



**II. PLEASE ANSWER THESE QUESTIONS ABOUT YOUR SPOUSE**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State of: \_\_\_\_\_  
First, Middle, Last Birthdate Birthplace

Mailing Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Telephone Number

Home Address (if different from above) \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number

City, State, Zip \_\_\_\_\_ Driver License Number

Eye Color \_\_\_\_\_ Hair color \_\_\_\_\_ Height \_\_\_\_\_ lbs. \_\_\_\_\_  
Weight \_\_\_\_\_ Race \_\_\_\_\_

Scars, tattoos, etc. \_\_\_\_\_

Other names by which your spouse has or has been known: \_\_\_\_\_

Resident of \_\_\_\_\_ for \_\_\_\_\_ and of Michigan for \_\_\_\_\_.  
County Years Years

Your Spouse's Employer \_\_\_\_\_ How long? \_\_\_\_\_

Work Address \_\_\_\_\_ Shift \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

Is your spouse able to work?  Yes  No  
Spouse's Occupation: \_\_\_\_\_

Is it okay for us to call your spouse at work?  Yes  No

Pay period: Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_  
(Weekly, bi-weekly, monthly) (Circle one)

Do your spouse typically work overtime?  Yes  No

If so, how often and how many hours? \_\_\_\_\_

Do your spouse make tips, bonuses, or commissions?  Yes  No

**NOTE: PLEASE PROVIDE A COPY OF YOUR PAY STUB (BOTH PARTIES) FOR A 40 HOUR WEEK.**

**III. PLEASE ANSWER THESE QUESTIONS CONCERNING YOUR MARRIAGE:**

Have you already participated in marriage counseling?  Yes  No

Are you still counseling?  Yes  No

Have either of you filed for divorce from each other?  Yes  No

If the answer is yes, who filed for it? \_\_\_\_\_

When was it filed? \_\_\_\_\_  
Month Year County State

Date of marriage: \_\_\_\_\_ Married at: \_\_\_\_\_  
City, State, County

Married by a:  Judge,  Minister,  Justice of the Peace,  Priest,  Rabbi

Date of separation: \_\_\_\_\_ (if already separated)

Have you previously separated and gotten back together? \_\_\_\_\_ When? \_\_\_\_\_

Wife's maiden name: \_\_\_\_\_, and/or previous name \_\_\_\_\_

Seeking maiden name restored: \_\_\_\_\_ Seeking new name? \_\_\_\_\_

Have you or your spouse ever been married before?  Yes  No

If yes, did the marriage(s) end by divorce or death?

You: 1st marriage \_\_\_\_\_, what year \_\_\_\_\_,  
How marriage ended: \_\_\_\_\_

2nd marriage \_\_\_\_\_, what year \_\_\_\_\_,  
How marriage ended: \_\_\_\_\_

Spouse: 1st marriage \_\_\_\_\_, what year \_\_\_\_\_,  
How marriage ended: \_\_\_\_\_

2nd marriage \_\_\_\_\_, what year \_\_\_\_\_,  
How marriage ended: \_\_\_\_\_

Is wife pregnant now?  Yes  No

If yes, due when? \_\_\_\_\_

If yes, is this child of this marriage?  Yes  No

If not, father's name, address and details: \_\_\_\_\_

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

Has your spouse ever physically or emotionally abused you and/or your child(ren)? If yes, please give details of such abuse and the dates this abuse occurred. (Use back of this form for additional space)

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Have you or your spouse ever obtained a Personal Protection Order (PPO)?  Yes  No

Please give details: \_\_\_\_\_

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Have you or your spouse ever been involved in any extra-marital relationships?  Yes  No

Please explain: \_\_\_\_\_

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Have you or your spouse ever had a problem with alcohol, marijuana, cocaine or other drugs?

\_\_\_\_\_ Please explain: \_\_\_\_\_

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Have you or your spouse ever been accused or convicted of any crime(s)? \_\_\_\_\_

Please explain giving dates and nature of crimes(s): \_\_\_\_\_

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V. **PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD(REN)**

A. How many children were born to, or adopted by, you and your spouse? \_\_\_\_\_

<u>Full Name</u>	<u>Birthdate</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List the addresses where the minor children have lived for the last five (5) years and the person in charge of their care and their relationship to you:

<u>Address</u>	<u>Years</u>	<u>Person in charge</u>	<u>Relationship to you</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Is there any other legal action involving your family?  Yes  No

If so, please describe or provide copies of documents (i.e. juvenile, family support, criminal, guardianship, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Has any amount of child or spousal support been agreed upon?  Yes  No

If so, amount to be paid per week:

\$ \_\_\_\_\_

E. Is your spouse receiving any public assistance?  Yes  No

F. Do you want custody?  Yes  No

Does your spouse want custody?  Yes  No

Are you interested in joint custody?  Yes  No

G. Is there any other information that you want to give about the children? \_\_\_\_\_  
Describe any special circumstances:

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H. Do you have work related child care expenses?  Yes  No

How much per week? \_\_\_\_\_ How many weeks per year? \_\_\_\_\_

Who is your child care provider? \_\_\_\_\_

I. Who will claim income tax exemption?

Name of child

Who will claim

_____	_____
_____	_____
_____	_____
_____	_____

J. Do either of you have children from a previous relationship/marriage? \_\_\_\_\_

Please state names and ages (even if adults) and who has custody:

Name of child

Ages

_____	_____
_____	_____
_____	_____
_____	_____