

DAMON SMITH  
ATTORNEY AT LAW

DAMON Q. SMITH

126 E. TENNESSEE ST.  
FLORENCE, AL 35630

TEL: 256-718-2311  
FAX: 256-718-2377  
www.smithbankruptcy.com

**RE: DIVORCE QUESTIONNAIRE**

We look forward to seeing you in our office and discussing your situation. In order for us to handle your consultation as efficiently as possible, and to enable us to give you accurate and sound advice, we ask that you fill out this questionnaire as completely and accurately as possible, and **bring it with you** to the office interview.

I promise the questionnaire will not be a waste of your time and it will probably save you at least one trip to our office. The questionnaire only asks for the minimum information we will need to prepare the documents to be filed in your case. If a client comes to the office without the information requested in the questionnaire, I shall have no choice but to ask them to mail/fax or bring the information to the office on a future date. **The information is needed to draft the documents that will be filed in court.**

**If it is inconvenient for you to come to an appointment at my office in Florence, you may avoid another trip by mailing or faxing the questionnaire to my office.** If you choose this option, I will call you to discuss your case within one day of receiving the questionnaire. You will then only need to come to the office one time before your case is filed to go over any details with myself and sign documents to be filed with the court. **If choosing this option, please include the attorney fee. Please see the fee on the last page of the questionnaire for details.**

A contested case will be considerably more involved and will likely involve several trips to our office.

I know it will take some effort to complete this questionnaire, but if you complete it to the best of your ability, it will save both of us a lot of time. I appreciate your effort.

If you have any questions while completing this questionnaire, please call my office MON-FRI 9 A.M.– 6 P.M. If I am not in, leave a message or make an appointment for a consultation. You may also ask my legal assistants questions concerning completing the questionnaire. I must inform you that they cannot answer any question that would be considered by Alabama law as legal advice.

Please be aware that I can only represent you. **An attorney is not allowed to represent both parties in a divorce; however, your spouse does not have to get an attorney.** If your spouse does not want to get an attorney, they can sign a waiver of representation. I will be including a waiver of representation with the final divorce documents.

Thank you for contacting our office.

Sincerely  
*Damon Smith*  
Attorney at Law

**I need both sections filled in. To avoid problems of handwriting, please print.**

<b>WIFE SECTION</b>		<b>HUSBAND SECTION</b>	
Who is my client? (who called me) (circle one): <b>Wife</b>		<b>Husband</b>	
Wife's Full Name (current married name)		Husband's Full Name	
<p>WIFE ONLY ON THIS QUESTION (circle one)</p> <p>What was your maiden name: _____ . Do you want to change back to you maiden name? Yes No</p> <p>If you want to change your name to something else, what do you want it to be: _____</p> <p><b>WE NEED THE WIFE'S MAIDEN NAME FILLED IN ABOVE.</b> (Wife's Full Name)</p>			
Home Phone Number (include area code)		Home Phone Number (include area code)	
Work Phone Number (include area code)		Work Phone Number (include area code)	
Home Address (Street, lot number or apartment number) (City, State, and Zip Code)		Home Address (Street, lot number or apartment number) (City, State, and Zip Code)	
Mailing Address (P. O. Box) (City, State, and Zip Code)		Mailing Address (P. O. Box) (City, State, and Zip Code)	
Social Security Number:		Social Security Number:	
Date of Birth:		Date of Birth:	
County in which you live in:		County in which you live in:	
Have you lived in this county at least six months? (circle one) Yes No		Have you lived in this county at least six months? (circle one) Yes No	
Race: (Native American, Black, White, or Other)		Race: (Native American, Black, White, or Other)	
Do you live in the city limits? (circle one) Yes No		Do you live in the city limits? (circle one) Yes No	
How many times have you been married, including this marriage? (circle one) 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>		How many times have you been married, including this marriage? (circle one) 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>	
If previously married, last marriage ended by: (circle one) Divorce Death Annulment		If previously married, last marriage ended by: (circle one) Divorce Death Annulment	
Education: Specify highest grade completed: Elementary or High School (0-12) _____ College (1-4 or 5+) _____		Education: Specify highest grade completed: Elementary or High School (0-12) _____ College (1-4 or 5+) _____	
<b>MARRIAGE INFORMATION SECTION</b>			
Date you got married: (Month, Day, Year)			
Married where: (City, County, State)			
Is the wife pregnant at this time? (circle one) Yes No		If yes, please call our office at this time.	
Number of children under 19 years of age in this household as of separation date:			
Date separated: (Month, Day, Year)		Residence when separated: (County and State)	
(IF NO CHILDREN, SKIP DOWN TO THE SECTION THAT BEGINS WITH "PLEASE READ")			
If there are children under 19 years of age born to or adopted by this couple, complete this section. (If children are 19 years of age or older, no need to provide their social security number)			
Child's Full Name (first, middle, last)	Date of Birth	Social Security Number	Female/Male (circle one)
			Female/Male
			Female/Male
			Female/Male
			Female/Male

