enter text.

WORK: Click or tap here to enter text.

MOBILE: Click or tap here to enter text.

DATE OF BIRTH: Click or tap to enter a date.

SS#: Click or tap here to enter text.

PLACE OF BIRTH: Click or tap here to enter text.

NAME OF EMPLOYER: Click or tap here to enter text.

ADDRESS OF EMPLOYER: Click or tap here to enter text.

EMPLOYER'S PHONE NUMBER: Click or tap here to enter text.

JOB TITLE: Click or tap here to enter text.

START DATE: Click or tap to enter a date.

EARNINGS PER MONTH: GROSS: \$Click or tap here to enter text.

NET: \$Click or tap here to enter text.

DURATION OF PENNSYLVANIA RESIDENCE:

YOU: Click or tap here to enter text.

SPOUSE: Click or tap here to enter text.

WHO REFERRED YOU TO THIS OFFICE? Click or tap here to enter text.

HAS THERE EVER BEEN A DIVORCE ACTION FILED BY EITHER OF YOU AGAINST THE OTHER IN PENNSYLVANIA OR ELSEWHERE? YES NO

SPOUSE:

FULL NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

IS THIS SPOUSE'S MAILING ADDRESS? YES NO

MAILING ADDRESS, IF DIFFERENT FROM ABOVE: Click or tap here to enter text.

COUNTY: Click or tap here to enter text.

TELEPHONE NUMBERS: HOME: Click or tap here to enter text.

WORK: Click or tap here to enter text.

MOBILE: Click or tap here to enter text.

DATE OF BIRTH: Click or tap to enter a date.

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PLACE OF BIRTH: Click or tap here to enter text.

NAME OF EMPLOYER: Click or tap here to enter text.

ADDRESS OF EMPLOYER: Click or tap here to enter text.

EMPLOYER'S PHONE NUMBER: Click or tap here to enter text.

JOB TITLE: Click or tap here to enter text.

START DATE: Click or tap to enter a date.

EARNINGS PER MONTH: GROSS: \$Click or tap here to enter text.

NET: \$Click or tap here to enter text.

OTHER INFORMATION:

DATE OF MARRIAGE: Click or tap to enter a date.

CITY AND STATE OF MARRIAGE: Click or tap here to enter text.

ARE YOU AND YOUR SPOUSE SEPARATED? YES NO

IF SO, WHEN DID YOU LAST SEPARATE? Click or tap to enter a date.

CHILDREN:

If you have children, including adopted children, state the following for each:

Full Name	Male/Female	Date of Birth	Children of current marriage?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> YES <input type="checkbox"/> NO

WHO CURRENTLY HAS CUSTODY OF THE CHILDREN? ME SPOUSE

DO ANY OF THE CHILDREN HAVE ANY SPECIAL PHYSICAL OR EMOTIONAL IMPAIRMENTS? YES NO. IF SO, BRIEFLY DESCRIBE [Click or tap here to enter text.](#)

COUNSELING:

HAVE YOU AND/OR YOUR SPOUSE EXPLORED MARRIAGE COUNSELING? YES NO
IF SO, WITH WHOM AND WHEN? [Click or tap here to enter text.](#)

PRE-MARITAL AGREEMENTS:

DID YOU AND YOUR SPOUSE ENTER INTO A PRE-MARITAL AGREEMENT REGARDING DIVISION OF ASSETS UPON DEATH AND DIVORCE? YES NO

DO YOU HAVE A COPY OF THE AGREEMENT? YES NO

FINANCIAL INFORMATION:

THIS INFORMATION SHOULD BE SUPPLIED AS OF THE DATE OF SEPARATION, OR THE CURRENT DATE, IF YOU ARE NOT YET SEPARATED:

		VALUES			
ASSETS		Individual Assets	Spouse's Separate Assets	Joint Assets	Other
a.	Home	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
b.	Other real estate	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
c.	Checking, savings, or credit union accounts& certificates				
	1. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	2. Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
d.	Automobiles & Other Vehicles	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
e.	Stocks, Mutual Funds & other Investments	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
f.	Interest in a business	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
g.	Qualified retirement plans (401K plan)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
h.	Life Insurance Policies	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
i.	Miscellaneous	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
TOTALS		Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

List you estimated debt in each category as applicable. Include the dollar amount in the appropriate column(s):

DEBT		Individual Debt	Spouses Separate Debt	Joint Debts	Other Debts
a.	Mortgages on home, car, etc.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
b.	Signature Loan at bank	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
c.	Medical or other	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
d.	Other debts over \$5,000	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
TOTALS		Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.