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FAMILY LAW QUESTIONNAIRE

YOUR NAME:

STREET ADDRESS:

EMAIL ADDRESS:

MOBILE NUMBER:

FACEBOOK ID:

SOCIAL SECURITY NUMBER

DATE OF BIRTH:

PLACE OF BIRTH:

RACE

HIGHEST EDUCATION LEVEL

YOUR SPOUSE'S NAME:

SPOUSE'S STREET ADDRESS:

SPOUSE'S EMAIL ADDRESS:

SPOUSE'S MOBILE NUMBER:

SPOUSE'S SOCIAL SECURITY NUMBER:

SPOUSE'S DATE OF BIRTH:

SPOUSE'S PLACE OF BIRTH:

SPOUSE'S RACE

SPOUSE'S HIGHEST EDUCATION LEVEL

DATE OF MARRIAGE:

PLACE OF MARRIAGE

CHOOSE WHAT CATEGORY OF DIVORCE YOU WOULD LIKE TO FILE:

1. NO FAULT DIVORCE

2. ABANDONMENT

DATE OF ABANDONMENT

PLACE OF ABANDONMENT

3. SEPARATION

DATE OF ABANDONMENT

PLACE OF ABANDONMENT

4. OTHER (PLEASE EXPLAIN)

CHILDREN OF THIS MARRIAGE: YES

No

HOW MANY?

NAME OF 1ST CHILD

DATE OF BIRTH

IF YES, HOW MUCH CHILD SUPPORT PER MONTH?

WILL YOUR SPOUSE PAY CHILD SUPPORT? Yes

No

IF YES, HOW MUCH CHILD SUPPORT PER MONTH?

OTHER BENEFITS TO CHILDREN (EXPLAIN):

CHILDREN'S HEALTH INSURANCE COMPANY, IF ANY.

PREVIOUS MARRIAGE(S)?

YOU: No YES HOW MANY TIMES?

YOUR SPOUSE: No YES HOW MANY TIMES?

MARITAL ASSETS (ASSETS BELONGING TO YOU AND/OR YOUR SPOUSE)

NONE

RESIDENCE:

RETIREMENT ACCOUNTS OR PENSION ACCOUNTS:

LIFE INSURANCE:

VEHICLES:

SAVINGS

OTHER REAL ESTATE:

STOCK:

OTHER & COMMENTS (DETAIL):