(IF NO CHILDREN, SKIP DOWN TO THE SECTION THAT BEGINS WITH “PLEASE READ”)

**If child support has been established thru a court order, mail a copy of the Order with the questionnaire.**

**WIFE SECTION**

**HUSBAND SECTION**

Place of Employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (street, city, state, zip code)	Place of Employment (if not employed, check none) <input type="checkbox"/> none Name and Address of Employer: (street, city, state, zip code)
Telephone Number of Employer:(area code–prefix–number)	Telephone Number of Employer:(area code–prefix–number)
Gross Wages: \$ _____ Per month or \$ _____ Bi-weekly or \$ _____ Per week (Look for the word ‘Gross’ on your paycheck.)	Gross Wages: \$ _____ Per month or \$ _____ Bi-weekly or \$ _____ Per week (Look for the word ‘Gross’ on your paycheck.)
LIST THE AMOUNT OF CHILD SUPPORT PAID TO A CHILD NOT OF THIS MARRIAGE. \$ _____ per month or \$ _____ per week	LIST THE AMOUNT OF CHILD SUPPORT PAID TO A CHILD NOT OF THIS MARRIAGE. \$ _____ per month or \$ _____ per week
If you pay childcare, what is the childcare cost? \$ _____ per month or \$ _____ per week	If you pay childcare, what is the childcare cost? \$ _____ per month or \$ _____ per week
Do you provide health/dental insurance for the children? (circle one) Yes No What is the cost of this insurance that you pay? \$ _____ per month or \$ _____ per week	Do you provide health/dental insurance for the children? (circle one) Yes No What is the cost of this insurance that you pay? \$ _____ per month or \$ _____ per week
<b>PLEASE READ</b> Please answer the following questions as best you can. Some issues relevant to family law, not mentioned here, will be discussed later. Please read each section before marking answering. If you don’t know the answer, skip it and we can discuss it later. Where you see the words “ <b>ATTORNEY USE ONLY THIS BOX</b> ” please skip to the next box.	
<b>REAL ESTATE</b> <input type="checkbox"/> My spouse and I do not own land or a house (If true check box and, skip down to the Personal Property section)	
Please add the requested information in the space provided concerning any real estate owned by either party. PROPERTY #1: FULL ADDRESS OF PROPERTY:	
PROPERTY #1:NAME OF FIRST MORTGAGE COMPANY IF ANY AND <b>ESTIMATE BALANCE DUE OR</b> <input type="checkbox"/> <b>NONE</b>	
PROPERTY #1: NAME OF SECOND MORTGAGE COMPANY, IF ANY, AND <b>ESTIMATE BALANCE DUE</b>	
PROPERTY #1 ESTIMATE VALUE OF PROPERTY: Please add the requested information in the space provided concerning any real estate owned by either party. PROPERTY #2: IF SECOND PROPERTY, FULL ADDRESS OF PROPERTY:	
PROPERTY #2:NAME OF FIRST MORTGAGE COMPANY IF ANY AND <b>ESTIMATE BALANCE DUE OR</b> <input type="checkbox"/> <b>NONE</b>	
PROPERTY # 2: NAME OF SECOND MORTGAGE COMPANY, IF ANY, AND <b>ESTIMATE BALANCE DUE</b>	
PROPERTY #2 ESTIMATE VALUE OF PROPERTY:	
<b>ATTORNEY USE ONLY THIS BOX REAL ESTATE</b> <input type="checkbox"/> H W WILL OWN AND PAY MTG ON PROPERTY#1 & HOLD OTHER HARMLESS <input type="checkbox"/> H W WILL OWN AND PAY MTG ON PROPERTY#2 & HOLD OTHER HARMLESS <input type="checkbox"/> OTHER: _____ _____ _____	
New Deed <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL PROPERTY**

