

Phillips & Allen, P.A.
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Arnold F. Phillips

Robert A. Allen

SEPARATION AGREEMENT QUESTIONNAIRE

Contact Information

Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Phone Number: (H) _____ (C) _____

Email: _____

Marriage Information

Date of Marriage _____

Place of Marriage (City, State) _____

Which type of Ceremony (Religious or Civil) _____

Number of this Marriage for Husband _____

Previous marriage ended _____

Number of this Marriage for Wife _____

Previous marriage ended _____

Full Names of Children of Marriage/Date of Birth/SS#

State any disabilities or medical problems of your children.

State any visitation agreement you have made concerning your children.

Husband's Information

Full Name _____

Address _____

City, County, State, Zip _____

Highest Education Completed _____

Driver's License Number/State _____

Employer's Name _____

Employer's Address _____

Employer's Phone Number _____

Current Monthly Income _____

Do you carry Life Insurance? _____

Life Insurance Company _____

Amount _____

Carrier _____

Do you carry Health Insurance? _____

Health Insurance Company _____

Health Insurance Agent _____

Coverage for Whom _____

Wife's Information

Full Name _____

Address _____

City, County, State, Zip _____

Highest Education Completed _____

Driver's License Number/State _____

Employer's Name _____

Employer's Address _____

Employer's Phone Number _____

Current Monthly Income _____

Do you carry Life Insurance? _____

Life Insurance Company _____

Amount _____

Carrier _____

Do you carry Health Insurance? _____

Health Insurance Company _____

Health Insurance Agent _____

Coverage for Whom _____

Real Property

Marital Home Address _____

Whose Possession _____

How is house titled (Joint, Husband or Wife) _____

Who Holds Mortgage & Mortgage Amount _____

Other Real Property _____

Whose Possession _____

How is other real property titled (Joint, Husband or Wife) _____

Who Holds Mortgage & Mortgage Amount _____

Personal Property

Car, year/model/title/lien _____ \$ _____

Car, year/model/title/lien _____ \$ _____

Car, year/model/title/lien _____ \$ _____

Car, year/model/title/lien _____ \$ _____

Household Furnishings

Personal property in dispute: _____

Assets

Bank Accounts

Bank/Acct #/Amount _____ \$ _____

Bank/Acct #/Amount _____ \$ _____

Bank/Acct #/Amount _____ \$ _____

Stocks or Bonds

Company/Current Market Value _____ \$ _____

Company/Current Market Value _____ \$ _____

Company/Current Market Value _____ \$ _____

Other Assets

Pension Plans

Company/type/Amount _____ \$ _____

Debt

Credit Cards: Bank/Acct #/Min. payment/Total Balance:

	\$	\$
	\$	\$
	\$	\$

Other Debts: Holder/Acct #/ Monthly Payment/Total Balance:

	\$	\$
	\$	\$
	\$	\$
	\$	\$