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**SEPARATION AND PROPERTY SETTLEMENT AGREEMENT QUESTIONNAIRE**

We will use the information you supply in this Questionnaire to prepare a Separation and Property Settlement Agreement. You should complete this worksheet in as much detail as possible. If you do not have the information needed to complete any part, attempt to obtain such information from your spouse or from other sources.

Once the Separation and Property Settlement Agreement is executed, it becomes binding on both parties and its provisions can only be changed by mutual consent through a written and signed modification. Only in some instances can the court change a provision of the Agreement.

Indicate your preferences and desires and state which terms you consider non-negotiable. Be fair and be reasonable. We will discuss the proposed provisions with you and will negotiate with your spouse, or your spouse's attorney, in the event of controversy. It may become necessary to go to court to defend your interests if a reasonable compromise cannot be reached.

Should any questions or problems arise, please do not hesitate to call at (919) 424-8319 or leave a message. You may also transmit a message or documentation via facsimile at (919) 424-8320. We consider it our pleasure to represent you and look forward to working with you in this matter.

Please be thorough with your answers and do any investigation into figures that is necessary. An incomplete questionnaire makes this process more difficult.

**MARITAL DATA**

- 1. Date of Marriage: \_\_\_\_\_
- 2. Place of Marriage: \_\_\_\_\_
- 3. Date of Separation: \_\_\_\_\_
- 4. Reason for Separation:

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

**PERSONAL INFORMATION OF CLIENT**

1. Full Name of Client: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_
3. Home Telephone: (\_\_\_\_\_) \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Employer: \_\_\_\_\_
6. Years Employed: \_\_\_\_\_ Social Security No. \_\_\_\_\_
7. Annual Salary? \_\_\_\_\_

**PERSONAL INFORMATION OF SPOUSE**

1. Full Name of Spouse: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ Town \_\_\_\_\_  
County \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_
3. Home Telephone: (\_\_\_\_\_) \_\_\_\_\_
4. Employer: \_\_\_\_\_
5. Years Employed: \_\_\_\_\_ Social Security No: \_\_\_\_\_
6. Annual Salary? \_\_\_\_\_

**PROPERTY SETTLEMENT**

1. Address of marital home (include county):  
\_\_\_\_\_  
\_\_\_\_\_

Property purchased in \_\_\_\_\_ by Client \_\_\_\_\_ Spouse \_\_\_\_\_

Property is deeded to Client \_\_\_\_\_ Spouse \_\_\_\_\_ both \_\_\_\_\_

Disposition of Property:

Title and possession to Client

Title and possession to Spouse

Possession only to Client until:

Possession only to Spouse until:

30 days from date of sale

Other (please specify) \_\_\_\_\_

Property to be sold for \$ \_\_\_\_\_

Estimated mortgage balance is \$ \_\_\_\_\_

Property will belong to:

Client

Spouse

Equally shared

Exemption to be claimed by Client  Spouse

House Related Expenses:

To be paid by Client  Spouse :

Mortgage payments, including principal and interest

Property taxes & assessments

Insurance costs

Utilities

Maintenance/repair costs

Until:

Date of divorce

30 days from date of sale

Other (please specify) \_\_\_\_\_

Do you own or Rent Additional Property with Spouse? \_\_\_\_\_



**SEPARATE PROPERTY:**

“Separate property” means all real and personal property acquired by a spouse before marriage or after the date of separation, or acquired by a spouse by bequest, devise, descent, or gift during the course of the marriage.

CLIENT	SPOUSE

**DIVISION OF MOTOR VEHICLES:**

\_\_\_\_\_ There are no jointly titled vehicles

\_\_\_\_\_ Each spouse keeps vehicle titled in his/her name

Client will have the following vehicles and car payments will be made by

Client\_\_\_\_\_ Spouse\_\_\_\_\_

Year Make Model Name(s) on Title Now

a. \_\_\_\_\_

b. \_\_\_\_\_

Spouse will have the following vehicles and car payments will be made by

Client\_\_\_\_\_ Spouse\_\_\_\_\_



**INDIVIDUAL RETIREMENT ACCOUNTS AND OTHER RETIREMENT BENEFITS**

**CLIENT:**

Retirement fund? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Pension fund? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Profit sharing? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Stock purchase? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
401K Plan? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Frequent Flyer Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Other:\_\_\_\_\_

\_\_\_\_\_

Any military pension?\_\_\_\_\_ \$\_\_\_\_\_/month

*\*I will need a copy of all retirement account statements, 401(k), Stock Plan, Pension and life insurance documentation.*

**SPOUSE:**

Retirement fund? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Pension fund? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Profit sharing? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Stock purchase? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
401K Plan? Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Frequent Flyer Yes\_\_\_\_; No\_\_\_\_ Vested \$\_\_\_\_\_ Provided by Employer\_\_\_\_  
Other:\_\_\_\_\_

\_\_\_\_\_

Any military pension?\_\_\_\_\_ \$\_\_\_\_\_/month

*\*I will need a copy of all retirement account statements, 401(k), Stock Plan, Pension and life insurance documentation.*

**DIVISION OF UNSECURED DEBTS:**

Please list all debts regardless if they are separate or joint debts as of the date of separation or anticipated date of separation. For each debt, designate whether the debt is held jointly or individually.

Name of Lender	Account Number	Balance due	Husband/Wife/Joint

**\*I will need the most recent statement or record of all debt.**

**ALIMONY**

We will explain the law applicable to alimony during your consultation. A Waiver of Alimony is usually irrevocable.

1. Do you wish to waive post separation support or alimony? \_\_\_\_\_

2. If alimony is to be paid, indicate who will pay:

Husband \_\_\_\_\_

Wife \_\_\_\_\_

3. It is customary to continue existing medical insurance coverage on the spouse until date of divorce. Please indicate who will be responsible for medical expenses not covered by insurance:

\_\_\_\_\_ Spouse

\_\_\_\_\_ Client

**\*I will need a copy of your last two years of tax returns, three most recent paystubs and a completed Financial Affidavit.**

**OTHER CONCERNS**

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