



DIVORCE QUESTIONNAIRE GAME PLAN

Print and complete each of the pages below. You may print out more than one page of each type if necessary. Then mail the completed forms to my business address shown above by first class or overnight mail. Call us at 1-800-747-6655 to let us know your envelope is being mailed. We will then schedule a conference to meet with your in person at one of our offices to discuss the options available to you. We do not represent you until you visit us in person in one of our offices, execute a fee agreement and pay the requested retainer. Your submittal of these forms is a request to us and we reserve the right to decline to represent you. All submittals are confidential and can be returned on written request.

- Complete Divorce Questionnaire and mail them to the following address:

David W. Garrett
DAVID W. GARRETT & ASSOCIATES, P.C.
1732 Lakeshore Drive
Muskegon, MI 49441

- Send a check or money order in the amount of \$_____ to the above address by _____.
- Call 231-755-9100 with any questions and to schedule another appointment. Additional forms may be acquired on line at www.legalcures.com. Our E-Mail address is: solutions@legalcures.com.
- Other:

- Attorney Notes:



DAVID W. GARRETT AND ASSOCIATES, P.C.'s PRIVACY POLICY

Many Attorney's, like all providers of personal financial services, are now required by law to inform their client of their policies regarding privacy of client information. Attorneys have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect:

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information:

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information:

We retain records relating to professional services that we provide so we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with valuable financial services are very important to us.

DAVID W. GARRETT AND ASSOCIATES, P.C.

David W. Garrett



TYPE OF CASE

⑩ Uncontested

I firmly believe my spouse will not contest any issues with me. I believe my spouse will either ignore the case or will sign whatever documents we send. No negotiating will be necessary. I have no unusual issues. We have discussed “discovery” and I direct you not to do it. I understand my bill will be based on the number of hours you work for me as described in the Fee Agreement.

⑩ Negotiated by Consent

I firmly believe my spouse and I have worked out all of our issues. No negotiating will be necessary. There will be 100 percent cooperation though my spouse will understand you represent only me. You and I have discussed “discovery” and I direct you not to do it. I will provide you with a complete list showing what we have agreed to so you can prepare the appropriate documents. I understand my bill will be based on the number of hours you work for me as described in the Fee Agreement.

⑩ Contested or Unknown

I believe there may be issues on which my spouse and I will not agree; (or, I am not certain whether or not there will be issues we contest). I want you to try to negotiate a settlement for me with my assistance. If a settlement cannot be negotiated I understand a trial will be necessary to resolve the issues. I understand my bill will be based on the number of hours you work for me as described in the Fee Agreement.

Dated: _____

Client



PLEASE ANSWER ALL THE QUESTIONS BELOW:

YOURSELF:

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Cell Number: _____

Social Security Number: _____

Driver License Number: _____ State Issued: _____

Birthdate: _____ Birthplace-State: _____

Resident of _____ County for _____ years and of Michigan for _____ years.

Race: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, tattoos, etc.: _____

Employer: _____

Employer's Address: _____

Phone: _____ Shift: _____ Can we call you at work? ___ Yes ___ No

Occupation: _____

Second Employer: _____

Employer's Address: _____

Phone: _____ Shift: _____ Can we call you at work? ___ Yes ___ No

Occupation: _____

YOUR INCOME:

Pay Period: ___ Weekly ___ Bi-Weekly ___ Monthly

Gross pay per pay period: _____ Net pay per pay period: _____

Do you typically work overtime: ___ Yes ___ No. How many hours & often: _____

Do you make tips, bonuses or commissions: ___ Yes ___ No

List any public assistance, specify kind, AFDC and ID No.: _____



YOUR RETIREMENTS:

Pension: _____

Company: _____

Address: _____

Type: _____ Amount: _____

MINOR CHILDREN OF YOURS NOT OF THIS MARRIAGE:

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____



SPOUSE:

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Cell Number: _____

Social Security Number: _____

Driver License Number: _____ State Issued: _____

Birthdate: _____ Birthplace-State: _____

Resident of _____ County for _____ years and of Michigan for _____ years.

