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A Partnership of Professional Corporations

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CLIENT INFORMATION QUESTIONNAIRE

Instructions: Please fill out the form using Acrobat Reader, or print and fill out the form by hand.

I. STATISTICAL FACTS:

A. Name:
Address:
Telephone: Home Work Fax
E-Mail
Date of Birth: Place:
Citizenship:
Driver's License Number: State:
Social Security Number:
Are you retired military? YES; NO
If yes, when was your date of entry?
Date of Retirement?
Are you active duty military? YES; NO
If yes, when did you enter service?
What is your Home of Record (where did you join/what state does your LES list)?
Are you a military reservist? YES; NO
If yes, what date did you enter military reserve service?

B. Name of Spouse/Domestic Partner:
Address:
Telephone: Home: Work: Fax:
Confidential E-Mail Address(es): 1. ; 2.
Date of Birth: Place:
Citizenship:
Driver's License Number: State:
Social Security Number:

3. Do you have any health problems? _____ Yes _____ No

If yes, please describe: _____

- B.
1. Other Party's Employer: _____
 2. Address: _____
 3. Telephone: _____ Fax: _____
 4. Occupation/Position: _____
 5. Estimate of gross monthly income: _____

C. Tax Filing Information:

1. Number of dependents claimed on last tax return: _____
2. Marital status indicated:
_____ Married filing joint return _____ Married filing separate return
3. In what state did you file your most recent state tax return: _____

<u>Gross Income:</u>	<u>Average last 12 months</u>	<u>Last month</u>
Total gross salary or wages	\$ _____	\$ _____
Commission and bonuses	\$ _____	\$ _____
Overtime	\$ _____	\$ _____
Public assistance/SSI	\$ _____	\$ _____
Pension/retirement payments	\$ _____	\$ _____
Social security retirement (not SSI)	\$ _____	\$ _____
Disability: __ Social Security __ SDI __ Private	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Other (military allowances, royalties, etc.)	\$ _____	\$ _____
Investment Income:		
Interest/dividends	\$ _____	\$ _____
Rental property income	\$ _____	\$ _____
Trust income	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Prepare and attach a schedule showing gross receipts less cash expenses for each rental property for the current year. Attach your most recent Federal income tax return, Schedule E, for the prior year.

Self-employment Income: _____

Name of business: _____

Number of years in business: _____ Kind of business: _____

_____ Sole Proprietor _____ Partner _____ Corporation. If corporation, state percentage of ownership and provide a copy of the most recent corporate tax return.

If a sole proprietorship, attach a profit and loss statement for the past two years and a copy of Schedule C of your most recent federal income tax return. If a partnership, please provide the partnership tax return.

_____ I received one-time money (lottery winnings, inheritance, etc. in the last 12 months (specify source and amount): _____

III. Monthly Deductions from gross income:

Mandatory Union Dues \$ _____

Required retirement payment (not Social Security, FICA,
401(k), or IRA) \$ _____

Medical, hospital, dental, and other health insurance premiums \$ _____

Child support paid for other children from another relationship \$ _____

Spousal support paid by court order from a different marriage \$ _____

Necessary job-related expenses not reimbursed by employer \$ _____

Explain: _____

Please attach your paystubs for the last two months, and provide your most recent Federal and State income tax returns with all W-2, K-1 and 1099 forms.

IV. LIQUID ASSETS:

Liquid Assets Under Your Control:

1. Cash and checking accounts, savings, credit \$ _____

union, money market and other deposit accounts

2. Stocks, bonds and other assets you can easily sell \$ _____

3. All other property ____ real or ____ personal \$ _____

(Estimate fair market value minus loans)

V. MONTHLY EXPENSES:

A. 1. The following people live with me

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
				___yes ___no
				___yes ___no
				___yes ___no
				___yes ___no