(Personal property includes anything except land. EXAMPLE: FURNITURE, APPLIANCES, BOATS, STOCKS, BONDS, CDS, OR A MOBILE HOME THAT CAN BE MOVED. (P.S. LIST VEHICLES IN NEXT SECTION)

(Please List any items you are concerned about or items valued over \$100. Please include name of item and estimate the items value.) EXAMPLE: living room furniture \$1500, tools \$500, AMSouth CD number 872947 \$10,000, stock in Wal-Mart \$5000.

1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17
9	18

**ATTORNEY USE ONLY THIS BOX PERSONAL PROPERTY**

H W have divided all their personal property prior to today.

H W gets everything in the home at:(Street Address): \_\_\_\_\_ except \_\_\_\_\_

H receives # \_\_\_\_\_

W receives # \_\_\_\_\_

OTHER \_\_\_\_\_

**CARS/TRUCKS**

Please list the year, make, model and VIN number of all vehicles

(Hint: The VIN number is located at the bottom of the front windshield on the driver's side or on the title or tag receipt.)

Vehicle 1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

If debt on vehicle list name of creditor \_\_\_\_\_ acct no \_\_\_\_\_ bal due \_\_\_\_\_

Vehicle 2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

If debt on vehicle list name of creditor \_\_\_\_\_ acct no \_\_\_\_\_ bal due \_\_\_\_\_

Vehicle 3: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

If debt on vehicle list name of creditor \_\_\_\_\_ acct no \_\_\_\_\_ bal due \_\_\_\_\_

Vehicle 4: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

If debt on vehicle list name of creditor \_\_\_\_\_ acct no \_\_\_\_\_ bal due \_\_\_\_\_

**ATTORNEY USE ONLY THIS BOX VEHICLES**

Vehicle #1 Owner H W , debt paid H W Terms \_\_\_\_\_

Vehicle #2 Owner H W , debt paid H W Terms \_\_\_\_\_

Vehicle # \_\_\_\_\_ Owner H W , debt paid H W Terms \_\_\_\_\_

**DEBTS**

Please list all debts not previously listed and be specific in listing your debts. Try to get it as close to correct as possible especially when listing credit cards. (Example: Sears, Acct. 123456789, \$600)

1.	10.
2.	11.
3.	12.

4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

**IF YOU HAVE CHILDREN READ THE VISITATION EXAMPLE, IF NOT SKIP TO THE FEE AGREEMENT.**

**ATTORNEY USE ONLY THIS BOX DEBTS**

Each party shall pay their own debts and hold the other party harmless or there are no debts.

**H** will pay the following debts # \_\_\_\_\_

**W** will pay the following debts # \_\_\_\_\_

OTHER \_\_\_\_\_

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**ATTORNEY USE ONLY THIS BOX CHILD CUSTODY**

JOINT CUSTODY OPTION 1:  Child living with mother. Father paying child support with visitation.

JOINT CUSTODY OPTION 2:  Child living with father. Mother paying child support with visitation.

SOLE CUSTODY OPTION 3:  Child living with mother. Father paying child support with visitation.

SOLE CUSTODY OPTION 4:  Child living with father. Mother paying child support with visitation.