Race: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, tattoos, etc.: _____

Employer: _____

Employer's Address: _____

Phone: _____ Shift: _____

Occupation: _____

Second Employer: _____

Employer's Address: _____

Phone: _____ Shift: _____

Occupation: _____

SPOUSE'S INCOME:

Pay Period: ___ Weekly ___ Bi-Weekly ___ Monthly

Gross pay per pay period: _____ Net pay per pay period: _____

Do you typically work overtime: ___ Yes ___ No. How many hours & often: _____

Do you make tips, bonuses or commissions: ___ Yes ___ No



List any public assistance, specify kind, AFDC and ID No.: _____

SPOUSE'S RETIREMENTS:

Pension: _____

Company: _____

Address: _____

Type: _____ Amount: _____

MINOR CHILDREN OF YOUR SPOUSE'S NOT OF THIS MARRIAGE:

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____



CONCERNING YOUR MARRIAGE:

Are you interested in marriage counseling? ___Yes ___No

Is your spouse interested? ___Yes ___No

Has either of you filed for divorce for each other? ___Yes ___No

If Yes, when was a divorce filed? _____

_____ Year, _____ County, _____ State.

Date of marriage: _____

Married in: _____ City, _____ County, _____ State

Married by: ___Judge, ___Minister, ___Justice, ___Priest, ___Rabbi

Wife's: 1st - 2nd - 3rd marriage Husband's: 1st - 2nd - 3rd marriage

Date of Separation: _____

Wife's Maiden Name: _____

Wife's Name Previous to this Marriage: _____

Wife seeking name restoration to: _____

Is wife pregnant now? ___Yes ___No. If Yes due when: _____

If Yes is the child of this marriage? ___Yes ___No

If No what if the father's Name: _____

Address: _____

Has your spouse ever physically abused you or your children? ___Yes ___No

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



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

___ Yes ___ No

CHILDREN OF THIS MARRIAGE:

Have any children been born to, or adopted by, you and your spouse? ___ Yes ___ No

If Yes, please give the following information for each:

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Full Name: _____ Age: _____

Birthdate: _____ Social Security No: _____

Do you want custody of the minor children: ___ Yes ___ No

Are you interested in joint custody with your spouse: ___ Yes ___ No

What Health Care Coverage is Available For Each Minor Child list:

Policy Holder: ___ Wife ___ Husband

Name of Insurance Co/HMO: _____

Policy/Certificate/Contract No: _____

List all 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:



Address & Person: _____

City/State/Zip: _____ Years: _____

REGARDING THE PROPERTY:

Have you or your spouse been involved in a Bankruptcy within the past year?
____ Yes ____ No. Do you plan to file or does you spouse? ____ Yes ____ No

Are you and/or your spouse owners of or are now buying any Real Estate?
____ Yes ____ No. If Yes, for each piece of Real Estate give:

YOUR RESIDENCE

Full Address: _____

Name(s) of Purchaser(s): _____

Purchase price: _____ Purchase date: _____

Date and value of Appraisal (if any): _____

Approximate value of capital improvements: _____

Present (or assessed) Value: _____

Balance owed: _____ Monthly house payments: _____

Who do you want this property to go to: _____

OTHER PROPERTY

Full Address: _____

Name(s) of Purchaser(s): _____

Purchase price: _____ Purchase date: _____

Date and value of Appraisal (if any): _____

Approximate value of capital improvements: _____

Present (or assessed) Value: _____

Balance owed: _____ Monthly house payments: _____



Who do you want this property to go to: _____

If you or your spouse have additional real estate, please attach/add a separate sheet of paper answering the questions given above for the addition property.