B. Residence Payments:

1. Rent \$ _____

2. Mortgage/Deeds of trust \$ _____

Monthly mortgage interest \$ _____

Monthly mortgage principal \$ _____

3. Real property taxes \$ _____

4. Real property insurance \$ _____
5. Maintenance:
- (a) Repairs \$ _____
 - (b) Gardener \$ _____
 - (c) Maid \$ _____
 - (d) Pool service \$ _____
6. Homeowners' Association \$ _____
- C. Health-care costs not paid by insurance
- 1. Doctor \$ _____
 - 2. Dentist \$ _____
 - 3. Optometrist \$ _____
 - 4. Psychologist/therapist \$ _____
 - 5. Prescriptions \$ _____
 - 6. Other \$ _____
- D. Child care:
- 1. Preschool \$ _____
 - 2. Babysitters \$ _____
 - 3. Daycare/After school care \$ _____
 - 4. Nanny/Live-in caretaker \$ _____
 - 5. Summer camp \$ _____
 - 6. Clubs \$ _____
- E. Groceries and household supplies: \$ _____
- F. Eating out: \$ _____
- G. Utilities:
- 1. Gas and electric \$ _____
 - 2. Water and sewer \$ _____
 - 3. Trash \$ _____
 - 4. Cable TV \$ _____
 - 5. Other \$ _____
- H. Telephone:
- 1. Home \$ _____
 - 2. Cellular \$ _____
 - 3. Pager \$ _____
 - 4. Internet/E-mail \$ _____
- I. Laundry and cleaning: \$ _____
- J. Clothing:

1.	Client	\$ _____
2.	Children	\$ _____
3.	Shoes - client	\$ _____
4.	Shoes - children	\$ _____
K.	Your Education:	
1.	Tuition	\$ _____
2.	Books	\$ _____
3.	Other (Specify)	\$ _____
L.	Entertainment, Gifts and Vacations:	
1.	Entertainment	\$ _____
2.	Gifts	\$ _____
3.	Vacations (Prorate monthly)	\$ _____
M.	Transportation and Auto Expenses:	
1.	Gas/Oil	\$ _____
2.	Repairs/Maintenance	\$ _____
3.	License/Registration	\$ _____
4.	Auto Club	\$ _____
5.	Car wash	\$ _____
6.	Auto insurance	\$ _____
7.	Parking	\$ _____
8.	Public Transportation	\$ _____
N.	Insurance:	
1.	Life	\$ _____
2.	Disability	\$ _____
3.	Personal property	\$ _____
4.	Other	\$ _____
O.	Savings and investments	\$ _____
P.	Charitable Contributions	\$ _____
Q.	Children's Expenses:	
1.	Sports	\$ _____
2.	Tutors	\$ _____
3.	Tuition	\$ _____
4.	Books	\$ _____
5.	Allowance	\$ _____
6.	School lunches	\$ _____
7.	Other (specify)	\$ _____

C. Minor Children:

Please describe the manner in which you currently share custody of the children:

Is there any cost for child care expense?_____

ToWhom?_____ Monthly Cost?_____

Who pays?_____

Do your children have any special medical or educational needs?_____ If so, please describe and include cost thereof:_____

Do you or your spouse have any travel expenses for sharing time with the children?_____ If so, please describe:_____

D. Hardship Expenses:

Do you have any:

1. Extraordinary health care expenses? If so, please describe:

2. Uninsured catastrophic losses? If so, please describe:

3. Minor children from other relationships who live with you?_____ If so, list their names and ages below and any child support they receive:_____

VII. PROPERTY:

Please provide the information requested below to the best of your ability. Copies of documents evidencing ownership (e.g., deeds, statement, pink slips, etc.) should be attached. Please do not be limited by the space below in supplying us with the information concerning your assets. Use separate sheet of paper if necessary.

