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**Dissolution Questionnaire**

The following information will be needed in order to properly advise you and handle your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. Do not leave blanks. This information will help us help you. This information will be kept confidential.

Today's Date: \_\_\_\_\_, 20\_\_.

**1. Personal Information**

A. Your full name:

\_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

B. Have you ever been known by any other names? If so, what names? When?

\_\_\_\_\_  
\_\_\_\_\_

C. \_\_\_\_\_  
(Cell Phone) (Home Phone) (Work Phone)

D. Date of your birth: \_\_\_\_\_ Age: \_\_\_\_\_

State of your birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

E. Present address:

\_\_\_\_\_  
(Street or apartment number)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

F. Mailing address, if different from above, for mail during pendency of case where spouse will not have access:

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

G. How long have you lived at present address? \_\_\_\_\_

H. How long have you lived in Missouri? \_\_\_\_\_

I. Do you: \_\_\_\_\_ own, \_\_\_\_\_ rent, or \_\_\_\_\_ live with relatives?

J. Highest grade you completed in school:

\_\_\_\_\_  
(High School) (College) (Degree)

K. How many times, including the present marriage, have you been married? \_\_\_\_\_

If married previously, how many marriages were ended due to death of your spouse? \_\_\_\_\_

How many were ended due to divorce or dissolution? \_\_\_\_\_

Date(s) of such death(s) or divorce(s)? \_\_\_\_\_

**2. Employment Information**

A. Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Name, full address, and telephone number of employer:

\_\_\_\_\_  
\_\_\_\_\_

C. How long have you been so employed? \_\_\_\_\_

D. What is your approximate gross salary (before deductions)?

\$ \_\_\_\_\_ per hour \_\_\_\_\_ per week \_\_\_\_\_ per month

E. What is your job title? \_\_\_\_\_

F. Do you have a pension or profit-sharing plan through your employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

G. If you are not presently employed, when and where were you last employed?

When: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary at time of employment termination \$ \_\_\_\_\_

Why was employment terminated? \_\_\_\_\_

H. Do you have any source of income other than from your employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, explain in detail:

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I. Approximate income for the last three years:

20 \_\_\_\_\_

20 \_\_\_\_\_

20 \_\_\_\_\_

**3. Personal Information—Spouse**

A. Name of spouse:

\_\_\_\_\_

(Last)

(First)

(Middle)

(Maiden)

B. Spouse's address:

\_\_\_\_\_

(Street or apartment number)

\_\_\_\_\_

(City)

(County)

(State)

(Zip Code)

C. \_\_\_\_\_

(Social Security No.)

(Home Phone)

(Business Phone)

D. How long has spouse lived at present address? \_\_\_\_\_

E. How long has spouse lived in Missouri? \_\_\_\_\_

F. Does your spouse: \_\_\_\_\_ own, \_\_\_\_\_ rent, or \_\_\_\_\_ live with relatives?

G. Spouse's birth date: \_\_\_\_\_ Age: \_\_\_\_\_

State of spouse's birth: \_\_\_\_\_

H. Highest grade spouse completed in school:

\_\_\_\_\_

(High School)

(College)

(Degree)

I. How many times, including present marriage, has your spouse been married? \_\_\_\_\_

If married previously, how many marriages were ended due to death of spouse? \_\_\_\_\_

How many were ended due to divorce or dissolution? \_\_\_\_\_

Date(s) of such death(s) or divorce(s)? \_\_\_\_\_

**4. Spouse's Employment Information**

A. Is your spouse employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Name, full address, and telephone number of employer:

\_\_\_\_\_  
\_\_\_\_\_

C. How long has spouse been so employed? \_\_\_\_\_

D. Approximate gross salary (before deductions):

\$ \_\_\_\_\_ per hour                      \_\_\_\_\_ per week                      \_\_\_\_\_ per month

E. What is your spouse's job title?

\_\_\_\_\_

F. If your spouse is **not** presently employed, when and where was your spouse last employed?

When: \_\_\_\_\_ Where: \_\_\_\_\_

Title: \_\_\_\_\_

Salary at time of employment termination? \_\_\_\_\_

Why was employment terminated?

\_\_\_\_\_

G. Does your spouse have any income other than from his/her employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Does your spouse currently have an attorney? Who? Phone number?