OTHER \_\_\_\_\_

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**ATTORNEY USE ONLY THIS BOX CHILD SUPPORT PAYMENT**

OPTION 1:  The child support shall be deducted from the paying spouse's paycheck by the court through an income withholding order and sent to the spouse due to receive the child support.

OPTION 2:  The child support will be paid by the paying spouse through the court to the spouse due to receive the child support.(This is for self employed or disability etc.- If not, judge usually will not sign without income withholding order.)

OTHER \_\_\_\_\_

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**ATTORNEY USE ONLY THIS BOX VISITATION**

OPTION 1:  standard visitation .

OPTION 2:  standard visitation with the following modifications:

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OPTION 3:  reasonable times and reasonable places as agreed upon by the parties

OPTION 4:  OTHER \_\_\_\_\_

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**ATTORNEY USE ONLY THIS BOX CHILD EDUCATION**

OPTION 1:  None

OPTION 2:  Question of post-minority support is reserved.

OPTION 3:  Request that college education expenses is in the agreement.

College education expenses will be paid in one of three ways.

Father will pay all.  Mother will pay all.  Father and mother will pay 50/50.

**ATTORNEY USE ONLY THIS BOX MEDICAL/DENTAL**

There is NO insurance.  Wife and Husband 50/50  
Medical insurance will be paid by:  Wife  Husband  
Uninsured medical/dental expenses are to be paid by:  Wife  Husband  Wife and Husband 50/50

**ATTORNEY USE ONLY THIS BOX PERIODIC ALIMONY OPTIONS**

OPTION 1:  There will be NO alimony.  
OPTION 2:  Alimony is to be paid:

Terms:

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

**AGREEMENT TO EMPLOY COUNSEL**

This Agreement is made by and between Damon Q. Smith, Attorney at Law, hereinafter called "Attorney", and the undersigned, hereinafter called "Client". Client hereby employs Attorney to represent Client with regard to the following matter: Divorce. Attorney hereby accepts said employment upon the following terms: Attorney promises to use his best effort and skill in carrying out said employment. Attorney will provide Client with legal representation concerning said divorce case pursuant to the following fee schedule, \$450 Fee for an uncontested divorce defined for purpose of this agreement as settlement of divorce case prior to any party being served with service of process, plus court cost. \$2000 Fee for a contested divorce, plus court cost, service of process if other than Sheriff and expenses if required; these may include court reporters or investigator fees, \$150 Additional fee for mediation if ordered by court or agreed to by the parties \$ 150 Additional fee for a new deed. I will need a copy of the first page of the current deed. If Client does not wish to continue said uncontested or contested divorce case at any point after the initial fee is paid Attorney will charge for the time expended in said case at his usual hourly rate of \$200.00 to be deducted from any fees received from client with any remaining fee being returned to client. Client further agrees that said agreement shall not take effect until initial consultation with attorney either by phone or in person.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Attorney Signature Initial Consultation Date

**OPTION 1  BILL THIS CREDIT CARD**

**CREDIT CARD NO.** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**NAME ON CARD** \_\_\_\_\_ **TYPE CARD** VISA \_\_\_ MC \_\_\_ AXP \_\_\_ DSC \_\_\_

**AMOUNT TO BILL CARD**  \$450 attorney fee for Uncontested Divorce.  \$2000 attorney fee for Contested Divorce  check here to pay court cost now, this can be paid when the documents are signed when you come to the office if you wish.

The undersigned swears, states and affirms they have authorization to use the above named credit card.

\_\_\_\_\_  
Please sign here to authorize the use of the above listed credit card. Date

**YOUR CREDIT CARD WILL NOT BE BILLED UNTIL YOU CONSULT WITH AN ATTORNEY FROM THIS OFFICE BY PHONE OR IN PERSON.**

**OPTION 2**

**I AM SENDING A CHECK OR MONEY ORDER BY MAIL. PLEASE CONTACT ME WHEN YOU RECIEVE MY FEE AND QUESTIONNAIRE. P.S. IF SENDING FEE BE SURE TO WRITE NAME OF CLIENT ON CK OR MONEY ORDER.**

