



**Grinde & Dicke Law Firm P.A.**  
Attorneys at Law

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**SPOUSAL MAINTENANCE QUESTIONNAIRE**

**I. YOUR INFORMATION**

Your Name: \_\_\_\_\_

First

Middle

Last

Maiden

Present Address: \_\_\_\_\_

P.O. Box or Street

Apt.

\_\_\_\_\_  
City

State

Zip Code

County

Telephone numbers at which you can be reached or at which we can leave a message for you:

\_\_\_\_\_  
Home Number

Cell Number

Work Number

Other

Your Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

**II. OTHER PARTY'S INFORMATION**

Other party: \_\_\_\_\_

First

Middle

Last

Present Address: \_\_\_\_\_

P.O. Box or Street

Apt.

\_\_\_\_\_  
City

State

Zip Code

County

Other parent's birth date? \_\_\_\_\_ Age: \_\_\_\_\_

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

III. COURT INFORMATION

Were you married to the other party? \_\_\_\_\_ When divorced? \_\_\_\_\_

When was the order entered? \_\_\_\_\_ Do you have a copy of that order?  
Yes \_\_\_\_\_ No \_\_\_\_\_

IV. CHILDREN

Do you and the other party have children together? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay child support to the other party? Yes \_\_\_\_\_ No \_\_\_\_\_

How much? \$ \_\_\_\_\_

Does the other party pay child support to you? Yes \_\_\_\_\_ No \_\_\_\_\_

How much? \$ \_\_\_\_\_

When was the order entered? \_\_\_\_\_ Do you have a copy of that order?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have other children for whom you are PAYING child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer to the above was yes, how much are you paying? \$ \_\_\_\_\_ per \_\_\_\_\_

Do you have other children for whom you are RECEIVING child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer to the above was yes, how much are you receiving? \$ \_\_\_\_\_ per \_\_\_\_\_

Do you or the other party have any extraordinary circumstances that may affect spousal  
maintenance? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain:

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

V. FINANCIAL INFORMATION

A. Your Employment and Income

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify the following:

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

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

How long have you been employed at this job? \_\_\_\_\_

Gross income per \_\_\_\_\_ \$ \_\_\_\_\_

Statutory Deductions	Amount	Pay period
Federal Income Tax		
State Withholding		
Social Security (FICA)		
Pension Deduction		
Union Dues		
Dependent Health Insurance		
Dental Insurance		
Other:		
Other:		
Other:		
TOTAL		

Other Deductions (specify)	Amount	Pay period
Loan(s)		
Charitable contribution(s)		
TOTAL		

Net take home pay (Gross) \$ \_\_\_\_\_ minus deductions \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Tax withholding above are based on married \_\_\_\_\_ single \_\_\_\_\_ with \_\_\_\_\_ # exemptions

Do you receive any other compensation from your employer, such as:

Commission            \$ \_\_\_\_\_            When paid? \_\_\_\_\_

Profit Sharing            \$ \_\_\_\_\_            When paid? \_\_\_\_\_

Expense Account            \$ \_\_\_\_\_            When paid? \_\_\_\_\_

Bonus \$ \_\_\_\_\_ When paid? \_\_\_\_\_

Public Assistance (AFDC/GA) \$ \_\_\_\_\_

Social Security benefits for party or child(ren) \$ \_\_\_\_\_

Unemployment/Workers Comp. \$ \_\_\_\_\_

Interest income per \$ \_\_\_\_\_

Dividend income per \$ \_\_\_\_\_

Gross Rental Income \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

**B. Other Party's Employment and Income**

Is the other parent presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify the following:

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

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

How long has the other parent been employed at this job? \_\_\_\_\_

Gross income per \_\_\_\_\_ \$ \_\_\_\_\_

<b>Statutory Deductions</b>	<b>Amount</b>	<b>Pay period</b>
Federal Income Tax		
State Withholding		
Social Security (FICA)		
Pension Deduction		
Union Dues		
Dependent Health Insurance		
Dental Insurance		
Other:		
Other:		
Other:		
<b>TOTAL</b>		

Other Deductions (specify)Other:	Amount	Pay period
Loan(s)Other:		
Charitable contribution(s)		
TOTAL		

Net take home pay (Gross) \$ \_\_\_\_\_ minus deductions \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Tax withholding above are based on married \_\_\_\_\_ single \_\_\_\_\_ with \_\_\_\_\_ # exemptions

Do you receive any other compensation from your employer, such as:

Commission	\$ _____	When paid? _____
Profit Sharing	\$ _____	When paid? _____
Expense Account	\$ _____	When paid? _____
Bonus	\$ _____	When paid? _____

Other, including use of a car, club membership: \_\_\_\_\_

The other parent's other income:

Public Assistance (AFDC/GA)	\$ _____
Social Security benefits for party or child(ren)	\$ _____
Unemployment/Workers Comp.	\$ _____
Interest income per	\$ _____
Dividend income per	\$ _____
Gross Rental Income	\$ _____
Other income	\$ _____

## VI. INSURANCE

Do you \_\_\_\_\_ or the other parent \_\_\_\_\_ purchase medical and/or hospitalization insurance privately? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the name of the carrier: \_\_\_\_\_

Who does it cover (you, spouse, dependents)? \_\_\_\_\_

What is the cost to you \_\_\_\_\_ or the other parent \_\_\_\_? \$\_\_\_\_\_ per \_\_\_\_\_

Do you \_\_\_\_\_ or the other parent \_\_\_\_ carry dental insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, exactly who does it cover? \_\_\_\_\_

Is the same provided through you \_\_\_\_ or the other parent \_\_\_\_ employer? Yes \_\_\_\_ No \_\_\_\_\_

What is the name of the carrier? \_\_\_\_\_

What is the cost to you \_\_\_\_\_ or the other parent \_\_\_\_? \$\_\_\_\_\_ per \_\_\_\_\_

#### VII. EDUCATION AND TRAINING

Please list your degrees, certificates, licenses and special training:

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Please list the other party's degrees, certificates, licenses and special training:

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#### VIII. NECESSARY MONTHLY EXPENSES

<b>Debt</b>	<b>Your current</b>	<b>Your projected</b>	<b>Children</b>
Mortgage/rent			
Hazard Insurance			
Real Estate Taxes			
Utilities			
Heat			
Food			
Clothing			
Laundry			
Medical			
Dental			

<b>Debt</b>	<b>Your current</b>	<b>Your projected</b>	<b>Children</b>
Car payment			
Gasoline			
Car insurance			
Car Maintenance			
Health Insurance			
Life Insurance			
Entertainment			
Charitable Contribs.			
Child Care			
Home Maintenance			
School			
Allowances			
Credit Cards			
Bank Loans			
Other Loans			
Misc.			
<b>TOTALS</b>			

Explanation of other expenses above: \_\_\_\_\_

\_\_\_\_\_

If you believe your expenses should be higher, what should they be and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IX. DOCUMENTS

The following items should be readily available to you in case we are in need of them. Please take the time to locate them now.

1. Your paycheck stubs, from January 1 of the current year, if possible. Paycheck stubs for the last three months are required.
2. The other party's paycheck stubs, if you can get them, from January 1, of the current year, if possible, and at least for the last three months.
3. Copies of your joint or individual income tax returns, both state and federal for the past three years.
4. Any pleadings and legal papers, including court orders, in your possession relating to this proceeding or any prior divorce (dissolution) proceeding for yourself or the other party.