\_\_\_\_\_

5. Are you or your spouse an active member of the Armed Forces? \_\_\_\_\_

6. How did you hear about B&H:

Yellow Pages- book     Yellow Pages online (yp.com)     Lawinfo.com     buckleyhutchings.com

Word of Mouth Referral (who can we thank: \_\_\_\_\_)

Other: \_\_\_\_\_

7. **Marriage Statistics**

A. Date of marriage: \_\_\_\_\_  
(Month) (Day) (Year)

B. Marriage license obtained at:  
\_\_\_\_\_  
(City) (County) (State)

C. Where married:  
\_\_\_\_\_  
(City) (County) (State)

D. Did you live with your spouse before marriage? \_\_\_ Yes \_\_\_ No

E. Date of separation: \_\_\_\_\_  
(Month) (Day) (Year)

F. **Financial Information:**

i. List all banking institutions with shared accounts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii. List all banking institutions with individual accounts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iii. List all jointly held credit cards and balances:

\_\_\_\_\_  
\_\_\_\_\_

**8. Children of Marriage**

List children born to you and your spouse. Include children adopted by you and your spouse. List oldest child first. Indicate whether child was born to you or adopted. Do not include children of a previous marriage who have not been adopted by you or your spouse.

Full Name	Date of Birth	Age	Health	Grade	Social Security Number

**9. Custody of Children**

A. Who has actual physical custody of the minor children at this time?

\_\_\_\_\_ Wife                      \_\_\_\_\_ Husband

B. Who do you feel is best suited to have custody of the minor children?

\_\_\_\_\_ Wife                      \_\_\_\_\_ Husband                      \_\_\_\_\_ Joint

Why? Please be specific:

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C. Is your spouse a good parent to the minor children?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

D. Have the minor children ever lived with anyone other than you or your spouse?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

E. Please list the addresses where the children have lived for the last five (5) years and the dates they lived at these addresses:

Address	Date
_____	_____
_____	_____
_____	_____

F. Has there ever been any litigation concerning custody of these children in Missouri or in any other state?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

G. Have there been any discussions or agreements concerning child support or custody?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If so, please state the agreement and state amounts agreed upon: (use another page if necessary)

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10. Is wife pregnant at this time? \_\_\_\_\_ Yes      \_\_\_\_\_ No

11. Is wife requesting to be returned to her maiden name? \_\_\_\_\_ Yes      \_\_\_\_\_ No

12. Have you and your spouse entered into any antenuptial agreement (before marriage) or postnuptial agreement (after marriage)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

13. Do you have a will?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Does your spouse have a will? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

14. Within the past two years have you sold a home or residence?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If so, please provide the following information:

A. Date of sale: \_\_\_\_\_

B. Buyer's name: \_\_\_\_\_

C. Sale price: \_\_\_\_\_

D. Your purchase price: \_\_\_\_\_

E. Amount spent on improvements: \_\_\_\_\_

F. Was the home ever appraised?      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If so, please state the following:

Date of each such appraisal: \_\_\_\_\_

Appraised value: \_\_\_\_\_

G. The actual monetary basis that you had in the home at the time of its sale:

\_\_\_\_\_

**14. Marital Problems**

A. Please state briefly your view of the basic marital problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Please state briefly any complaints your spouse would have against you at this time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Does your spouse have any physical disabilities?  
If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

D. Do you have any physical disabilities? If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

E. Was there any physical, emotional, verbal abuse or any other kind of abuse during the marriage? If so, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Do you or your spouse have any drug, alcohol or gambling issues? If so, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Are you requesting maintenance, formally known as alimony, from your spouse? If so, please state why you believe you need financial support.

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H. Are you requesting your spouse pay for your attorney's fee and/or for the costs of this action? If so, please state why you believe your spouse should pay for these costs.

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**15. Service of Petition**

A. At what address(es) should your spouse be served?

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B. What time of day is best to serve petition at each address?

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C. How do you suggest service to be accomplished?

- Sheriff/Deputy
- Spouse to pick up at Sheriff Department
- Spouse to pick up at Buckley & Hutchings, LLC office and sign Acknowledgement of Service
- Spouse's attorney to accept service
- Other: Please explain:

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