**OPTION 3**

**I AM NOT SENDING A FEE BUT WOULD LIKE YOU TO LOOK AT THIS INFORMATION AND CALL ME FOR CONSULTATION. YOU MAY OF COURSE CALL FOR AN APPOINTMENT AND BRING THIS QUESTIONNAIRE WITH YOU.**

**VISITATION EXAMPLE (PLEASE TEAR OFF AND MAKE ANY ADJUSTMENTS YOU MIGHT LIKE).**

**For Under the age of twelve (12) months**, the visiting parent shall have the right of visitation with any child of the parties, on the first and third Sunday of each month, at the place where the child lives. The periods of visitation shall be limited to three (3) hours in duration. The visiting parent shall notify the parent with primary custody of the hours of the intended visit not less than one (1) week prior to the day of said visitation.

**After the age of 12 months** the visiting parent shall have the right of visitation with any child of the parties who is over the age of twelve (12) months and under the age of (3) years as follows:

- (a) On the first and third Sunday of each month from 8:00 a.m. until 6:00 p.m.;
- (b) On the birthday of the said children from 6:00 p.m. until 8:00 p.m.;
- (c) On each Christmas Day from 10:00 a.m. until 6:00 p.m.

**After the age of 3** the visiting parent shall have the right to have the children with him or her as follows:

(a) The first and third weekends of each month from 6:00 p.m. on Friday until 6:00 p.m. the following Sunday. The first weekend shall begin on the first Friday of each month at 6:00 p.m.; (b) Each Christmas Day from 3:00 p.m. until 3:00 p.m. on the following New Year's Day; (c) One month during the summer, at a time to be selected by the visiting parent, but upon written notice to the parent with primary custody at least thirty (30) days in advance of such visitation; (d) Every other Thanksgiving Day from 10:00 a.m. until 6:00 p.m. of the same day beginning this year; (e) Every other birthday of the child from 6:00 p.m. on said date until 8:00 a.m. of the following day, beginning with the next birthday; and, (f) **Any other reasonable times and places upon which the parties can agree.**

**The following visitation will apply if the visiting parent lives more than 200 miles away** from the parent with primary custody.

The visiting parent shall have the right to have his or her children with him or her as follows: (a) Six (6) weeks during each summer at a time to be selected by the visiting parent; provided, however, that the visiting parent shall have mailed by registered mail a written notice to the parent with primary custody of the date of his or her intended visitation at least thirty (30) days prior to such visitation; (b) One (1) week each Christmas, beginning on December 26; (c) Four (4) days of each spring school holiday; (d) Any other times the visiting parent is in the town in which the children reside; (e) During any periods of visitation, the said child may travel by commercial airliner, provided: (1) The visiting parent shall pay all air fair for the transportation of the said children. (2) The flights shall be either nonstop or direct and no change of planes will be involved until the children reach the age of fourteen (14) years. (3) All travel arrangements shall be made by the visiting parent. (4) The visiting parent shall notify the parent with primary custody not less than ten (10) days of the date of the visitation, of the date, time, airline and flight number of the proposed carrier. (5) The visiting parent shall send to the parent with primary custody the round trip airline tickets or shall ensure that they will be at the air terminal and flight number of the proposed carrier. (6) The parent with primary custody shall be required to deliver the children to the nearest commercial airport offering direct flight serve to the airport at which the visiting parent will receive the children, not to be in excess of 150 miles from custodial parent's residence. The parent with primary custody shall also pick up the said child at the termination of the periods of visitation. (7) The visiting parent shall ensure that either the visiting parent or the children notifies the parent with primary custody of the arrival of the children as soon as possible after the children are met by him or her. (8) At the end of the period of visitation, the visiting parent shall notify the parent with primary custody of the dates, time, carrier, and flight number of the children's return. The visiting parent shall notify the parent with primary custody twenty-four (24) hours prior to the time of departure. (9) On the return of the children, the parent with primary custody shall ensure that either primary custodial parent or the children notifies the visiting parent of the children's return.