

# MICHAEL A. LORMAND, ESQUIRE

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## CONFIDENTIAL QUESTIONNAIRE (UNCONTESTED DIVORCE)

Applicant Full Name: \_\_\_\_\_

Applicant Address with ZIP: \_\_\_\_\_

City/County Residence: \_\_\_\_\_

Email address: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Number This Marriage: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage (City/County/State): \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Where last resided as Husband and Wife: \_\_\_\_\_

Full Birth Name of Wife: \_\_\_\_\_

Full Prior Name of Wife: \_\_\_\_\_

Does Wife want name changed to prior name? YES/NO

Race of Husband/Wife: \_\_\_\_\_ / \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Spouse's Address and ZIP: \_\_\_\_\_

City/County of Residence: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Number This Marriage: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Child name, date of birth, SSN: \_\_\_\_\_

Annual Gross Income of Father: \_\_\_\_\_

Annual Gross Income of Mother: \_\_\_\_\_

Parent Providing Health Insurance/Cost for Children: \_\_\_\_\_

If the parties have no property settlement agreement, then on the lines below please state the terms that you propose (or have agreed to with your spouse) concerning the division and distribution of the property. Please use a separate sheet if you need to add more information.

Marital Home/Other Real Estate: (How titled? When purchased? Value?) \_\_\_\_\_

\_\_\_\_\_

Automobiles: (How titled? Who gets which vehicle? Values?): \_\_\_\_\_

\_\_\_\_\_

Household goods: (Separate property? Values?) \_\_\_\_\_

\_\_\_\_\_

Bank accounts/Investment accounts: (How titled? Who gets which account?) \_\_\_\_\_

\_\_\_\_\_

Retirement Plans: (Who owns accounts? Names and addresses of administrators?) \_\_\_\_\_

\_\_\_\_\_

Life Insurance: (For each policy: Who owns policy? Who is insured? Who is the beneficiary?: \_\_\_\_\_

\_\_\_\_\_

Debts: (List all creditors and state whose name each account is in) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_