A. Family Residence:

1. Address:_____

2. Form of title:_____

3. Date of purchase or acquisition:_____

4. Purchase price:_____

5. Amount borrowed at time of purchase:_____

6. Name of lender:_____

7. Loan number:_____

8. Loan balance at date of separation:_____

9. Present loan balance: _____
 10. Additional trust deeds or home equity loans: _____
 11. Source of funds for purchase or acquisition: _____
 12. Source of funds for mortgage payments: _____
 13. Describe any transfers in title since purchase: _____
-

14. Describe any improvements since purchase: _____

15. Approximate present fair market value (attach appraisals if available): _____

B. Other real property, rental or commercial property, vacation home, etc.

1. Address: _____
 2. Form of title: _____
 3. Date of purchase or acquisition: _____
 4. Purchase price: _____
 5. Amount borrowed at time of purchase: _____
 6. Name of lender: _____
 7. Loan number: _____
 8. Loan balance at date of separation: _____
 9. Present loan balance: _____
 10. Additional trust deeds or home equity loans: _____
 11. Source of funds for purchase or acquisition: _____
 12. Source of funds for mortgage payments: _____
 13. Describe any transfers in title since purchase: _____
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14. Describe any improvements since purchase: _____

15. For rental property, monthly rental income: _____

16. Approximate present fair market value (attach appraisals if available): _____

C. Household furniture, furnishings and fixtures:

1. Location of items: _____
2. Items acquired by gift, inheritance, or owned before marriage: _____

(Please complete the inventory provided to you)

D. Jewelry, antiques, fine art, stamp and coin collections, etc: _____

E. Automobiles: (Please supply year, make model, license number, form of title, date of purchase, source of funds for down payment and monthly payments, financing information (creditor, balance, etc.). Please complete the automobile form provided to you)

F. Other vehicles, boats or trailers: _____

G. Life insurance policies: (Please indicate name of company, type of policy, policy number, owner, beneficiary, face amount and cash value. Attach copy of policy, if available.) _____

H. Bank accounts, credit union accounts, certificates of deposit: (Please supply bank, branch name, name and number of account, type of account, approximate balance and source of funds. Attach copy of passbook and current statements from each account.) _____

I. Safe deposit boxes: (Please indicate bank, box number, persons who have access and description of contents.) _____

J. Business interest(s): (Please indicate name, nature of business, date started, type of business (corporation, partnership, sole proprietorship, joint venture), names of partners, percentage of interest(s), dates and amount of personal guarantees, if any.) _____

K. Brokerage account(s): (Please indicate name of brokerage firm, account number, approximate value, manner in which title is held and date account opened. Attach account statements.) _____

L. Other stocks and bonds: (Please provide copies of the stock certificates or bonds.)

M. Mutual funds: (Please provide name of fund, number of shares, market value, location of certificates, source of funds and date acquired. Attach current statements.)

N. Pension, retirement, profit-sharing plans, 401(k) plans, stock option plans and individual retirement accounts: (Please indicate name of employer, name of participant, financial institution at which account is maintained, account number, value of interest and date started. Attach account statements.)

O. Assets of children(ren): (Please indicate description of item(s), owner, value and person in possession or control.)

P. Frequent flyer miles: (Please list airline and attach statements as of date of separation.)

Q. Limited Partnerships: (Please provide name and attach most recent K-1.)

R. Other known assets: (Please provide description of item(s), source of funds and date of acquisition, person in possession and value.)

S. Separate property: (Separate property, as distinguished from community property, is generally described as the property you owned prior to your marriage or that was acquired by you during your marriage by gift, inheritance, or with the income or sale of proceeds from you separate property, or has been acquired by you since separation with separate funds.)

In the space below, please indicate which items described above you believe to be your separate property, and your reasons for such belief. Attach continuation sheets if necessary.

OBLIGATIONS:

Indicate all presently outstanding debts and obligations, including date incurred, purpose, date due and terms of payment, other than the debts listed in the EXPENSES portion of this Questionnaire. For example, list debts owed to family members and debts on which your spouse is making payments. Attach copies of all statements showing balance owed as of date of separation and current statements, if available.

NOTE: PLEASE COMPLETE THIS QUESTIONNAIRE AS THOROUGHLY AS POSSIBLE. IF YOU LACK INFORMATION OR HAVE NO ACCESS TO FINDING OUT THE REQUESTED INFORMATION, PLEASE PUT "UNKNOWN" IN THE SPACES PROVIDED. WE DO NOT EXPECT YOU TO KNOW EVERYTHING ABOUT THE OTHER PARTY, BUT PLEASE ESTIMATE TO THE BEST OF YOUR KNOWLEDGE.

Date: _____

(SIGNATURE)