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SEPARATION AND PROPERTY SETTLEMENT AGREEMENT QUESTIONNAIRE

The information you supply in this Questionnaire will be used to prepare for your case. 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.

If you sign a Separation and Property Settlement Agreement, 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. Please feel free to make comments on the side. 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.

The law of separation and divorce is complex and should you have any questions of our office, please feel free to email us with your questions. You may also visit our website at www.NCDomesticLaw.com.

There are many forms you will be required to filled out if you are involved in litigation.

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 or you can email us at the above email addresses.

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.

REMEMBER: Attach all documentation possible including but not limited to (please designate in form whether document provided and for which months and years)

INFORMATION	CLIENT SEPARATE	SPOUSE SEPARATE	JOINT
Current paystubs			
12 months of bank statements			
Blue book value of vehicles			
12 months of credit card statements			
Mortgage Payment History			
Tax Returns for 3 years			
Any family Quickbooks or ledgers			
Business Profit and Loss Statements			
Pension checks			
401(k) or other deferred compensation accounts			
Money Market account statements			
CD account statements			

PERSONAL INFORMATION OF CLIENT

INFORMATION	CLIENT	SPOUSE
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Home Address		
Town		
County		
State		
Zip		
Home Telephone		
Cell Telephone		
Email		
Facsimile		
Employer		
Address of Employer		
Work Telephone		
Years Employed		
Social Security Number		
Does the employer provide any of the following:		
Retirement fund		
Pension fund		
Profit sharing		
Stock purchase		
401K Plan		
Frequent Flyer Mileage		
Annuities		
Other		
Any military pension and if so, number of years of service		

MARITAL DATA

Date of Marriage	
Date of Separation	
Place of Marriage	

ALIMONY

Please fill out a Financial Affidavit of monthly living expenses and debts in order for your attorney to determine if you are eligible for alimony. Generally, a spouse who has been married for a period of time is entitled to alimony when the other spouse has been the supporting spouse. Adultery precludes a party from receiving support.

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.

INFORMATION	CHILD ONE	CHILD TWO	CHILD THREE
Full Name			
Date of Birth			
Social Security			
School or Daycare			
Calendar (Traditional or Year Round)			
Special Needs			

VISITATION

INFORMATION	CHILD ONE	CHILD TWO	CHILD THREE
Preferred schedule of contact during school year			
Preferred contact during summer or track out			
Easter weekend			
Spring break			
Thanksgiving			
Christmas			
Mother's day			
Father's day			
Birthday			
Martin Luther King day weekend			
Veteran's day weekend			
Labor day Weekend			
Memorial day Weekend			
4 th of July			
Rosh Hashannah			
Yom Kippur			
Channukah			
Halloween			
Copy of school calendar			
Concerns about other party			
Afterschool			

CHILD SUPPORT

INFORMATION REQUESTED	CLIENT	OTHER PARTY
Monthly Gross Income		
Average Annual Salary		
Annual Bonus Income		
Annual Commissions Earned		
Annual Tips		
Annuity		
Annual Retirement		
Annual Car Allowance		
Inheritance Income		
Gift Income		
Who pays for health insurance (please check)		
Costs and frequency of payment		
Costs of Private Tuition		
Costs for Travel for Visitation		
Costs for Orthodontia		
Extraordinary Medical costs		
Costs for Tutor		
Psychology and/or Counseling expenses		
College costs		
Are there any 529 Plans		

LIFE INSURANCE

TYPE (Whole, Term or Universal)	COMPANY	OWNER	INSURED	BENEFICIARY	VALUE

PROPERTY SETTLEMENT

A. **Real Property** - Please designate whether the property was purchased with any separate funds by either party in addition to providing the following information

ADDRESS	TITLE	DATE PURCHASED	APPROXIMATE VALUE	AMOUNT OWED
Property One				
Property Two				
Property Three				
Timeshare				
Lot				

B. **Motor Vehicles** -

VEHICLE	TITLE	INSURANCE COMPANY AND POLICY NUMBER	MAKE AND MODEL and YEAR	LENDER, NUMBER AND AMOUNT OWED

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:

NAME OF LENDER	BALANCE DUE	LIABLE PARTY	ACCOUNT NUMBER

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

NAME OF LENDER	BALANCE DUE	LIABLE PARTY	ACCOUNT NUMBER

D. Division of Assets -

List all stocks, bonds, bank accounts (savings and checking) certificates of deposit, money markets, Individual Retirement Accounts, Annuities or 529 Plans. If you are involved in litigation, you will be required to fill out an Equitable Distribution Inventory Affidavit and copy is available through our office or you can log onto www.nccourts.org and look under the forms section.

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

TYPE OF ASSET	ACCOUNT NUMBER	NAME OF BANK	CURRENT VALUE

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

TYPE OF ASSET	ACCOUNT NUMBER	NAME OF BANK	CURRENT VALUE

E. Division of Other Intangible Property

List cash value of life insurance policies, vested retirement and pension plans, frequent flyer mileage, cash points on credit cards, escrow refunds, medical accounts.

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

FULL DESCRIPTION OF PROPERTY	LOCATION	CURRENT VALUE

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

FULL DESCRIPTION OF PROPERTY	LOCATION	CURRENT VALUE

F. Taxes -

YEAR	CHILD(REN) EXEMPTIONS	MORTGAGE INTEREST EXEMPTION	REFUND OR AMOUNT OWED

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.

GOAL LIST

Please write a short synopsis of how you would like to have this matter resolved. Your attorney should know what your goals 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.**