Are you or your spouse owners of any vehicles (autos, motorcycle, motor homes, boats)? ___ Yes ___ No. If yes, for each such vehicle give:

FIRST VEHICLE

Make: _____ Model: _____ Year: _____

Vehicle I.D. #: _____ Mileage on vehicle: _____

Name(s) on Title: _____

Present Value: \$_____ Amount Owed: \$_____ To Whom Owed: _____

To go to: ___ Wife ___ Husband

SECOND VEHICLE

Make: _____ Model: _____ Year: _____

Vehicle I.D. #: _____ Mileage on vehicle: _____

Name(s) on Title: _____

Present Value: \$_____ Amount Owed: \$_____ To Whom Owed: _____

To go to: ___ Wife ___ Husband

Do you or your spouse have any other property (including Bank and Credit Union Accounts, Stocks/Bonds, Jewelry, Tools, Guns, Sports Equip, etc.)? ___ Yes ___ No

IF YOU ARE ABLE TO, PLEASE REMEMBER TO BRING WITH YOU FOR YOUR INTERVIEW, YOUR LAND CONTRACT(S), MORTGAGE(S), DEED(S), CLOSING STATEMENT(S), VEHICLE TITLES, LOAN APPLICATION(S), CHARGE ACCOUNT STATEMENT(S), PAY-STUB(S), AND MOST RECENT TAX RETURN.



These documents are helpful to us in obtaining necessary information, however, we realize it may be difficult or impossible for you to provide them.

BUSINESS INTERESTS:

I or my spouse are involved in a business or partnership: ___Yes ___No

I or my spouse acquired a professional degree during our marriage: ___Yes ___No

List debts and loans owed by you or your spouse and who is to be responsible to pay:

Loan/Debt Owed to: _____ Acct Number: _____

Total Amt Owed: \$_____ Who is Responsible to Pay: ___Wife ___Husband

Loan/Debt Owed to: _____ Acct Number: _____

Total Amt Owed: \$_____ Who is Responsible to Pay: ___Wife ___Husband

Loan/Debt Owed to: _____ Acct Number: _____

Total Amt Owed: \$_____ Who is Responsible to Pay: ___Wife ___Husband

Loan/Debt Owed to: _____ Acct Number: _____

Total Amt Owed: \$_____ Who is Responsible to Pay: ___Wife ___Husband

Are there any pending lawsuits, garnishments or Judgments against you/your spouse:

Name of Suit/Judgment: _____ vs _____

Court Name: _____ Case No: _____

Amount Owed: \$_____

Name of Suit/Judgment: _____ vs _____

Court Name: _____ Case No: _____

Amount Owed: \$_____



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Muskegon, MI 49441
Phone: 231-755-9100
Fax: 231-755-9800

Do you or your spouse have any lawsuits pending against anyone: ____Yes ____No

If yes please explain: _____

“DISCOVERY” FOR DIVORCE

To assist my office in preparing for constructive negotiations or trial in your case, I have made a list of items of evidence you should try to obtain immediately. You will save substantial attorneys' fees to the extent you can get these items yourself. If you cannot get a particular item yourself, please tell my office and we will use our “discovery” powers under the court rules to try to obtain it (including the use of subpoenas). For each item you do not obtain (or request assistance) I will assume you do not consider it important or relevant for you. The sooner you get each item to me, the better:

1. A copy of the legal description for all the real estate you or your spouse own.
2. A list of all personal property accumulated during the marriage, each item's value, and whom you propose each item should to.
3. Documents showing how much you or your spouse now owes on your real estate.
4. Documents showing when you purchased your real estate (closing documents).
5. Documents showing your and your spouse's current income.
6. Documents showing how much was vested in your and your spouse's respective retirements when you married and again when the divorce was filed.
7. Documents showing the current values and debt on each vehicle, appliance, or other secured item you are financing.
8. Documents showing values and obligations relating to other assets you may have.
9. A list of all debts either or both of you owe.
10. A copy of last year's taxes.
11. A copy of the tax assessors statement (SEV) on each piece of real estate you or your spouse now own at the time of the marriage and at the time the complaint was filed.