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DISSOLUTION OF MARRIAGE QUESTIONNAIRE

I. GENERAL

CLIENT

Name _____ Age _____ Birthdate _____

Home Address _____

Telephone _____

Email Address: _____

Florida Resident Since _____

Driver's License Number _____

Date Driver's License Issued _____

Social Security Number _____

Employer _____

Business Address _____

Telephone _____

Occupation _____

Salary/Bonuses _____

Education/Training _____

Health _____ Previous Marriage _____

Misc _____

SPOUSE

Name _____ Age _____ Birthdate _____

Home Address _____

Telephone _____

Email Address: _____

Florida Resident Since _____

Driver's License Number _____

Date Driver's License Issued _____

Social Security Number _____

Employer _____

Business Address _____

Telephone _____

Occupation _____

Salary/Bonuses _____

Education/Training _____

Health _____ Previous Marriage _____

Misc _____

Attorney (if known) _____

II. LENGTH OF RESIDENCE IN STATE OF FLORIDA

- A. Moved to Florida _____ County _____
- B. Continuous? _____
- C. Establish six (6) months residency prior to date of filing petition _____

III. MARRIAGE

- A. Date _____
- B. Where _____
- C. Date Separated _____
- D. Last cohabitated as husband and wife _____
- E. Restore maiden name _____
- F. Maiden name _____

IV. CHILDREN

A.	Name	Birthdate/Age	SS#
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

- B. Any other children expected? _____
- C. Children's desire as to custody? _____
- D. Who wants custody? _____
- E. Will custody be contested? _____
- F. Health of children _____
- G. Attendance at Parent Education Program.

H. Residence(s) of children for past five (5) years:

Dates	Address	With Whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. GROUNDS FOR DISSOLUTION

- A. _____
- B. _____
- C. Gross misconduct _____
- D. Has marriage counseling ever been attempted? _____
If yes, the results; if no, why not - _____

- E. Prior attempts at dissolution? _____
- F. Will dissolution be contested? _____

VI. PROPERTY (Joint or otherwise)

- A. House(s) _____ Mortgage(s) _____

Purchase Price \$ _____ Date of Purchase _____
Present Market Value\$ _____
- B. Car(s) Make, model, year _____ Value\$ _____
Make, model, year _____ Value\$ _____
Make, model, year _____ Value\$ _____
Boat(s) Make, model, year _____ Value\$ _____
Make, model, year _____ Value\$ _____
Stocks and Bonds _____
Value\$ _____
Insurance Policies _____
Value\$ _____
Safe Deposit Box Items _____
Value\$ _____
Valuables _____
Value\$ _____
Other Assets _____
Value\$ _____
- C. Bank Accounts
Checking _____
Value\$ _____
Savings _____
Value\$ _____
Credit Union Accounts _____
Value\$ _____
Certificates of Deposit _____
Value\$ _____

D. IRA, 401(k), Pension, Retirement, etc.

Value\$ _____

Value\$ _____

Value\$ _____

E. Trusts

Value\$ _____

F. Tax Return(s)

Value\$ _____

VII. COMPLETE FINANCIAL AFFIDAVIT