

THE LAW OFFICE OF RUTH CHUNG, ESQ.

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MATRIMONIAL QUESTIONNAIRE

Throughout the course of a divorce the courts and government agencies require us to provide certain information in order to proceed. We would like to gather all of this information from you now, to help us process the paperwork in your case in the most efficient manner possible in the future. Please complete all items.

ATTACH ONLY THE DOCUMENTS IN YOUR POSSESSION. IF YOU DO NOT HAVE A PARTICULAR DOCUMENT-WRITE THAT YOU DO NOT HAVE IT.

FINANCIAL INFORMATION

Attach copy of last filed tax return, and year end information; and recent paystubs for you and your spouse (if accessible)

AGREEMENTS

Attach copies of any prenuptial, post-nuptial, separation agreements that you have with your current spouse

PRIOR LITIGATION

If relevant: attach any divorce judgments, prior separation agreements or stipulations of settlements family court orders, or any orders from pending or recently concluded litigation involving either party.

SPOUSE 1 (YOU)

1. Name: _____
2. Current Address: _____
3. Email address: _____
4. Cell Phone: _____
5. Other phone numbers (specify work, home, etc.) _____

6. Number of years Spouse 1 has lived in State of New York: _____
7. Spouse 1 Date of birth: _____
8. Spouse 1 Social Security Number: _____
10. Spouse 1 Place of Birth: State: _____ Country:

11. Spouse 1- pre-marriage/maiden name: _____
12. Number of this marriage for Spouse 1: _____ First _____ Second _____ Third _____
Fourth
13. If previously married, how many ended by:
_____ death _____ divorce/annulment
_____ none
14. Highest level of education completed : _____
15. Occupation: _____
16. Annual Income:
17. Employer: _____
18. Employer address: _____
19. Employer city, state, zip: _____
20. Employer phone: _____

SPOUSE 2

21. Name: _____
22. Current Address: _____
23. Email address: _____
24. Cell phone:
25. Other phone (work, home)

CHILDREN

1. Names and dates of birth of children not of this marriage: _____

2. Support paid or received for non-marital children, and whether pursuant to agreement or court order: _____
3. Number of children from this marriage: _____

(A) Name of Child: _____

Date of birth: _____

Social Security Number: _____

Current address: _____

List any other addresses at which the child has lived in the past five (5) years:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

(B) Name of Child: _____

Date of birth: _____

Social Security Number: _____

Current address: _____

List any other addresses at which the child has lived in the past five (5) years:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

(C) Name of Child: _____

Date of birth: _____

Social Security Number: _____

Current address: _____

List any other addresses at which the child has lived in the past five (5) years:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

[Add additional pages if necessary]

HEALTH INSURANCE

1. Do you have health insurance coverage? _____ yes _____ no

Annex copy of health insurance card

2. Name of your health insurance plan: _____

Address: _____

Identification Number: _____

Plan Administrator: _____

Type of Coverage: _____ Major medical _____ dental _____ optical _____ prescriptions

3. This insurance is provided through:

_____ My employer _____ My spouse's employer _____ Privately purchased

_____ Medicaid _____ Other

4. Who is covered by this health insurance? _____ self _____ spouse _____ children

5. Does your spouse have health insurance coverage? _____ yes _____ no
6. Name of spouse's health insurance plan, if different from above: _____
 Address: _____
 Identification Number: _____
 Plan Administrator: _____
 Type of Coverage: ____ Major medical ____ dental ____ optical ____ prescriptions
7. This insurance is provided through:
 _____ My employer _____ My spouse's employer _____ Privately purchased
 _____ Medicaid _____ Other
8. Who is covered by your spouse's health insurance? _____ self _____ spouse _____
 children
9. Costs of health plan: For each type of coverage you are receiving, please find out:
1. Current cost of your coverage, and who is covered.
 2. Cost of your current coverage for a SINGLE PERSON
 3. Cost of your current coverage for a MARRIED COUPLE
 4. Cost of your current coverage for a SINGLE PERSON WITH CHILDREN