

MARITAL HISTORY QUESTIONNAIRE

Name: _____ Phone: _____

Address: _____

Spouses Name: _____

Date of Marriage: _____ Years Married: _____

Reason you married: _____

Child(ren)'s name(s):

Date of Birth

Currently lives with:

Child(ren)'s name(s):	Date of Birth	Currently lives with:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Currently Separated? Yes No Date of Separation: _____

Filed for Divorce? Yes No Date of Filing: _____

Who Filed? _____

Your attorney's name: _____ Phone: _____

Spouse's attorney's name: _____ Phone: _____

Did you expect this separation/divorce? No Yes, Since _____

Did you want this separation/divorce? Yes No Mixed

If previously married, list the date(s) of previous marriages and divorces

FACTORS CONTRIBUTING TO DECISION TO SEPARATE/DIVORCE: (Check all that apply)

- | | |
|------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Recently had difficulty communicating | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Always had difficulty communicating | <input type="checkbox"/> Abuse or neglect of children |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Neglect of home |
| <input type="checkbox"/> Unfaithful, affair | <input type="checkbox"/> Occupational issues |
| <input type="checkbox"/> Suspiciousness, jealousy | <input type="checkbox"/> Educational issues |
| <input type="checkbox"/> Sexual difficulties | <input type="checkbox"/> Fell out of love |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Differences in interests |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Differences in priorities |
| <input type="checkbox"/> Verbal abuse | <input type="checkbox"/> Differences in expectation about marriage |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Differences in expectations about family life | |
| <input type="checkbox"/> Other (explain) _____ | |

MAJOR LIFE CHANGES IN LAST 12 MONTHS: (CHECK ALL THAT APPLY)

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Started school or training | <input type="checkbox"/> Death of a pet |
| <input type="checkbox"/> Graduated school or training | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Entered job market | <input type="checkbox"/> Miscarriage |
| <input type="checkbox"/> Changed job | <input type="checkbox"/> Abortion |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> Fertility problem |
| <input type="checkbox"/> Moved residence | <input type="checkbox"/> Changes in childcare |
| <input type="checkbox"/> Financial troubles | <input type="checkbox"/> Children in trouble at school |
| <input type="checkbox"/> Increased financial responsibilities | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Legal problems | <input type="checkbox"/> Midlife crisis |
| <input type="checkbox"/> Arrested or jailed | <input type="checkbox"/> Victim of a crime |
| <input type="checkbox"/> Separation or divorce of friend or relative | <input type="checkbox"/> Auto accident |
| <input type="checkbox"/> Health problems (self, spouse, children) | <input type="checkbox"/> Major new expenses |
| <input type="checkbox"/> Drinking or drug problem | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Began psychotherapy | <input type="checkbox"/> Significant weight loss or gain |
| <input type="checkbox"/> Other (explain) _____ | |

PERSONAL CONCERNS AND PRIORITIES:

AT THIS TIME, of major change in our family:

I worry that I will

I worry that my children will

I think that my spouse will

I think the separation/divorce will

WITH REGARD TO THE FUTURE:

I worry that I will

I worry that my children will

I think that my spouse will

I think the separation/divorce will

Current sources of emotional support: (CHECK ALL THAT APPLY)

- | | |
|----------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Neighbors | <input type="checkbox"/> Religion or spiritual practice |
| <input type="checkbox"/> Coworkers | <input type="checkbox"/> Therapist/counselor |
| <input type="checkbox"/> Lawyer | |
| <input type="checkbox"/> Others: _____ | |

PERSONAL HISTORY:

Level of Education:	
Occupation:	
Major health problems:	
List Medications:	

Are you currently in counseling? Yes No If so, with whom?

Have you previously been in counseling or therapy? Yes No If so, with whom and when?

What is your current monthly income? _____

Describe any changes in your income since your separation:

COLLABORATIVE DIVORCE PROCESS

How did you hear about Collaborative Divorce?

Why did you choose Collaborative Divorce?

What would a successful divorce for you be like?

What barriers do you expect to your divorce being successful?

Is there anything else you think I should know that would be helpful in making a successful divorce more likely?
