

SEPARATION AND PROPERTY SETTLEMENT AGREEMENT QUESTIONNAIRE

The information you supply in this Questionnaire will be used to prepare a Separation and Property Settlement 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 in full.

Once the Separation and Property Settlement Agreement is executed, it becomes binding on both parties and its provisions can only be changed by mutual consent through a written and signed modification. Only in some instances can the court change a provision of the Agreement.

Indicate your preferences and desires and state which terms you consider non-negotiable. Be fair and be reasonable. 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 pay stubs of both spouses 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 on any asset or debt referred to in this Questionnaire.

Should any questions or problems arise, please do not hesitate to call at 832-1955 or leave a message on your attorney's Voice Mail. You may also transmit a message or documentation via facsimile at (919) 832-1901.

We consider it our pleasure to represent you and look forward to working with you in this matter.

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

PERSONAL INFORMATION OF CLIENT

1. Full Name of Client: _____
2. Home Address: _____ Town _____
County _____, State _____ Zip _____
3. Home Telephone: (_____) _____

4. Email: _____
5. Employer: _____
6. Address of Employer: _____
7. Work Telephone: (_____) _____
8. Years Employed: _____ Social Security No. _____
9. 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 | Yes _____ ; No _____ | Vested \$ _____ |
- Other: _____
10. Any military pension? _____ \$ _____ /month
11. Reason for Separation: _____

PERSONAL INFORMATION OF SPOUSE

1. Full Name of Spouse: _____
2. Home Address: _____ Town _____
 County _____, State _____ Zip _____
3. Home Telephone: (_____) _____
4. Employer: _____

5. Address of Employer: _____
6. Work Telephone: (_____) _____
7. Years Employed: _____ Social Security No: _____
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 | Yes _____ ; No _____ | Vested \$ _____ |
- Other: _____
9. Any military pension? _____ \$ _____ /month

MARITAL DATA

1. Date of Marriage:
2. Place of Marriage (city, state and county):
3. Date of Separation:

CUSTODY

If you have minor children please indicate what you and your spouse have agreed upon or if you haven't discussed the situation with your spouse, indicate what you would like to do.

1. Full name, date of birth and social security number of each child:
 - a. _____

- b. _____
- c. _____
- d. _____

2. Please indicate what custodial pattern you prefer:
- a. Sole (otherwise known as Joint Custody) Custody _____
 Primary physical custody to Client _____ Spouse _____
 - b. Shared Custody of Child _____
 - c. Split Custody of Children _____

VISITATION

Please refer to even and/or odd years in designating your specific pattern of visitation.

- 1. Every other weekend _____
- 2. One weekend a month _____
- 3. Number of weeks during summer _____
- 4. Holiday visitation:
 - Easter weekend:
 - Spring break:
 - Thanksgiving:
 - Christmas:
 - Mother's Day/Father's Day:
 - Birthdays:
 - Other 3 day holidays:

Other (please specify) _____

- 5. 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 source 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 source 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 children 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 \$ _____, for how long _____

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 yrs and graduates 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?

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:

What is the payoff amount:

What is the policy number:

23. Who will claim the child(ren) as 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 post separation support or alimony?

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

Husband _____
Wife _____
Amount \$ _____ for _____ years
Lump sum _____ \$ _____

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 _____, 19____
_____ 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 each property.

1. Address of marital home (include county):

Property purchased in 19____ 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:
- _____ Possession only to Spouse until:

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

Property to be sold for \$ _____

Estimated mortgage balance is \$ _____

Property will belong to:

- _____ Client
- _____ Spouse
- _____ Equally shared

Exemption to be claimed by Client _____ Spouse _____

House Related Expenses:

To be paid by Client _____ Spouse _____:

- _____ Mortgage payments, including principal and interest
- _____ Property taxes & 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,
town-house, condo, time-share (please specify):

Property purchased in 19____ by Client____/Spouse____

Property is deeded to Client ____; Spouse ____; both ____

Disposition of Property:

____ Title and possession to Client
____ Title and possession to Spouse
____ to be sold for \$ _____

Estimated mortgage balance is \$ _____

Property will belong to:

____ Client
____ Spouse
____ Equally shared

Exemptions to be claimed by Client _____ Spouse _____

Related Expenses:

To be paid by Client _____ Spouse _____:

____ Mortgage payments, including principal and interest
____ Property taxes & 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) _____

B. DIVISION OF MOTOR VEHICLES (INCLUDE 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>
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>
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

Amount owed on each vehicle is as follows:

	<u>Name of Lender</u>	<u>Account Number</u>	<u>Balance due</u>	<u>Monthly</u>
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 Client shall assume sole responsibility for repaying the balance owing, including interest, of the following:

<u>Name of Lender</u>	<u>Account Number</u>	<u>Balance due</u>	<u>Monthly</u>	<u>Liabile Party</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>Name of Lender</u>	<u>Account Number</u>	<u>Balance due</u>	<u>Monthly</u>	<u>Liabile Party</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 Number</u>	<u>Name of Bank/Broker</u>	<u>Current Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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

<u>Type of Asset</u>	<u>Account Number</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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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 direct your attorney to contact your accountant or contact your accountant directly to answer any pertinent questions.

are relating to all issues that are applicable to your situation.
The best approach to answering this question is to imagine what you would like your situation to be one year from now and consider your financial needs.